Cygnet Hospital Derby

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?	Good
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 services as good because;-

- All patients we spoke with said they felt safe in the environment. Patients had risk assessments and care plans, these were linked to “the recovery star” and “my shared pathway outcomes” tools which enabled patients to visually see the progress they were making.
- Patients said that staff were respectful, caring and showed an interest in their wellbeing. Patients had access to advocacy to support them in making complaints and during meetings.
- There were safe staffing levels on all wards. Staff understood the different security procedures for low and rehabilitation wards .Staff and records confirmed that staff knew how to report safeguarding concerns and incidents. Staff gave examples of changes in practice as result of learning from incidents.
- There was good multi-disciplinary working, the clinical team reviewed patient outcome to assess patients progress.
- Staff explained the organisation's values. Staff were committed to support patients to recover, so they could be discharged to less secure environments quickly.
- Local senior managers were visible in the clinical areas. The hospital had clear arrangements to monitor performance through its governance structures. The hospital had an action plan which incorporated actions from the risk register, complaints, audits and incidents. These were discussed in the team business meetings.

However;

- The Litchurch ward seclusion room had no intercom system. This meant that communication occurred by talking through the door.
- All wards and Litchurch seclusion room had blind spots which meant that patients could be hidden from view.This was a breach of regulation 15 of the Health and Social Care Act. Staff managed by observation and supervision of patients. Closed circuit television (CCTV) had been installed in communal and corridor areas to support mitigation of risks.
- Some staff were unaware of the ligature audit results.
- Records reviewed did not confirm that patients had been given information when medication was first administered or about the effects of high dosage medication.
- Nursing staff's understanding of the Mental Capacity Act (MCA) was not consistent.
- Not all patients had copies of their Section 17 leave forms so that they knew their conditions of leave.
- Records reviewed did not contain advance decisions on how patients wished to be treated.
- Patients’ unlabelled personal items were found in the storeroom on Alvaston ward. The quiet room could not be used because patient belongings had been stored in it.
- Alvaston ward had 16 beds. Department of Health guidance states there should be 15 beds for low secure units.
- There was one visitor’s room available to three wards, which meant that visiting was by appointment.

Summary of findings

Contents

Good

Cygnet Derby

Services we looked at

Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults;

Summary of this inspection

Our inspection team

The team leader was Surrinder Kaur CQC inspection manager. The team comprised ;

- Two CQC inspectors
- One expert by experience
- Two specialist advisors (a psychologist and therapist)
- One Mental Health Act reviewer

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

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 that we held about these services, asked Healthwatch and NHS England for information and sought feedback from patients. During the inspection visit, the inspection team:

- visited all three wards and looked at their quality and how staff were caring for patients
- spoke with 15 patients who were using the service
- spoke with five carers and relatives of patients using services
- spoke with 26 staff members; including doctors, nurses, healthcare support workers, student nurses, social worker, pharmacist, healthcare workers, occupational therapists, speech and language therapist and psychologists
- spoke with the hospital and clinical managers with responsibility for these services
- attended and observed one hand-over meeting, a ward round, a group supervision session, and a daily patient meeting.
- looked at 14 patient case records.
- looked at 22 medication charts.
- looked at policies, procedures and other documents related to the running of the service.

Information about Cygnet Hospital Derby

- Cygnet Hospital Derby was a purpose built facility, registered with the CQC in 2010. It provided services for adults, over the age of 18 years, on three wards.
- A registered manager was in place to oversee the carrying out of regulated activities of: assessment or medical treatment for persons detained under the Mental Health Act 1983 diagnostic and screening procedures, and treatment of disease, disorder and injury.

Summary of this inspection

- On the day of our visit 45 out of 50 beds were occupied. There was one informal patient. The remainder were detained under the Mental Health Act, of which 16 had been detained through the criminal justice system.
- Alvaston ward was a 16 bed low secure service for women with personality disorders.
- Litchurch ward was a 15 bed low secure service. It provided care and treatment for men with dual or multi diagnosis of psychiatric conditions and presented with challenging behaviour.
- Wyvern ward was a 16 bed facility providing step down locked rehabilitation services for men who no longer required care in a low secure environment. Next to the ward were three self-contained apartments for male patients nearing discharge.
- There had been three inspections carried out at the hospital since registration. It was compliant against the four outcomes inspected in February 2015.
- Three Mental Health Act monitoring visits occurred between May 2014 and March 2015. Action plans had been put in place following the visits.

What people who use the service say

- Patients told us that staff treated them with respect and were interested in their wellbeing; ensuring one to one time was given.
- Patients were given paid employment to carry out staff interviews and attend organised national Cygnet service user conferences.
- The majority of patients said the service was one of the best placements they had experienced during their recovery.
- The hospital patient survey for 2014/2015 showed 16 out of 19 participants were positive about their experience. Action plans were in place which related to improving the food available.
- A carers' satisfaction survey was carried out by the hospital in March 2015, 11 carers responded. Overall, carers' were satisfied with the service. An action plan was in place to address carers' requirements for more information about therapies, medication and the complaints procedures.
- Healthwatch had also completed a survey between November 2013 and February 2014 with patients and carers. The majority of the 110 responses received were positive.

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?

Good

We rated safe as good because;-

- Patients told us they felt safe on the wards.

• Staff and staff rotas confirmed sufficient staffing to ensure that leave, activities and one to one sessions with patients occurred.

• Records reviewed showed there were a range of patient risk assessment tools used on admission and up to date risk plans.These were regularly reviewed.

• Staff explained how to report and document incidents and safeguarding concerns. Senior managers monitored Incidents through daily management meetings. Patients and staff received debriefings following incidents.

• The hospital governance group monitored incident trends. Lessons learnt were discussed in team business meetings and multi-disciplinary meetings. Staff were able to provide examples of changes in practice as a result of lessons learnt.

However;

• Litchurch ward seclusion room had no intercom system. This meant that communication occurred by talking through the door.

• All wards had blind spots including Litchurch seclusion room; Staff managed these through observation and supervision. Closed circuit television in communal rooms and corridors also assisted in mitigating the risks.

• Some staff were not aware of the ligature audit results.

Are services effective?

Good

We rated effective as good because;-

• Patients had up to date care plans. Care plans reviewed were linked to the “recovery star” and “my shared pathway” "outcomes, these are tools that enable patients to visually see their recovery and progress. Patients were involved in their care, and had copies of their care plans.

• Patients and records confirmed that regular physical health checks took place. Patients had access to "stop smoking" programmes.

• Staff used a range of outcome measures such as health of the nation outcome scales. These showed each patient’s recovery progress. Clinical team meetings reviewed patient outcomes.

Summary of this inspection

• All staff had appraisals and monthly supervision sessions. We observed effective multi-disciplinary working which centred on the needs and views of patients

However;

- Not all nursing staff we spoke with had an understanding of the Mental Capacity Act and Deprivation of Liberties.

Are services caring?

Good

We rated caring as good because: -

• Patients said staff were respectful, caring and showed an interest in their wellbeing.

