

Brunel House

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.

Summary of findings

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

Overall summary

We rated Cygnet Brunel as good because:

- Staff completed thorough assessments of patients. Assessments were holistic and staff used these to inform individualised care plans for patients. Staff ensure that all assessments, including risk assessments and care plans were updated regularly.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service provided treatment and care for patients that followed a recovery focused model. Staff supported patients with their physical health and encouraged them to live healthier lives. They ensured that patients were offered a minimum of 25 hours of therapeutic activity each week.
- Staff had appropriate training that enables them to meet the needs of patients and keep them safe.
- The team included or had access to the full range of specialists required to meet the needs of the patients on the ward.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, the Mental Health Act Code of Practice and the Mental Capacity Act.
- Staff treated patients with compassion, kindness and supported their individual needs. Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support. Patients had their own bedrooms where they could keep personal belongings safely.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The culture at the hospital was developing. Most staff felt supported and respected by managers. Staff worked well together as a team despite experiencing lots of staffing changes since the unit opened in October 2017.

However:

- The physical environment of the wards was not suitable for the patient group. It did not support the needs of the patients or the model of care. There were blind spots and a lack of space for patients to freely walk around in. We observed several near misses where patients almost walked into each other. Some communal rooms could not be observed from outside the room and doors did not have observation panels meaning a door could be opened onto another patient.
- The process for making best interests decisions for patients was not well documented. When patients lacked capacity to make their own decisions, staff made and recorded decisions in the patients' best interests. However, there was no evidence that staff were involving family and carers in this process.

Summary of findings

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Good 

Location name here

Services we looked at

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

Summary of this inspection

Background to Brunel House

Cygnets Brunel is a 32-bed hospital in South West England for men with mental health difficulties and acquired brain injury. Cygnets Brunel provides neuropsychiatric and neurodegenerative rehabilitation. This hospital aimed to increase the skills of patients to enable them to live within the community.

It provides care for men aged over 18 years. It has been designed and equipped to assist the men to manage visual, spatial and perceptual difficulties. The service accepts patients who are detained under the Mental Health Act as well as informal patients.

Cygnets Brunel opened in October 2017.

There are four wards: Clipper, Pilot, Ketch and Yawl. At the time of our inspection only Clipper and Pilot wards were open. Clipper and Pilot wards have 10 beds each. Ketch and Yawl ward have six beds each.

This was our first inspection of this service.

Our inspection team

Our inspection team comprised two CQC inspectors and an inspection manager.

Why we carried out this inspection

We inspected this service as part of our ongoing 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 the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Inspected the two open wards and visited the other two wards at the hospital, to look at the quality of the ward environment and we observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the registered manager and the head of care
- spoke with nine other staff members; including doctors, nurses, speech and language therapist and the quality assurance manager
- attended and observed one daily hand-over meeting and a therapy orientation session
- looked at four care and treatment records of patients
- carried out a specific check of the medication management on one ward, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with three patients who were using the service. Other patients were given the opportunity to speak with us but did not wish to.

The patients we spoke with were unable to fully appreciate the reason why they were in hospital, but overall felt safe on the wards. They felt that there was always something to do, and were happy with the level of

activities available. They did not feel as involved in decisions about their care as they would like to be. Patients knew how to complain if they wished to. Patients spoke positively about the food.

Although we did not have the opportunity to speak with carers first hand, we did receive feedback from a family who said they were happy with the care provided.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- All staff had completed mandatory training. Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. They minimised their use of restrictive interventions and followed best practice.
- Staff knew how to protect patients from abuse and 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 kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- 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.

However:

- The physical environment of the wards was not suitable for the patient group. It did not support the needs of the patients or the model of care. There were blind spots and a lack of space for patients to freely walk around in. We observed several near misses where patients almost walked into each other. Some communal rooms could not be observed from outside the room and doors did not have observation panels meaning a door could be opened onto another patient.

Good



Are services effective?

We rated effective as good because:

- The service provided treatment and care for patients that followed a recovery focused model. Staff supported patients with their physical health and encouraged them to live healthier lives. They ensured that patients were offered a minimum of 25 hours of therapeutic activity each week.
- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans and updated them when needed.
- Managers supported staff with appraisals, supervision, and opportunities to update and further develop their skills.