• Staff involved patients in the formulation of care plans. The multidisciplinary team listened to the views of patients. Staff knew the patients individual needs and were able to explain these to us.

• Patients had access to advocacy to support them in making complaints and during meetings.

• Staff involved carers in the way services and training were delivered. Carer's assessments were undertaken.

• The hospital involved patients in a range of activities such as training and governance meetings.

• Patients received payment for activities, such as;-being on employment recruitment panels, patient led assessment of care environment (PLACE) audits, attendance of the recovery and shared pathway working group, recovery and shared pathway training.

Are services responsive?

Good

We rated responsive as good because;-

• Beds were accessible for commissioners of services to make referrals. The hospital met its targets for seeing referrals for assessment within 28 days.

• Bedrooms were en-suite with lockable spaces to store personal belongings. Bedrooms were personalised by patients.

• Patients said they had enough activities to do. Audits showed the average take up of activities was between 20 to 30 hours per patient. Patients made positive comments about their recovery overall.

• Patients and staff knew about the complaints procedures. Of the 39 formal complaints made during May 2014 to April 2015 four were upheld.

However;

Summary of this inspection

• Records reviewed did not contain advance decisions on how patients wished to be treated.

• We found patients unlabelled personal items in the storeroom on Alvaston ward. Patients could not use the quiet room because patient belongings had been stored in it.

• Alvaston ward had 16 beds, this did not meet the Department of Health guidance for low secure units of 15 beds.

• There was one visitors room available to three wards, which meant that visiting was by appointment.

Are services well-led?

Good

We rated well led as good because;-

• Staff understood the organisation's values and were committed to support patients to recover so they could be discharged to less secure environments quickly.

• Local senior managers were visible in the clinical areas. The chief executive officer and executive directors held local board meetings twice a year at the hospital, following which meetings with staff and patients took place.

• The hospital had clear arrangements to monitor performance though its governance structures. The hospital had an action plan which incorporated actions from the risk register, complaints, audits and incidents.

• The hospital staff survey received 94 staff responses. The results showed an improvement from the previous year, with 81% of responses being positive. Staff told us and the survey said they enjoyed working at the hospital and received monthly supervision.

• Staff we spoke with understood bullying and harassment, grievance and whistleblowing policies, and said they were confident to use them if necessary. They also had access to leadership development and training.

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.

- Mental Health Act (MHA) and Code of Practice training had been received by 67 out of 71 (90%) staff identified for 2015.
- Detention papers were available for scrutiny and appeared to be in order.
- Treatment forms authorising medication accompanied medication charts.
- Case notes did not record the information given to patients about medication, particularly when first given or about high dose medication.
- Patients received information about their rights under Section 132 on admission,this was reviewed regularly.
- The hospital had access to legal advice on the implementation of the MHA and code of practice.
- A Mental Health Act administrator monitored the implementation of the MHA and carried out audits to make sure the MHA was applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLs) training was provided to 67 out of 71 staff (90%) of staff identified for updating in 2015.
- There were policies on the MCA and DoLs; However, staff were not familiar with them. Three staff members were not able to articulate the five main principles of the MCA. Two staff members told us that they did not have a good understanding of the Act and policies, and had not received any updates.
- No DoLS applications made between December 2014 and May 2015.
- Five sets of care records examined made reference to capacity and consent, however these were not in relation to specific decisions.
- The Mental Health Act administrator provided advice regarding MCA and DoLs and monitored the adherence to the MCA . A social worker also provided advice.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

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Safe and clean environment.

- The wards were locked with space to manage the number of patients.
- Each ward had a designated security person to monitor security and carry out security procedures, these included checking of the keys, sharps and utensils. Staff signed for keys prior to entering and leaving the main reception area. The nurse in charge kept the keys. Security handovers took place at the end of each shift.
- Staff told us about the security policies and that security was discussed in the ward business meetings. Security training had been received by 94 out of 95 (98%) of staff identified to receive the training in 2015.
- Wyvern rehabilitation ward had lesser security measures than the low secure wards, although it was a locked ward. Wyvern ward carried out more positive risk taking than the low secure wards.
- All patients we spoke with reported feeling safe on the wards.
- The layout of the wards allowed observation of patients generally. On Wyvern ward we noted a blind spot where the telephone room could not be observed from the main ward area. Three staff on Alvaston ward reported there was a blind spot on the corridor which had patients with higher level needs. Patients could not be seen as the doors to Alvaston bedrooms blocked the lines of sight. Staff told us they managed these risks on a day to day basis through observation. The hospital induction course discussed the management of blind spots. Closed circuit television in the communal areas and corridors helped to manage risks.
- Patients had individual self-harm risk assessments in place. The hospital undertook annual ligature audits, which included pictures of potential ligature points; This was to identify risk where patients may harm themselves by tying ligatures. Plans to manage the ligature risks were in place. However, two nurses and one support staff we spoke with had not seen the ligature audit results and plans.
- We observed ligature points on all wards. On Wyvern ward the taps were ligature points in the main bathroom. Staff reduced the risk by supervising patients using the bathroom. The hospital had plans to address the ligature points by November 2015.
- On Alvaston ward, there were potential ligature points in the laundry room and bathrooms. These were risk assessed and staff supervised patients in these areas.
- On Litchurch ward the wardrobe doors were potential ligature points; This was managed by observations being undertaken and through individual patient risk management plans. The hospital planned to replace the wardrobe doors and were considering a number of options. The bathroom had a tap that was a potential ligature point, it was locked. Risk assessments for self harm were carried out when patients requested to use the bathroom to assess suitability.