Good



Summary of this inspection

- The team included or had access to the full range of specialists required to meet the needs of the patients on the ward.
- Staff from different disciplines worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- There was a lack of clarity from nursing staff about the service model and the expectations for the client group.
- The process for making best interests decisions for patients was not well documented. When patients lacked capacity to make their own decisions, staff made and recorded decisions in the patients' best interests however there was no evidence that staff were involving family and carers in this process.

Are services caring?

We rated caring as good because:

- Staff treated patients with compassion, kindness and they supported their individual needs.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

However:

- Staff did not maintain patient confidentiality. We observed staff discussing patient care in front of other patients. Nursing staff noticed that this was happening and rectified this immediately.

Good



Are services responsive?

We rated responsive as good because:

- Patients had their own areas or rooms where they could keep personal belongings safely. There were quiet areas for privacy and facilities that supported patients' treatment.
- Staff supported patients with activities outside the service, such as work, education and family relationships. In addition to this, the hospital employed patients to complete certain tasks through a therapeutic earnings scheme.
- Staff planned for patient's discharge from the point of admission.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



Summary of this inspection

Are services well-led?

Good



We rated well-led as good because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The culture was developing. Staff felt supported and respected by managers. Staff worked well together as a team despite experiencing lots of staffing changes since the unit opened in October 2017.
- The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service.
- The hospital had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The hospital collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However:

- There was a lack of clarity of the hospitals vision and strategy. Nursing staff felt unclear on the vision of the service, with managers providing extra training sessions on the service model, neuro-rehabilitation and how this was different to rehabilitation.

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.

Eighty-three per cent of staff had completed training in the Mental Health Act. Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on the use of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was. The Mental Health Act administrator was supported by Mental Health Act administrators from other hospitals run by the provider. A hard copy of the Code of Practice was available to staff, along with an easy ready version that staff could use with patients.

Staff stored copies of patients' detention papers and associated records correctly and these were available to all staff that needed to access them.

The provider had relevant policies and procedures that reflected the most recent guidance.

Patients had easy access to information about independent mental health advocacy. The advocate

visited the hospital weekly, attended patient care review meetings and provided a quarterly report to the hospital manager. Posters advertising the independent mental health advocacy service were visible throughout the hospital.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Rights information was available in easy read format for patients that required it.

Second opinion appointed doctors were requested when appropriate. Consent to treatment certificates were kept with medication charts in line with Code of Practice guidance.

Staff ensured that patients could take Section 17 leave (permission for patients to leave hospital) when this was granted, but acknowledged that this could not always happen as planned when staff were supporting other patients or if incidents occurred. Patients used leave to visit the local shops and attractions. One patient used their leave to volunteer at a local garden.

Mental Capacity Act and Deprivation of Liberty Safeguards

As of July 2018, 83% of staff had completed training in the Mental Capacity Act, however further training had been arranged for the team shortly before the inspection.

Staff had a good awareness of the Mental Capacity Act, in particular the five underpinning principles, and their relevance in practice. They knew where to seek advice if needed.

Three Deprivation of Liberty Safeguards applications have been made since the hospital opened to protect people without capacity to make decisions about their own care. At the time of the inspection, two patients were awaiting these assessments.

Staff were aware of the importance of giving patients all possible assistance to make decisions about their care before assuming they lacked the mental capacity to make the decision themselves.

For patients who appeared to have impaired mental capacity, staff assessed and recorded this on a decision specific basis. While staff made and recorded decisions in the patients' best interests when they were assessed as lacking capacity to make their own decisions, the best interests decision making process was not well documented. There was no evidence that staff were speaking with all the people they should have been about the decision to be made, such as family and carers.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

Staff completed regular risk assessments of the care environment. An estates risk assessment was completed annually and a ligature risk assessment of the environment was reviewed every six months.

Prior to the building opening in September 2017 a pre-opening fire risk assessment and a pre-opening health and safety risk assessment were completed and action plans developed.

Staff tested fire alarms weekly and there were fire blankets and fire extinguishers in all wards areas. The service had an up-to-date fire safety certificate for the site.

The physical environment of the wards was not suitable for the patient group. It did not support the needs of the patients or the model of care. There were blind spots and a lack of space for patients to freely walk around in. We observed several near misses where patients almost walked into each other. Some communal rooms could not be observed from outside the room and doors did not have observation panels meaning a door could be opened onto another patient. On the upstairs wards, Pilot and Yawl, bedrooms did not have observation panels in the doors meaning that patients could not easily be observed when in their bedrooms without compromising patient privacy by opening the door. Staff explained that as the hospital became more established, each ward would have a specific

role, but patients with identified risks may be admitted to wards without observation panels. Staff stated that patients would be individually risk assessed and staff would need to implement appropriate management plans if a patient was at risk of self-harm and admitted to a bedroom without an observation panel.

Wards contained ligature risks. These had been identified by the environmental ligature audit and there were management plans in place. Ligature risks were generally managed on an individual basis through individual risk assessments. However, some areas within the hospital containing ligature points were locked and patient access was supervised by staff. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.

All staff were issued with personal alarms when they arrived for each shift. Alarms were linked to a central system and when an alarm was activated the location was shared on panels throughout the hospital.

All ward areas were clean, had good furnishings and were well-maintained.

Staff adhered to infection control principles, including handwashing and handling of laundry. There were handwashing posters displayed around the hospital and alcohol cleansing gel was available.

The hospital did not have a seclusion room. At the time of our inspection a patient was being nursed on Ketch ward on their own due to risks to other patients. Staff classed this appropriately as long-term segregation despite the hospital not having a designated seclusion suite. Staff followed the provider's policies and procedures for long term segregation.

Long stay/rehabilitation mental health wards for working age adults

Good 

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency medication that staff checked regularly. At the time of our inspection, two clinic rooms were in use, one on Pilot ward and one on Clipper ward. Both were airconditioned, secure, clean and tidy. They had a stable door where patients collected medication from if appropriate. Staff had access to lifesaving equipment including ligature cutters, a defibrillator, emergency oxygen and medicines for the treatment of anaphylaxis. Routine checks of the lifesaving equipment had been completed and staff maintained accurate and up to date records.

Staff maintained equipment well and kept it clean. Patients who required the use of a hoist had their own individual sling.

Safe staffing

The staffing establishment per shift was worked out on a hospital-wide basis. Minimum staffing levels were one qualified nurse plus four support workers on each shift. Staff worked 12.5-hour shifts, either day or night. The minimum staffing levels had been met for the last two months of the rota. At the time of our inspection, there were an extra two support workers on shift. These were agency staff used to support a patient in long term segregation.

In the 12-month period before the inspection, 177 shifts had been filled by bank or agency staff to cover sickness, absence or vacancies. There had been 10 shifts that had not been filled by bank or agency staff. The staff sickness rate was 5% and staff turnover rate 22%.

Managers ensured there were sufficient staff to keep patients safe, but staff felt under pressure and said they could not provide the best care for patients.

When necessary, managers deployed agency and bank nursing staff to maintain safe staffing levels. The hospital had their own bank of staff who received the same induction as permanent staff and were familiar with the ward and patient group. In exceptional circumstances agency staff were used who had not received a full induction to the ward, however they were given a brief induction at the start of the shift. If agency use was needed, the hospital would block book staff to provide a level of consistency for patients.

Medical cover for mental health needs was adequate for the current number of patients. The consultant psychiatrist worked two days per week, although could be contacted by phone at other times. Staff could also telephone a consultant at another brain injury unit run by Cygnet Healthcare for support. A service level agreement with the local GP surgery ensured that there was appropriate medical cover for physical health conditions. A locum speciality doctor was due to start working three days a week. A full-time consultant post had been advertised but the hospital was struggling to recruit a suitable person.

Staff received and were up to date with appropriate mandatory training. All mandatory training courses had a completion rate of 75% or above. An action plan had been devised to increase training compliance further with extra training sessions organised for new starters.