Good

Forensic inpatient/secure wards

- The lead occupational therapist had carried out a ligature audit focusing on the therapy rooms. The gym fitness equipment posed a risk, that was managed through staff supervising the gym activities.
- Each ward provided same sex accommodation to comply with national guidance**.**
- All clinic rooms were clean and tidy. Two clinic rooms had equipment for undertaking physical healthcare observations.
- The clinic room on Wyvern was very small and did not contain an examination couch. Staff told us that if examinations were necessary then the doctor would complete this in the patient's bedroom.
- The equipment for physical health monitoring was located in various places on Wyvern ward. Height measure and scales were in the laundry room. The blood pressure and temperature monitors were in the main nurse base.
- Checklists confirmed all drug fridge temperatures were checked daily, so that medication was stored at the correct temperature.
- Emergency drugs and resuscitation equipment were kept in the main locked nurse base on all wards. Staff told us that this was because not all staff members had immediate access to the clinic room. Checklists confirmed resuscitation equipment was checked weekly. Basic resuscitation training was received by 44 out of 44 staff (100%) identified to receive training in 2015.
- There was one shared seclusion room for the supervised confinement of a patient to contain severely disturbed behaviour likely to cause harm to others. Access to the seclusion room was gender specific with a separate entrance for women and men. For females this could be accessed through a separate corridor to maintain privacy. Staff had to go down a staircase whenever a female patient required seclusion.
- The seclusion room was on Litchurch ward with an en-suite shower and toilet. Safe bedding was used to prevent patients self harming. There was a blind spot in one corner. Observation was not good if the patient lay on the floor behind the bed. A staff member was constantly outside the seclusion room when it was in use to observe the patient. The hospital was considering options of using mirrors or closed circuit television to mitigate the risks.
- There was no intercom system this meant that communication occurred by talking through the door. There was a clock visible showing the date and time
- Wards were clean and tidy on the day of our visit. Domestics were carrying out cleaning duties while we were there. Cleaning records for wards and kitchens were up to date showing regular cleaning. Patients we spoke with confirmed that the cleaning was generally satisfactory.
- The furnishings were in good order. Wyvern did not have a homely feel as it lacked soft furnishings and pictures. Areas of Wyvern ward, such as the upstairs corridors and telephone room walls required redecoration as there were scuff marks present. A redecoration plan was in place in the hospital.
- A central team completed environmental risk assessments across the hospital and the records were kept centrally. Action plans were in place.
- Records showed fire awareness training had been received by 92 out of 95 (97%) staff identified to receive this training in 2015. Fire evacuation plans were in place for patients.
- The hospital undertook infection control audits every four months. In April 2015, all wards were fully compliant with hospital standards relating to hand hygiene, waste disposal and sharps disposal. However, Wyvern ward scored 72 % for kitchen hygiene, and Alvaston scored 81% for environment. Plans were in place to make improvements in these areas.
- Infection control training was received by 81 out of 83 (98%) staff identified to receive this training in 2015.
- The hospital was awarded the highest food hygiene rating of very good by Derby City Council in January 2014. All staff had completed the good hygiene training.
- Hand gels were available. Staff were observed to wash their hands following completing person contact and when using the main ward kitchen.

Good

Forensic inpatient/secure wards

- The hospital carried out patient led assessment of the care environment (PLACE) in May 2015 which raised no internal issues. The audit recommended weeding of the garden areas. The garden areas were observed to be tidy when we visited.
- All nursing staff carried personal alarms. Staff responded promptly to alarms sounding on three separate occasions during our visit . Each bedroom had a nurse call system, as did the main bathroom and areas of the main wards. However, en-suite bathrooms did not have alarms or call points.

Safe staffing

- The hospital used an electronic staffing tool called "hours per patient per day". A ward manager demonstrated this for us. The tool identified the core number of staff required based on the bed occupancy of the ward. It identified both qualified and health care assistant numbers needed for each shift. Ward rotas showed that wards were staffed to the appropriate levels.
- Ward managers had the flexibility to adjust staffing levels daily to take account of patient needs, escort duties, observation levels and seclusion.
- The hours per patient day tool allowed the ward manager to 'bank' hours to use later when required.
- The total number of substantive staff whole time equivalent (wte) staff was 147 (on 04 April 2015). The total number of substantive staff leavers from the hospital in the previous 12 months was 51wte. The staff sickness rate in the last 12 months was 2.6% which was lower than the NHS mental health average .
- The hospital percentage of vacancies overall was 38.5% on the 04 April 2015. The hospital was reliant on a bank of 54 nurses, who knew the wards well. 125 shifts had been covered by bank nurses from February 2015 to April 2015. Staff reported that staffing levels had improved.
- Staff and records confirmed the hospital had not used agency nurses for the three months prior to our visit. The number of nurses matched the number on the shift rotas on the day of our visit.
- We observed, and staff and patients confirmed, that there was a qualified nurse present in communal areas of the ward the majority of the time.
- Records, staff and patients confirmed that patients received regular one to one time with staff.
- All staff told us and audits confirmed that activities were rarely cancelled. All patients we spoke with apart from three told us that activities did occur. Staff reported the ward team worked jointly with the occupational therapy (OT) team to facilitate both activities and escorted leave. Staff did say that occasionally escorted leave may be negotiated to be cut short to facilitate everyone having leave that day.
- Records confirmed there were sufficient staff to carry out physical interventions and staff had received training to do this. All staff had read the physical healthcare policy and completed a self-assessment of knowledge related to it.
- Medical cover was provided over a 24 hour period and in an emergency. Each ward had a doctor five days per week and a consultant psychiatrist two days per week and associates. Emergency cover was provided by the middle grade doctor and associates.
- Equality and diversity mandatory training had been undertaken by 96 out of 97 staff (99%) so that they could respond to peoples cultural, religious and diversity needs.
- Staff and records confirmed that permanent and bank staff undertook mandatory training. Out of 98 clinical staff requiring updates, the average rate of mandatory training across the hospital was 99% in June 2015.

Assessing and managing risk to patients and staff

- All care records reviewed contained completed risk assessments on admission. Records showed that these had been reviewed and updated following incidents by the multi-disciplinary team. However one care record examined had an initial risk assessment that highlighted historical risks,this had not been included in subsequent risk plans.
- Risk assessments were completed using the Short Term Risk Assessment and Treatability tool (START). They used the Historical, Clinical Risk assessment tool (HCR20) as a measure predict a patients probability of violence. Clinical staff had received training in the use of START and risk management. Healthcare support workers told us they were able to contribute to risk management discussions and felt listened to.

Good

Forensic inpatient/secure wards

- Managers told us that substance misuse and legal highs were a challenge the hospital was managing. Staff used drug testing kits on an individualised risk based approach. Sniffer dogs were brought in when there were high levels of positive drug tests occurring on the ward, to check that illicit substances were not on the ward.
- Patient's searches occurred following any unescorted leave on low and rehabilitation wards. Care plans identified that searches would be carried out.
- The hospital had an engagement with patients and observations policy. We saw staff had signed they had read the policy and completed a self-assessment section to test their understanding.
- An observational policy was in place. We observed general observations being carried out hourly on the wards. Hospital managers' informed us that patients were often referred to the hospital that were on one to one or two to one observations. The hospital felt that such observations effected patient's behaviour negatively and effected staff engagement. The hospitals worked with patients to reduce the number of close observations. Staff and patients we spoke with confirmed that one to one or two to one observations were not used often.
- A closed circuit television (CCTV) policy was in place. CCTV footage was used to monitor the general observational procedures in the communal areas. The audits we reviewed showed that staff followed the observation procedures. Clinical supervision was used to address issues of individuals not following the observation policies. The results of the audits were presented bi-monthly at the integrated governance group; the operations managers' monthly meeting and six monthly at the board meeting.
- The mandatory training for prevention and management of violence and aggression (PMVA) was undertaken by 57 out of 59 staff (97%) identified to receive this training in 2015.
- Staff identified triggers to behaviours and worked to prevent or de-escalate disruptive behaviours. Staff described verbal and distraction techniques to reduce disruptive behaviours.
- The hospital had 54 incidents of restraint relating to 13 patients between November 2014 and April 2015. Of these 16 resulted in prone restraints on Alvaston ward, the remainder was mainly arm holding restraint.
- The highest levels of restraint occurred on Alvaston with a total of 49 out of 54 relating to nine different patients. Restraints were closely monitored during clinical team meetings and in the hospital governance groups. Patients had individualised plans to change their behaviour to reduce the number of restraints.
- Records reviewed on the wards showed that rapid tranquilisation was used on three occasions following restraint between December 2014 and May 2015, demonstrating low usage. Physical observations were recorded following administration of rapid tranquilisation. Rapid tranquilisation training had been undertaken by 93% of clinical staff identified to receive it in 2015.
- Staff stated and records confirmed a low use of seclusion. There were five seclusions and three long term segregations carried out between December 2014 and May 2015. The majority of these were on Wyvern ward. Seclusion records were contained within a book based at ward level. Records were complete containing information relating to dates, times, reviews, by whom, offers of food and drink and if accepted.
- All staff had signed to confirm they had read the seclusion policy and completed the self-assessment associated with it.
- Safeguarding adults and children policies were in place. Each ward kept a safeguarding book to record concerns. Between January 2014 and April 2015 there were 18 safeguarding notifications sent to the CQC. All staff had signed they had read the safeguarding policies.
- Records reviewed and staff confirmed that training in safeguarding procedures occured. Staff were able to state the types of potential abuse and understood the reporting processes.
- Ward managers gave examples of a recent safeguarding concern and highlighted actions that had been taken. There was good communication with the local multi