Assessing and managing risk to patients and staff

We reviewed the care records for four patients. Staff completed a risk assessment of every patient on admission and updated it regularly, including after any incident. Staff completed a daily risk assessment which determined the observation levels of patients.

Staff used a recognised risk assessment tool. The Short-Term Assessment of Risk and Treatability (START) was used by the multidisciplinary team to provide a comprehensive risk overview of each patient.

Staff were aware of and dealt with any specific risk issues, such as falls or pressure ulcers. Pressure relieving equipment had been organised for patients identified as at risk.

Staff identified and responded to changing risks to, or posed by, patients.

Informal patients could leave at will and knew that. Staff reminded informal patients regularly of their right to leave. This was written in their care plans and posters were visible at entry/exit points.

There were no episodes of seclusion in the six months before the inspection. At the time of our inspection one patient was being nursed in a ward on their own. This had been classed as long-term segregation and appropriate monitoring and reviews were completed by staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

There were 61 episodes of restraint, these restraints involved three patients. There were no incidents of prone restraint.

Staff used restraint only after de-escalation had failed and used correct techniques. Staff were trained in Management of Actual or Potential Aggression (MAPA) which focuses on prevention, de-escalation and avoidance of violence and aggression and the need for physical intervention.

The hospital participated in a restrictive interventions reduction programme. Restrictive interventions were audited regularly. Since the hospital opened, several changes had been made to reduce restrictive interventions. There was free access to communal areas on the wards, the cutlery drawer on Clipper ward was no longer locked and one patient had been given a fob to access the communal atrium in the hospital.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. The hospital policy stated that all safeguarding concerns should be escalated to the head of care or hospital manager within an hour.

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

Staff knew how to identify adults at risk of, or suffering, significant harm. This included working in partnership with other agencies.

Staff followed safe procedures for children visiting the hospital. All visits from children had to be pre-booked. Visits would take place in either the visitors room located next to reception, or the occupational therapy room which was located off the main atrium within the hospital, both of which were away from the wards.

Staff access to essential information

The hospital used a combination of paper and electronic records. A daily record of patient presentation was kept electronically, along with some care plans and risk assessments. Most of the information for each patient was kept in paper form. These were kept in the nursing office on each ward.

All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form. This included when patients moved between teams.

Medicines management

Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication) and did it in line with national guidance.

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance, especially when the patient was prescribed a high dose of antipsychotic medication.

Track record on safety

There have been no serious incidents since the service opened in October 2017.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff completed incident forms which were sent to the hospital manager for review. Staff reported all incidents that they should report.

Staff understood the duty of candour. They were open and transparent, and gave patients and families and full explanation if things went wrong.

Staff received feedback from investigations of incidents, both internal and external to the service. Significant incidents were discussed at regional clinical governance meetings with feedback being shared by the hospital manager.

Feedback from investigations was shared through monthly newsletters, team meetings and supervision.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

We reviewed the care records of four patients. All four contained detailed and holistic assessments and care plans that were specific to the individual patient.

Staff carried out a comprehensive assessment of patients physical and mental health needs before and during admission. This information was used to create personalised, holistic and recovery orientated care plans, which staff updated as needed.

Best practice in treatment and care

The hospital had a service model which provided recovery focused care and treatment interventions suitable for the patient group in line with the relevant National Institute for Health and Care Excellence (NICE) guidance. This included activities and work opportunities to help patients with daily living skills. Staff ensured that patients were offered a minimum of 25 hours of therapeutic activity each week.

We met one patient who had a therapy job, employment in the hospital to promote his daily living skills. This role was very important to him.

Staff supported patients with their physical health, and ensured that they had access to physical healthcare as needed. The hospital had a service level agreement with a local GP surgery to meet the physical health needs of patients. All patients had a health improvement plan.

Staff supported patients to live healthier lives for example, by providing healthy eating advice, managing cardiovascular risks and encouraging patients to increase their levels of physical activity.

Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes. They used the Health of the Nation Outcome Scales as well as other specific rating scales used by members of the multidisciplinary team.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of the patients on the ward. At the time of inspection there were no psychology staff in post, however staff had been recruited and were due to start within a month of inspection. During the period of vacancies in psychology staff, a psychologist from another unit run by the provider visited the service to provide psychological input to patients. A locum physiotherapist worked at the hospital one day a week.

The staff team consisted of a consultant neuropsychiatrist, nursing staff, support workers, occupational therapists and a speech and language therapist. A speciality doctor was due to join the team shortly after the inspection. Staff had a wide range of skills, experience and knowledge to bring to the multidisciplinary team, and were keen to develop further knowledge and skills within their roles. The management team had a good understanding of the team's skills and competencies and provided staff with learning opportunities to improve their knowledge where needed.

There was a lack of clarity from nursing staff about the service model and the expectations for the client group.

Managers supported staff with regular supervision. Staff could also access a peer supervision network that staff felt was very helpful and spoke highly of. Staff were also involved in regular team meetings.

All staff received an appropriate induction, including bank staff. Staff were required to complete mandatory training as part of their induction.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit the patients. They supported each other to make sure patients received the care they needed. However, some staff acknowledged that patients did not always have access to therapy sessions because staff had to prioritise meeting the basic care needs of patients such as personal care.

Staff held regular and effective multidisciplinary team meetings and had mechanisms in place to support effective team communication. However, some staff felt that there were gaps in sharing information from these meetings and did not always feel up to date with information.

Long stay/rehabilitation mental health wards for working age adults

Good 

The hospital had built effective relationships with local GPs responsible for managing the physical health care and needs of patients. The GP visited each Wednesday as part of a service level agreement. Physical healthcare of patients was undertaken predominately by the two registered general nurses in post.

Adherence to the MHA and the MHA Code of Practice

Eighty-three per cent of staff had completed training in the Mental Health Act. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on the use of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was. The Mental Health Act administrator was supported by Mental Health Act administrators from other hospitals run by the provider. A hard copy of the Code of Practice was available to staff, along with an easy ready version that staff could use with patients.

Staff stored copies of patients' detention papers and associated records correctly and these were available to all staff that needed to access them.

The provider had relevant policies and procedures that reflected the most recent guidance.

Patients had easy access to information about independent mental health advocacy. The advocate visited the hospital weekly, attended patient care review meetings and provided a quarterly report to the hospital manager. Posters advertising the independent mental health advocacy service were visible throughout the hospital.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Rights information was available in easy read format for patients that required it.

Second opinion appointed doctors were requested when appropriate. Consent to treatment certificates were kept with medication charts in line with Code of Practice guidance.

Staff ensured that patients could take Section 17 leave (permission for patients to leave hospital) when this was granted, but acknowledged that this could not always

happen as planned when staff were supporting other patients or if incidents occurred. Patients used leave to visit the local shops and attractions. One patient used their leave to volunteer at a local garden.

Good practice in applying the MCA

As of July 2018, 83% of staff had training in the Mental Capacity Act, further training had been arranged for the team shortly before the inspection.

Staff had a good awareness of the Mental Capacity Act, in particular the five underpinning principles, and their relevance in practice. They knew where to seek advice if needed.

Three Deprivation of Liberty Safeguards applications have been made since the hospital opened to protect people without capacity to make decisions about their own care. At the time of the inspection, two patients were awaiting these assessments by the local authority.

Staff were aware of the importance of giving patients all possible assistance to make decisions about their care before assuming they lacked the mental capacity to make the decision themselves.

For patients who appeared to have impaired mental capacity, staff assessed and recorded this on a decision specific basis. While staff made and recorded decisions in the patients' best interests when they were assessed as lacking capacity to make their own decisions, the best interests decision making process was not well documented. There was no evidence that staff were speaking with all the people they should have been about the decision to be made, such as family and carers.

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

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff attitudes when working with patients showed that they were respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.

Long stay/rehabilitation mental health wards for working age adults

Good 

Staff supported patients to understand and manage their care and treatment, while acknowledging that this is a challenge with the patient group. Staff aimed to give individual, person-centred care for every patient to meet their needs in the best way for them.