agency safeguarding hub. For example one patient had made a number of allegations of sexual abuse; the safeguarding team supported the ward by undertaking a review and helping implement a safeguarding plan.

- There were clear systems in place for the ordering, delivery and checking of medicines. Safe transportation of medicines occurred by secure courier daily. A waste contractor disposed of medications not required.
- Medical and nursing staff received prescription writing and administration standards training. An independent pharmacist visited wards weekly to check prescription cards and the storage of medicines.
- We reviewed 22 prescription charts and found two medication charts in which staff had not recorded the reasons why medicines had been omitted.
- We saw the pharmacist had reviewed medication charts. Alternative medication had been prescribed if contraindications were noted. Medicine cards highlighted where total doses of anti-psychotics exceeded British National Formulary (BNF) limits or when more than one antipsychotic was prescribed, so that staff could look out for side effects.
- Guidelines were followed in the administration of Clozaril. Pre and post administration physical observations were carried out on patients prescribed Clozaril to detect side effects. Bloods were monitored by an external Clozaril monitoring service, which operated on a traffic light system. The doctor reviewed the blood results and advised to stop giving the medication if the results were red.
- Minutes of the integrated governance group showed they met monthly and that the pharmacist attended the meetings to present the pharmacy audits. The group monitored the pharmacy plans and also drug errors.
- Four patients nearing discharge were able to self administer medicines on Wyvern rehabilitation ward. Self administration of medicines was part of the care plans for patients on the rehabilitation ward. Patients on the rehabilitation ward knew the progress they needed to make in order to get to the point of self- medication.
- Social workers worked with families to identify if it was in the best interests of a child to visit. Visits were booked a week in advance and took place in the visitor's room outside of the ward area.

Track record on safety

- The hospital was responsive in sending CQC notifications about six police incidents, a serious injury and an unexpected death.
- There were 16 serious incidents recorded from April 2014 to February 2015, of which 10 were on Alvaston.
- Staff we spoke with said debriefings following serious incidents occurred. Two staff members gave specific examples of being involved in separate serious incidents. They felt supported and a formal debrief had occurred involving everyone who was part of the incident. A debriefing form was completed. Patients also had debriefings and their risks were reviewed.
- Senior managers reviewed all incidents.The integrated governance group monitored incidents to identify further actions and learning.

Reporting incidents and learning from when things go wrong

- Staff we spoke with understood what to report and how to report incidents.
- A policy for patient safety and incident reporting and management , clearly detailed any incidents that must be reported, to whom and with what timescales. Staff signed when they had read the policy.
- The policy for patient safety gave reference to the duty of candour. This is when errors that have occurred are discussed with patients and their carers. No opportunities had arisen to exercise the duty of candour.
- Incidents were referenced in the patient records. An incident reporting book was kept on each ward and we saw these gave details of the incident and the actions taken. The clinical manager received the incident sheets. Incidents were analysed and reported through the hospital integrated governance group. Trends were discussed in the multi-disciplinary team meetings and daily managers meetings.
- Staff said that lessons learnt were discussed in individual supervision sessions and also in team business meetings.
- Staff we spoke with gave examples of changes made as a result of incidents and showed us the serious incident action plan. For example a patient fell when trying to

access storage above the wardrobe resulting in under bed storage was being introduced.. Cables that could be swallowed had been stored in a bathroom because there was no storage space and action was taken to make space in the contraband room to store the cables appropriately.

- Following the death of a patient, changes had been made in recording patient reviews at the weekly multi-disciplinary team meetings, even if the patient was not seen in person.
- A ward manager gave examples of how the staff team had changed their practice in relation to interacting with patients. In one incident a patient to refused to take the medication due to a change in the brand, causing distress for them. The ward has consequently changed its process of ordering medication with the pharmacy. Another change resulted in the ward making changes to a window in a door after being broken. The size of the window was reduced and toughened glass used.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

- We reviewed 14 care records which showed up to date care plans.
- Care records were linked to the "recovery star" outcomes and "my shared pathway" tools that enabled patients to visually see the progress they were making, and to work with staff to achieve their goals. However three out of 14 care plans reviewed did not state the full range of patient needs, and were not recovery orientated in stating the patient's strengths and goals. Patients had copies of care plans. Staff recorded when patients refused to have a copy of their care plan.
- Patients told us, and care records showed physical health examination on admission and subsequent reviews were taking place. With the exception of one person, all patients we spoke with were satisfied that staff had responded to their physical healthcare needs.
- Seven nursing staff we spoke with gave an overview of individual needs and they all referred to the care planning process, "my shared pathway" and "the recovery star". One staff member described how sometimes it is not possible to work in a purely clinical way with people and that staff needed to work with patient self- identified needs, rather than service identified needs. This was a good example of recovery principles in practice.
- The hospital used paper based patient records. Staff were able to access care plans in the main nursing office. The care records were collaborative in nature with all disciplines writing in the one record and entries were chronological and easy to follow. Information governance training to handle patient information safely and confidentiality, had been undertaken by 74 out of 79 (94%) staff identified to undertake it in 2015.
- White boards were used to remind staff of key patient details. These were kept covered to maintain confidentiality.

Best practice in treatment and care

- Policies and medication prescribing were underpinned by the National Institute for Health and Care Excellence (NICE) guidance. Staff told us they followed NICE guidance, for example, in managing violence and aggression, self-harm, eating disorders and obesity. Care plans were written taking account of NICE guidance.
- The lead psychologist had left the week prior to our visit and the hospital were advertising a replacement.
- Psychologists provided mental health awareness sessions, group therapy sessions and one to one sessions. Ward activity programmes showed each ward had two dialectical behaviour group sessions and cognitive behaviour therapy was offered. The psychologist held drop in sessions on each ward. The review of care records showed that patients were accessing psychology sessions, and solution focused therapy.
- Records showed and staff told us that hospital specialist therapy sessions were offered. The Lucy Faithfull Foundation (a charity for the prevention of child sexual abuse) provided sessions for female sexual offenders. The Kerry Beckley schema therapy was offered for people with personality disorders.

Good

Forensic inpatient/secure wards

- The hospital had a middle grade doctor who led on physical healthcare across the wards. A male and female GP came to the hospital weekly.
- Nurses carried out physical health care of weight and blood pressure checks occurred on a monthly basis. Heart checks using electro- cardiograms (ECG) machines were done every six months on all patients.
- Patients we spoke with agreed their physical health needs were met. Patients said they had good access to primary and secondary care.
- The hospital had two new stop smoking advisors who were completing an e-learning course on smoking cessation in order to deliver training to patients.
- A 14 week substance misuse group ran on all wards and this programme was based on relapse prevention. The hospital planned for smoking cessation to become part of the first two weeks of that programme.
- Some patients had switched to using e-cigarettes or vapour pens instead of tobacco cigarettes following hospital run healthy living groups . The Public Health England evidence report on E cigarettes and NICE PH48, informed the hospital practice for supporting e cigarettes. Staff held e cigarettes in the office to charge the batteries for patients.
- The hospital was devising an audit tool to monitor the NICE PH48 smoking guidance. All patients were being offered smoking assessments and eight had been completed on Alvaston Ward.
- Health of the nation outcome scales (HoNOS) were used to look at the progress patients were making and reviewed. Recovery star and "my shared pathway" enabled patients to visually see the progress and recovery they were making. Recovery outcomes were also measured through the historical clinical risk assessment tool (HCR-20) assessments.
- Psychologists completed the psychometric and formulations prior to the first care programme approach meeting (CPA), which took place four weeks after admission. Psychometric tests measure personality traits and aptitudes. Patients behaviour was summarised by formulations which provided a plan of intervention based upon psychological processes. Formulations involved the patient and the clinical team.
- We reviewed the results of a questionnaire called the essen climate evaluation schema (EssenCES), this was used by the wards every four months. The tool looked at the ward atmosphere, patient's views on how they supported each other (patient cohesion), how patients experienced safety on the ward, and how much staff took a personal interest in their progress (therapeutic hold) These aspects were scored one to three, with three being the best score. Throughout the year the scores had been two or more. The April 2015 EssenCES scores for patient cohesion was two, homely environment two, patient safety two and therapeutic hold three. This meant that the wards provided a supportive atmosphere that is essential for patients' recovery. The hospital used the tool to inform their action plans for improvement.
- The hospital took part in national audits, for example, the hospital was fully compliant following the National Audit of Schizophrenia in 2015.
- The hospital provided us with a range of audits and audit plans. These included seclusion, prevention and management of violence and aggression, psychology and health and safety. Action plans were in place and monitored by the integrated governance group to make sure changes in practice occurred.
- All grades of staff participated in audits. One staff member was responsible for the seclusion audit which was completed every three months, two staff completed a six monthly ligature audit, one completed an infection control audit and one completed a prevention and management of violence and aggression (PMVA) audit.
- At ward level there was a weekly audit of equipment and medication. Records showed dates and signatures of this being completed. Staff told us that night staff audited both case notes and prescription cards so that each record was up to date.
- The hospital carried out an internal quality assessment in June 2015. This assessment recommended there should be an improved understanding of the risk register at ward level. There should be feedback on the outcomes of complaints to ward staff. Staff should know more about the roles of independent mental capacity advocates and independent mental health advocates.

Improvements between star recovery plans and care plans could be made. The monitoring of audits and action plans at ward level could be improved . Action plans were put in place following the assessment.

Skilled staff to deliver care

- Each ward had a multi-disciplinary team (MDT) comprising of a responsible clinician two days a week, a doctor five days a week (who also provided on call cover on a 1 in 3 rota), 0.5 whole time equivalent (wte) psychologist, 1.5 wte psychology assistants, 1.0 wte occupational therapist, 1.0 wte occupational therapy assistant, 0.5 wte social worker and a 0.65 wte substance misuse worker. Nurses were part of the multi-disciplinary team.
- Additional multi -disciplinary input was provided in the form of a visiting speech and language therapist, male and female GPs, a complementary therapist for Alvaston ward two hours per week, a dietician one morning every two weeks, music therapy one morning a week and weekend therapists.
- Four healthcare support workers held national vocational qualifications ranging from level two to four in healthcare. Three held degrees in psychology, one held a degree in drama, and one held a degree in graphic communication.
- The hospital gave opportunities to people wishing to pursue a career in psychology by providing healthcare support worker experience and later promoting them to psychology assistants. This resulted in a positive turnover of staff as they left to study for careers in clinical psychology.
- All staff received an induction to the hospital and ward, which included mandatory training. Staff recieved one full day on recovery orientated practice which was later followed up with a half day refresher. Seven staff confirmed they had received this as part of their induction. Staff received a personal induction booklet and safe ways of working, which had to be completed in the first two days of employment. The booklet contained self-assessment exercises to check knowledge which staff completed.
- Student nurses had placements at the hospital and confirmed they were given a hospital induction programme.
- Supervision was carried out monthly. We observed a group clinical supervision session in progress with ward staff which was well led by a psychologist. The supervision session focused on the needs of one patient. Staff showed good knowledge of the patient, family and group dynamics. The psychologist encouraged the application of the schema modes to support understanding of patient behaviours and also of staff feelings when managing complex or challenging behaviours.
- All medical staff had been revalidated as of May 2015 to maintain their professional registration to practice.
- Out of 146 staff, annual appraisals had been done for 87% of staff by May 2015.
- The appraisal process identified training needs. All staff we spoke with were able to provide information on additional training they completed to support them in their roles. For example, one staff member had been on the appraisal and performance training. A further staff member had completed Clozapine training, phlebotomy training, medication side effect training, START risk assessment training and recovery training. Another unqualified staff member was due to commence substance misuse training.
- There were no current performance issues at ward level. The ward managers understood the process for managing poor staff performance and told us how this would be managed and escalated if needed.

Multi-disciplinary and inter-agency team work

- We observed an effective shift handover which discussed patients' behaviour, risks and care. Staff considered the principle of least restriction when discussing individual patients in clinical meetings and handovers
- Staff and patients told us that members of the MDT worked well together. We observed a MDT meeting taking place. The nurse, psychologist, occupational therapist, speech and language therapist, and social worker provided an update about the patient and their progress; the team demonstrated patient involvement and consideration of their views.
- The hospital liaised with the clinical commissioning groups and community mental health teams to manage discharges.