While many of the patients did not wish to, or were unable to give feedback at the time of the inspection, interactions with staff generally showed they were comfortable with and felt reassured by their support. Staff appeared to have good working relationships with the patients, and had a clear focus on giving the best care possible.

Staff could reflect on the strengths and areas of development for the service, and saw the caring nature of the team as one of the strongest aspects of the care provided.

However, within a complex and busy unit, it is important that staff are aware of confidentiality and appropriate sharing of information at all times. We observed staff talking about confidential patient information in front of other patients. However, this was challenged by nursing staff at the time of the incident.

Involvement in care

Staff used the admission process to inform and orient patients to the ward and to the service. A welcome pack was available for new patients and carers.

Staff involved patients in care planning and risk assessment. They also worked effectively with patients with communication difficulties to support them to understand and be a part of their care and treatment as much as possible. Staff used pictorial and easy read information to involve patients. Prior to multidisciplinary reviews staff met with patients to gain feedback from the patient.

Patients had access to advocacy support. The advocate attended ward rounds for patients.

Staff involved patients in decisions about the service. During the inspection we saw a patient involved in a recruitment day. Patients are encouraged and supported to give feedback on the service they receive, through patient surveys and community meetings. Staff were committed to supporting patients to exercise their right to make a complaint about the service.

Staff acknowledged that many of the patients were not from the local area and so it can be difficult for some families and carers to be actively involved.

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

Good 

Access and discharge

At the time of inspection, the hospital had 11 patients. Admissions to the hospital were being monitored with a plan to admit one new patient every month up to the maximum number of 32 patients.

Patients were admitted from across the country due to the specialist nature of the service provided.

Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient. A patient had moved wards following a safeguarding incident.

When patients were moved or discharged this happened at an appropriate time of day.

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Regular meetings were held with care managers/co-ordinators to review discharge plans and ensure arrangements were made for the patient upon discharge.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms and were not expected to sleep in bed bays or dormitories. All bedrooms had ensuite shower facilities.

Patients could personalise their bedrooms. Staff were encouraging patients to make their bedrooms their own.

There were multiple lockable cabinets within each patient bedroom for the secure storage of possessions.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. There were clinic rooms, a treatment room, an activity room as well as

Long stay/rehabilitation mental health wards for working age adults

Good 

lounges and quiet lounges. The hospital also had a gym and an internet room. Hoists and other equipment were purchased on an as needed basis. There was also a disability adapted kitchen for patients in a wheelchair. A multi-faith room was located near the entrance which could also be used for children visiting.

Patients could make phone calls in private. Each ward had a cordless phone which could be used in the patients' bedroom for private phone calls.

The hospital had two gardens for patients to use. Each garden contained a sheltered area for patients and multiple seating options.

The food was of good quality. All food was prepared and cooked in site. Patients could eat meals in the atrium of the hospital as well as on each ward. Patients were encouraged to provide feedback on the food and make suggestions for the menu.

Patients could make hot drinks and snacks whenever they liked. Each ward had a kitchen area which was freely accessible.

Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. The hospital ran a therapeutic earnings programme where patients could receive payment for working at the hospital. One patient was paid to tidy the dining area after meals. Another patient was employed to run weekly community meetings. A patient also volunteered at a local community garden on a weekly basis.

Staff supported patients to maintain contact with their families and carers. Visits were encouraged and patients were supported to schedule regular telephone calls with families and carers.

Meeting the needs of all people who use the service

The service had made adjustments for disabled patients for example, by ensuring disabled people's access to premises and by meeting patients' specific communication needs. Staff were developing information leaflets aimed at the cognitive level of the patients. Some patients found easy read documents too simple but still required information

to be provided in a clear format. Staff had installed buttons in communal areas which, when pressed, told patients the day, date and expected weather as well as what activities were available that day.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, and how to complain. An information pack was provided to all patients on admission.

Managers ensured that staff and patients had easy access to interpreters and/or signers. At the time of our inspection the service was planning for the admission of a patient who would require an interpreter.