Good

Forensic inpatient/secure wards

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

- Mental Health Act (MHA) and Code of Practice training had been received by 67 out of 71 (90%) of staff identified for updating in 2015.
- Medication cards were accompanied by treatment forms authorising medication.
- Case notes did not record the information given to patients about medication, particularly when it was first given. Records of patients on high dose medication did not record they had been given information needed in order to give informed consent.
- Patients told us, and files confirmed, information under Section 132 was given on admission, and revisited regularly. This included information about hospital managers' hearings, independent mental health review tribunals and the independent mental health advocate (IMHA). Patients told us they could ask the IMHA to support them at care programme approach (CPA) meetings.
- Records reviewed confirmed that tribunals and managers hearings were being held. Patients we spoke with told us they knew how to appeal against their detentions. Patients had access to solicitors to provide them with legal support.
- The hospital had access to legal advice on the implementation of the MHA and code of practice.
- A MHA administrator monitored the implementation of the MHA. The administrator reminded clinical staff of key dates, renewals and appeals that needed to be adhered to.
- Detention papers were available for scrutiny and appeared to be in order. The MHA administrator carried out audits each month.
- Section 17 leave was authorised on standardised forms by the responsible clinician (RC). The conditions of leave were clearly specified. We did not find recordings of each episode of leave being reviewed. Not all patients had copies of their section 17 leave authorisation forms.
- Records reviewed showed that discharges and transfers were planned in a timely manner with Section 117 meetings arranged appropriately.

Good practice in applying the Mental Capacity Act (MCA)

- There had been no Deprivation of Liberty Safegaurds (DoLs) applications made between December 2014 and May 2015. There were no best interest decisions recorded in all case records reviewed.
- An introduction to the MCA and DoLs was provided to 67 out of 71 staff (90%) of staff in their mandatory training. Wards showed us a memo folder that had updates about the MCA. Electronic learning was available to staff about the MCA and DoLs.
- There were policies on the MCA and DoLs; however staff were not familiar with them. Some staff members were not able to articulate the five main principles of the MCA. Two staff members told us that they did not have a good understanding of the Act or the policies, and had not received any updates.
- Medical staff had their own training set up for MCA and DoLs and all medical staff told us they were confident in applying the MCA and DoLs when necessary. One member of medical staff told us that nursing staff did not have a good understanding of DoLs.
- One staff member told us they would seek support from social work colleagues regarding the MCA and DoLs. Staff had access to legal advice from the managers.
- Five sets of care records examined made reference to capacity and consent and these were not in relation to specific decisions. The records did not say what steps had been taken to try and enhance patients' understanding. Nursing staff told us that medical staff carried out capacity and consent assessments. Nurses did not appear to have an understanding of their role in capacity and specific decision making.
- There was one informal patient on a ward; This person was not free to leave the ward, and there was no DoLs application in place. We questioned this and requested the hospital seek their own legal advice, which they shared with us subsequently.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- We spoke with 15 patients who told us that staff were respectful, caring, polite and showed interest in their wellbeing.
- Fourteen patients confirmed staff showed regard for their privacy, and we observed staff knocking on bedroom doors and waiting before entering. We observed that patient requests for assistance were met in a timely manner
- Throughout the visit we observed positive patient and staff interaction and collaborative working.
- On Alvaston ward some patients appeared to be dozing in the day room throughout the visit. We observed ward staff and therapists attempting to engage them in various activities and therapies. Patients were very satisfied with their care and treatment stating staff were available to talk to and also kept them safe.
- All patients we spoke with confirmed they received regular one to one time with staff as part of their care plan and when they required it. Several patients told us the hospital had provided the best placement they had experienced. Patients said staff helped them understand their mental illness.
- We observed patients being escorted downstairs for smoke breaks hourly throughout the day. Patients were supported in having cigarettes at night.
- Visits had to be booked in advance and were dependent on the availability of one visiting room. Visits were not allowed on the ward. Carers raised this as a concern as they would like to see where their relatives lived.

The involvement of people in the care that they receive

- Patients confirmed they had received information on admission about the ward. We saw checklists signed and dated that patients had been inducted to the ward. Wards operated a 'buddy' system for new admissions to help them settle into the ward by allocating them a patient who acted as a friend.
- We reviewed ten care plans which had recorded all aspects of the patients' needs, and included their views. All had an element for recovery and rehabilitation. Ten out of 14 patients reported being involved in their care plans.
- We saw five patients being treated with respect, and their wishes and feelings being considered during the multi-disciplinary team (MDT) meeting.
- MDT meetings discussed all patients. We observed a MTD meeting .Those patients who attended were encouraged to express their views. We found these were considered and where possible, facilitated. When there were clinical reasons for not granting a patient's request, it was clearly explained. A compromise was reached in some cases. An example of this was a patient who loved good quality coffee. The patient had brought a coffee maker to the hospital. Although there were clinical reasons for restricting caffeine intake, it was agreed with the patient that they could have coffee in the mornings.
- Patients told us they had good relationships with their responsible clinician, who they felt listened to them. They told us they found it helpful having a ward doctor whom they could see regularly.
- The hospital contracted with an agency to provided advocacy services and an independent mental capacity advocate service. A new contract with a new advocacy agency was due to commence in July 2015, it would provide four hours service per week and additional attendance at meetings with patients.
- Patients had weekly access to advocacy services and the support received during care programme approach (CPA) visits. One patient reported that staff had arranged a private call to advocacy services for them.
- One patient told us that advocacy should be promoted more. Two ward staff we spoke with could not differentiate between different types of advocacy. Staff were unsure of when the advocates visited the ward
- Patients told us they had been informed visitors needed to book visits one week in advance.
- Of the five carers spoken with, four carers confirmed that they were involved in the CPA process and attended meetings. Two carers stated that they had been able to offer feedback to the service by completing surveys that were sent to them.

Good

Forensic inpatient/secure wards

- The hospital implemented "The Triangle of Care; Carers Included: A Guide to Best Practice in Acute Mental Health Care "by the National Mental Health Development Unit (2009). The hospital had a friends and carers protocol which set out what the hospital would provide for them. The hospital had policy and protocols about information sharing with carers. Carers Awareness training was part of the mandatory training undertaken by all new staff and updated annually as a mandatory requirement.
- A designated ward staff member acted as a champion for carers, so that all staff received information about the carer's policy and were encouraged to include carers in decision making where appropriate to do so.
- In 2014, the hospital held a series of carer's events to come and meet the ward teams and ask questions. This was to provide information about the wards and how they cared for the patients.
- Carers were free to phone; e-mail or request a call from staff, and were given a named point of contact that they could have regular communication with.
- Social Workers carried out carer's assessments and visited carers at home to discuss issues carers wished to raise.
- Carers forum minutes showed that carers were active in discussing a range of carer and user issues. They were involved in developing a presentation for the Cygnet national users and carers' conference, for which expenses were paid.
- A carers satisfaction survey was carried out by the hospital, in March 2015 with 11 carers responding. Overall carers were satisfied with the service. An action plan was in place to address carers' requests for more information to be provided about therapies, medication and complaints procedures.
- The hospital patient survey for 2014/2015 had 19 respondents. It showed a satisfaction rate of 81%, which was an increase of 9% from the previous year. Action plans were in place which related to improving the quality of food.
- Healthwatch had also completed a survey between November 2013 and February 2014 with patients and carers. They received 110 responses which were positive with the exception of two.
- Patients we spoke with confirmed that they were able to feedback about the ward at the daily morning meeting. We observed a daily morning meeting, and on this occasion no issues were raised. Staff and patients participated in good discussion.
- Wyvern ward had a box for comments in the main ward area. The comments were reviewed weekly in one of the daily morning meetings and one positive change chosen. The positive change chosen for that week was then added to the ward notice board with the date. The remainder of comments were recorded in a book which was kept in the main ward area for everyone to see.
- Staff informed us that the colour scheme for the recently completed Wyvern Court had been chosen by patients. Patients had also developed the criteria for transfer to Wyvern Court, this was noted in the daily morning meeting minutes.
- Patients were able to participate in Cygnet's national conferences. The patients had a budget for organising the event and were recruited through interviews for key roles by the events management team for which they were paid.
- A patient we spoke with confirmed they were one of two patients who had been involved in staff recruitment. Patients were on recruitment panels and were paid for this activity.
- Patient representatives were paid to attend the hospital governance groups such as the integrated governance meeting, heads of department meeting, the recovery and shared pathway working group, the recovery and shared pathway training, risk assessment training and to undertake patient led assessments of the environment.
- We did not see that advance decisions were made by patients on how they wished to be treated in the future in the records reviewed during this inspection.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

- Places on the low secure wards were commissioned from NHS England specialist commissioners and patients came from England and Wales. Beds on the rehabilitation ward served the local catchment area of Derbyshire, Nottinghamshire, Staffordshire and Shropshire.
- The low secure wards had 16 beds. This is one more than the Department of Health national guidance for low secure units. Beds were not fully occupied. From the 1 December 2014 to 1 May 2015 the mean percentage bed occupancy for Alvaston ward was 98%, Litchurch ward 98% and Wyvern ward 77%. This meant beds were always available when NHS England commissioners and clinical commissioning groups made referrals. Also when patients returned from leave. Patients were not moved during admission episodes. Men were moved as part of a clinical pathway between the men's low secure and rehabilitation unit at Cygnet Derby. Patients moved to rehabilitation units nearer their home area as well.
- Cygnet Hospital Derby reported meeting its own national target time of 28 days for referral to initial assessment for all three wards. The actual mean time of referral to initial assessment for Alvaston ward was 4.5 days, Litchurch ward 2 days and Wyvern ward 4.33 days reported for the period 01 December 2014 to 01 May 2015.
- For the period 01 December 2014 to 01 May 2015 the initial assessment to treatment times were reported as Alvaston ward 7.5 days, Litchurch ward 46.6 days and Wyvern unit 20 days. Treatment depended upon how quickly patients were admitted to the hospital following the initial assessment.
- The hospital worked to assist people to recover, so that they could go to less secure placements or into the community as soon as possible. The average length of stay for the wards was 338 days for Litchurch, 387 days for Alvaston ward, and 455 days for Wyvern, the rehabilitation ward.
- One patient told us they were inappropriately placed on the ward and told us the responsible clinician agreed, and was arranging for a transfer to take place.
- There were five patients approaching discharge at the time of our visit. The ward teams made contact with home community teams and commissioners to engage them in discharge planning. A ward manager gave an example of an out of area patient who had wished to re-settle in the Derbyshire area. This had been agreed and facilitated.
- There were five delayed discharges reported for the period 1 December 2014 to 1 May 2015, Alvaston ward had two and Litchurch ward had three. The main reason for the delays was finding suitable placements for the patients. The hospital worked with NHS England commissioners to identify placements to suited to the ongoing recovery of patients following discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had rooms for activities and meetings. The large living area was used for group based activities. The morning meeting was observed to take place in the main ward area.
- The main wards had an occupational therapy training kitchen which was used for assessment and activities to support daily living skills. Patients were risk assessed before being allowed to use the water heater in the kitchen and the arts and crafts rooms.
- Patients had access to quiet rooms on two of the wards.
- Single bedroom accommodation with en-suite showers and toilets was provided. We observed patients had personalised their bedrooms with their own duvet covers and other personal items, including TV's and pictures.
- Each bedroom had a safe contained within the wardrobe for which the patient kept their own key; this allowed them to safely store valuables. All patients we spoke with had their own keys to their bedrooms and reported free access to the rooms throughout the day.

Good

Forensic inpatient/secure wards

- We observed items not allowed to be kept in bedrooms, were kept in a secure storage room which had a storage space and named patient lockers.
- On Alvaston Ward we found some items in the general secure storage room that were unlabelled and staff were unsure to whom they belonged. The quiet room was being used to store the belongings of a patient admitted the previous week. We were told the room was normally clear and was used on occasions for de-escalation. This meant that the room could not be used as a quiet room by other patients.
- The hospital had a policy that all visits took place in the visitors' room situated near the main reception. There was one visitors room for three wards.
- We observed that wards had a pay phone available in areas that provided privacy. One patient also reported that staff members would allow use of the ward phone to make telephone calls.
- Patients were risk assessed for mobile phone use. They were asked to sign contracts that stated the rules they should follow such as respecting other patient's confidentiality, not taking pictures or videos of staff and patients.
- The ward court yard areas were accessed via patio doors from the main ward lounge. Staff reported that this was open throughout the day until midnight. Three patients told us that the court yard was open apart from at meal times or during the morning meeting. We observed patients using the outdoor space throughout our visit.
- The 2014/15 hospital risk plan had identified the need to improve the quality of food following the patient survey. The hospital wanted to present a restaurant type approach to their menus. Three patients informed us that there were problems with the food provided or the menu. All three patients told us the menu was hard to understand and one patient said the menu needs to be written in plain English.
- Two patients told us there was access to hot and cold drinks from the main lounge 24 hours a day. We observed both hot and cold drinks to be available and the replenishing of stock throughout the day.
- The wards offered between 30 to 40 hours of activity during week days. The actual patient uptake of activities between February 2014 and February 2015 was between 20 -30hours on Alvaston and Wyvern wards, and 20 hours on Litchurch.
- During weekends between eight and 10 hours of activities were offered. The average uptake of activities by patients on Litchurch was four hours, and the other two wards achieved between seven to eight hours.
- We were shown an activity planner for each ward; we were informed that patients would access suitable activities throughout the week. The focus during the week was on therapeutic activities whilst the weekend focussed on social activities. The three patients we spoke with confirmed there were lots of activities which they felt met their needs. For example going to college, gardening, shopping and arts and crafts.
- One patient told us they thought Alvaston ward was a very good place as staff had recognised her need for a weighted blanket and purchased one despite the cost.
- Two patients talked with us about problems accessing the toilet for those whose rooms were on the locked corridor. Another patient could not understand why there was a staff toilet within the day area but not one for patients.
- One patient had been taken to a general hospital for surgery, but her operation was postponed. We observed staff making arrangements to support her when she had to return to the general hospital the following day.

Meeting the needs of all people who use the service

- All wards had assisted bathrooms and bedrooms to meet the needs of people with physical disabilities. Prior to admission patients were risk assessed for mobility problems. Occupational therapists used the model of human occupation to make assessments of need within the environment. Manual handling risk assessments were undertaken. Patients completed a form to present to their care programme approach meeting on how well the ward environment met their physical needs.
- Information was displayed on notice boards relating to occupational therapy programmes, information on how to contact the safeguarding team, CQC, and how to complain. There was no information displayed relating

to common mental health problems or treatments available. The ward team told us that if patients asked they would be provided with any information they had requested.