Patients had access to a multi faith room. A list of local spiritual support was available to patients. However, at the time of our inspection spiritual support had to be accessed in the community. This was an issue identified by the managers. Attempts were being made to find someone who could visit the hospital to meet the spiritual needs of patients.

Listening to and learning from concerns and complaints

The service received three complaints in the last 12 months. Of these, two were partially upheld and one was not upheld. The service received 10 compliments in the last 12 months.

Patients knew how to complain or raise concerns.

When patients complained or raised concerns, they received feedback. Staff gave feedback verbally and in writing.

Staff knew how to handle complaints appropriately. They received feedback on the outcome of investigations of complaints and acted on the findings.

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

Good 

Leadership

Long stay/rehabilitation mental health wards for working age adults

Good 

Leaders had the skills, knowledge and experience to perform their roles. Where leaders were new to their role they were supported by experienced colleagues and were provided with training and development opportunities to ensure they could successfully perform their role.

Leaders had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care.

The hospital manager and head of care were visible in the service and approachable for patients and staff. They held regular meetings with staff and provided direct patient care.

Leadership development opportunities were available, the hospital manager was completing a leadership and management qualification.

Vision and strategy

There was a lack of clarity of the hospitals vision and strategy. Nursing staff felt unclear on the vision of the service, with managers providing extra training sessions on the service model, neuro-rehabilitation and how this was different to rehabilitation. Managers had a clear vision for the aims of the service. They were managing the admission of patients to the service carefully ensuring they had sufficient competent staff through their training program before they fully open the hospital.

The vision and values for Cygnet Health Care were changing, a new set of values was being rolled out in September 2018. Staff were aware of these changes and what the new values were going to be.

Culture

The culture at Cygnet Brunel was developing. The staff team had experienced change in management as well as changes in nursing staff. Some staff felt supported and valued, while other staff felt that managers did not listen to their concerns. We found that staff cared about their patients but felt they did not have enough time to provide the high quality of care they would have liked to provide.

Staff felt able to raise concerns without fear of retribution but did not always have confidence that action would be taken to address their concerns.

Staff knew how to use the whistle-blowing process.

Managers dealt with poor staff performance when needed.

Teams were new, with new staff joining all the time. Despite this they worked well together to provide care for the patients.

No staff had received an appraisal as they had not worked for the provider for more than a year. However, supervision included conversations about career development and how it could be supported.

Governance

The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service. The registered manager and representatives from staff groups met monthly for local governance meetings which fed into and received feedback from regional and national governance agenda's. They also shared information via a group email for any lessons learned.

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

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. There was a comprehensive audit schedule for the hospital.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

The hospital used a range of key performance indicators to measure the effectiveness of the service provided and to monitor quality and patient safety. The registered manager provided data such as staff sickness, incidents, agency use, and complaints. This was monitored by the provider's central governance team electronically. It formed part of a performance dashboard which could be reviewed and benchmarked against other hospitals ran by the provider.

Information management

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

Long stay/rehabilitation mental health wards for working age adults

Good 

Information governance systems included confidentiality of patient records. Patient records were kept in the locked nurses station.

Staff made notifications to external bodies as needed.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used for example through the intranet, bulletins and newsletters.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. This would be further enhanced when the people's council is running. The hospital manager had plans to create a people's council. This would be a group of patients, carers and other interested parties to help support decision making at the hospital.

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

Patients and carers had been involved in decision-making about the service at the time of the inspection. Plans were in place to increase this involvement through the creation of a People's Council and through employing patients using the therapeutic earnings scheme to assist with staff interviews.

Learning, continuous improvement and innovation

Staff had not had opportunities to participate in research, although this was something the managers told us they would welcome.

The hospital did not participate in any accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should review the hospital environment and make changes to ensure it is suitable and safe for the patient group. The provider should consider how the requirements of the environment will change as patient numbers increase.
- The provider should review staffing levels with regard to the assessed dependency levels of the patients on the unit and the quality of care the current staffing levels can deliver with staff working across three wards.
- The provider should address the best interests' decision-making process after staff have reached the decision that a patient lacks capacity to ensure family and carers are involved in the process