- Staff undertook equality and diversity training to respond to peoples cultural, religious and diverse needs.
- The menus examined did have options to meet dietary needs. Halal food was available and the patients were encouraged to contact the kitchen directly for other requirements.
- There was a multi- faith room available.

Listening to and learning from concerns and complaints

- There were 39 formal complaints made during May 2014 to April 2015 and there was an equal number of complaints across all three wards. Four of the 39 complaints were upheld.
- The complaints which were upheld on Litchurch ward related to inaccuracies in reports and a staff member. The upheld complaints on the Alvaston and Wyvern wards related to observations not being carried out correctly in the bedroom corridor on Alvaston ward, and a confidentiality breach on Wyvern.
- We looked at the complaints logs and found the hospital was responsive to complaints made. For example where personal belongings had been damaged or lost, compensation had been paid. Staff attitudes or inappropriate behaviour had been discussed in supervision. When a patient was late for a horse riding lesson due to transport not being booked the hospital had paid for the riding lesson. Staff also apologised directly to the patient.
- Patients we spoke with knew how to make complaints and felt confident to do so. One patient had made a complaint that had been resolved after being investigated externally to the ward and stated they were happy with the feedback they had received and the outcome.
- Staff members spoken with were able to describe the complaints process and how the resolved complaints locally.

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- The hospital values were to be helpful, responsive, respectful, honest and being sensitive to others needs. The staff survey results for 2015 had a response rate of 94 staff, it showed that 96% of staff said they knew the organisations values. Seven staff told us about the organisations values, and how they looked for these when recruiting staff. Staff said their aim was to support patients to recover so they could be discharged to a less secure environment as quickly as possible.
- There were no team objectives. The objectives arising from the organisation or action plans were part of the ward manager's objectives. There were weekly business meetings where action plans were monitored.
- The hospital and clinical managers were visible and accessible to staff and patients. Ward managers were visible in the ward areas and observed to be supportive of staff and patients. Following local board meetings the executive directors toured the wards and met with staff and patients.

Good governance

- There was a Cygnet quality strategy which stated the priorities for 2015 which were centred on the domains of safety, effectiveness, caring and responsiveness.
- There was an overarching local action plan which brought all the actions from the risk register, audits, incidents, complaints, staff, patient and carer surveys, and external quality visits from different agencies.
- Cygnet Hospital had local governance arrangements in place. These included an integrated governance group, medical advisory group, and a service user forum. The groups linked to a local board, which was attended by the chief executive officer, corporate governance director and chief operating officer. The local board was a subcommittee of Cygnet's main board.
- There were ward business team meetings in which feedback from the governance groups and board occurred.

Good

Forensic inpatient/secure wards

- The staff survey in 2015 identified that 93% of staff were encouraged to report incidents, errors and near misses. Ninety five percent of staff reported that the hospital responded to patients concerns. Eighty nine percent of staff would recommend the service to family and friends.
- The 2014/2015 Commissioning for quality and excellence (CQUINS) targets set by NHS England had been achieved fully for physical healthcare; friends and family test; collaborative risk assessment and supporting carer involvement. A CQUIN administrator had been employed to collect the data required.
- The hospital had implemented a dashboard as part of achieving their CQUIN targets. This showed key performance indicators relating to staffing, incidents, safeguarding concerns, supervision and training. This enabled senior managers to monitor performance.

Leadership, morale and staff engagement

- Staff we spoke with were familiar with the bullying and harassment, grievance and whistleblowing policies. Eight staff interviewed all said they would feel confident to raise concerns which would be taken seriously and reviewed.
- The 2015 staff survey had a response rate of 94 staff, it gave an overall positive score of 81% which is higher than the overall NHS survey comparator score of 58%. The scores had increased from previous years at the hospital.
- Staff survey results in 2015 showed 93% of staff enjoyed working at the hospital and 92% stated there was a good team spirit in their areas. Ninety four percent felt they had training to do their job.
- In the 2015 staff survey 91% felt able to seek support for work related pressures and 28% reported work related stress.
- There were no whistleblowing reports form March 2014 to the date of the visit. Ninety seven percent of staff in the 2015 staff survey knew the policies which set out the process to report malpractice and wrong doing. Eighteen per cent of staff had reported that they had been bullied by patients.
- Ten staff members interviewed stated they felt happy in their work environment and enjoyed their jobs. They described morale as being good and team working as effective. Staff could access to external counselling when required.
- In the survey less than 50% of staff reported that they believed wages and benefits were fair in the staff survey.
- There were opportunities for leadership development. One staff member had completed the Edward Jenner online leadership program. All staff members we spoke with told us there were opportunities for development and these linked to the appraisal process.
- One staff member told us that Wyvern team is the best team they had worked with, as it worked well together. We were shown a record of individual staff supervision. Three staff members confirmed they received monthly individual supervision.
- We observed a group supervision session that was facilitated by an external team member (psychologist). The group supervision session appeared relaxed with different grades of staff being included. Staff members were encouraged to focus on specific patient behaviours and explore how their own behaviours may impact on the behaviour of others. The session focussed on patient's presenting behaviours and did not make any assumptions in relation to clinical diagnosis.

Commitment to quality improvement and innovation

- The hospital was committed to improvement. The Cygnet Hospital Derby has successfully completed the self and peer-review parts of the Quality Network for Forensic Mental Health Services annual review cycle. Ninety five percent of the standards were met and an action plan was in place for the remaining 5% of standards.
- Cygnet Hospital Derby was awarded Gold Investors in People in December 2014.
- Alvaston Ward had gained the Enabling Environment award in May 2015.
- Wyvern ward had won the service user choice award at a Cygnet national conference.

Outstanding practice and areas for improvement

Outstanding practice

- The hospital had achieved the Investors in People gold award in 2014.
- The Enabling Environments Award from the College Centre for Quality Improvement (CCQI) by the Royal College of Psychiatrists was received by Alvaston low secure personality disorder service for women.
- Cygnet Hospital Derby had been a finalist nominee in the Laing and Buisson Best Hospital award scheme each year from 2012 -2014.

Areas for improvement

Action the provider SHOULD take to improve

- The hospital should make sure staff have an understanding of the application of the MCA and DoLs.
- The hospital should make sure patients have a communication system in the Litchurch ward seclusion room.
- The hospital should make sure that there are written plans to mitigate potential blind spots on Litchurch, Wyvern and Alvaston wards so that the staff know how to monitor patients in these areas. Staff should be aware of ligature audit results in order to reduce the potential of patients self-harming.
- The hospital should record information given about medication in patient records.
- The hospital should make sure patients receive copies of section17 leave forms so that they know their conditions of leave.
- The hospital should encourage patients to make advance decisions on how they wish to be treated.
- The hospital should make sure patients personal items stored in the storeroom on Alvaston ward are labelled. Storage of belongings should not occur in quiet rooms that are for patient use.
- The hospital should ensure bed numbers on Alvaston ward meet the Department of Health guidance for low secure units.
- The hospital should ensure more than one visitor's room is available to the wards.