Cygnet Hospital Harrogate

Quality Report

23 Ripon Road
Harrogate
North Yorkshire
HG1 2JLA
Tel:01423 500599
Website: www.cygnethealth.co.uk

Date of inspection visit: 13-14th June 2016
Date of publication: 08/09/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

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

Summary of findings

Overall summary

We rated Cygnet Hospital as good because:

- Staffing levels were planned, implemented, and reviewed to keep patients safe at all times. Managers responded quickly and adequately to any staff shortages. Staff held effective handovers to ensure they managed the risks to patients.
- Staff received meaningful and timely supervision and appraisal to support the effective delivery of care to patients. Managers supported staff to maintain and develop their skills and experience and applied a consistent approach for managing staff when their performance was poor.
- We observed kind and caring interactions between staff and patients. Most patients and their relatives spoke about staff attitudes in a positive way and said staff treated them with respect. Staff involved patients in decisions and helped them to understand their care and treatment.
- Patients could raise concerns or complaints easily and staff were open and transparent in their approach. Issues were taken seriously and staff responded to concerns and complaints in a timely way.
- The hospital had clear governance structures in place where managers had oversight of the quality and the performance of the service. The senior managers provided strong leadership and were knowledgeable about the service priorities and challenges.

However;

- The wards did not provide an area used solely as a day lounge for use by women. This did not meet national guidelines for same sex-accommodation.
- Staff received training in restraint that included techniques that inflicted pain on patients. Current national guidance supports the use of these techniques in exceptional circumstances such as when there is an immediate risk to life. However, the incident we reviewed did not appear to be a life-threatening situation.
- Staff did not always follow their own medicine management policy when they carried out rapid tranquillisation.
- Risk assessment and management plans did not contain sufficient detail and staff did not always review the plan when risks changed. Patients were subject to restrictions that were not supported by individual risk assessments and management plans.
- The hospital had limited space available for patients and visitors to use which meant bedrooms and communal areas had a number of uses. The children's visiting room was located in an area that was potentially unsafe. Patients did not have access to rooms for quiet space or activities where they would not be disturbed. The location of some bedrooms meant that patients' privacy, dignity, and confidentiality was compromised.
- Care plans were not always personalised or recovery orientated or contain sufficient details about patients' care and treatment. Staff did not always fully document patients capacity assessments and consent for care and treatment.
- The makeup of the mutli-disciplinary team was limited to medical staff and nurses. This meant that patients did not have routine access to an occupational therapist, psychologist, or social worker assessment during their admission on the wards.
- Staff who worked in Detox Five did not receive the necessary specialist training to support their role and did not have a local operational policy to follow.

Summary of findings

Contents

Good

Cygnet Hospital Harrogate

Services we looked at

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

Substance misuse/detoxification.

Summary of this inspection

Background to Cygnet Hospital Harrogate

Cygnet Hospital Harrogate is a 36-bedded independent hospital, which provides in-patient care for people over the age of 18 years who are experiencing mental health problems. Patients are admitted from across the United Kingdom and the hospital provides care and treatment for informal patients and patients who are detained under the Mental Health Act 1983. The hospital admits informal patients who pay privately for their care and treatment and informal and detained patients when their local NHS hospital has no available beds.

The hospital also provides a five-day residential opiate detoxification programme. This programme is called 'Detox Five' and treats addiction to opiate based substances such as heroin, methadone, and codeine. Patients are normally admitted to the service on private contracts that they self-fund. On occasions, the NHS, local authority, or charitable organisations fund patients. The hospital also provides a detoxification from alcohol service, on the mental health wards rather than within the Detox Five programme.

There is a private consultant outpatient service on site where patients are referred directly to individual consultants. The psychiatrists also provide input to the inpatient wards. All consultants have practising privileges where doctors can practice in the hospital without being directly employed by them.

The hospital had a registered manager who was also the accountable officer at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008, associated regulations, and how the service is run. An accountable officer is a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse as required by law.

The hospital has two wards:

Haven - 19 beds acute admission ward for males and females with a mental health problem

Sanctuary - 17 beds acute admission ward for males and females with a mental health problem including three Detox Five beds for residential opiate detoxification.

Cygnet Hospital Harrogate has been registered with the Care Quality Commission since 15 November 2010. It is registered to carry out three regulated activities;

(1) treatment of disease, disorder or injury,

(2) assessment or medical treatment, for persons detained under the Mental Health Act (1983),

(3) surgical procedures.

The hospital has been inspected by the Care Quality Commission on three previous occasions. The last inspection on 04 December 2013 found no breaches of regulation and the service is currently deemed as compliant as of 09 January 2014.

..

Our inspection team

Team leader: Jacqueline Bond, Care Quality Commission

The team that inspected the service comprised two Care Quality Commission inspectors and a variety of specialists: including one pharmacist, one psychologist, one substance misuse specialist nurse, and one registered mental health nurse. We did not include a Mental Health Act reviewer in this inspection as a Mental Health Act review inspection took place in November 2015.

...

Summary of this inspection

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, received feedback from the local advocacy service, and held six focus group meetings for staff.

During the inspection visit, the inspection team:

- visited all two wards at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients;
- spoke with seven patients individually and held a focus group meeting with five patients who were using the service;
- collected feedback from nine patients using comment cards;
- spoke with four carers or relatives of patients ;
- spoke with the hospital director, medical director, registered manager and managers for each of the wards;
- spoke with 34 other staff members; including doctors, nurses, support workers, administration and facilities staff;
- spoke with the visiting pharmacist and independent advocate;
- attended and observed one handover meeting, one multi-disciplinary meeting, one patient group activity and one clinical assessment;
- looked at 14 care and treatment records of patients;
- carried out a specific check of the medication management on both wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

...

What people who use the service say

All patients, relatives, and carers spoke positively about the staff at the hospital. People said staff were caring and they felt staff treated them as individuals and involved them in their care. Staff were always available to talk to and people valued their individual time with the doctors, nurses, and support staff. Some people commented that the nurses were sometimes too busy to spend time with them. Everyone said they felt safe on the wards and felt everyone had good relationships with each other.

We collected nine comments cards and people gave positive feedback about the care and treatment they received. Most people felt the ward environments were clean and comfortable and gave positive comments about the range of activities and therapies available. All people we spoke with were very complimentary of the food provided at the hospital and some felt it to be the best hospital they had ever been in.

The feedback we received from carers about the care their relative received was mostly positive. However, most felt they should be more involved in their relatives care such as attendance at multi-disciplinary meetings and involvement in care plans.

..

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?

Requires improvement 

We rated safe as requires improvement because;

- The hospital did not provide a day lounge that was always available for the use of women only. This was in breach of national guidance about same-sex accommodation, which recommends that this is good practice on mixed wards.
- Staff received training in breakaway and prevention and management of violence and aggression which included techniques that inflicted pain on patients. Current national guidance supports the use of these techniques in exceptional circumstances such as when there is an immediate risk to life. However, the incident we reviewed did not appear to be a life threatening situation.
- Staff did not always follow their own medicines management policy or the National Institute for Health and Care Excellence guidelines when carrying out rapid tranquillisation.
- Staff undertook a risk assessment for every patient on admission; however, the risk assessments were not always updated. Risk assessments for patients admitted to Detox Five were brief and did not contain sufficient detail about how staff would manage identified risks.
- Staff placed restrictions on all patients' access to outside space during the night. This restriction is referred to as a blanket restriction because staff did not carry out individual risk assessments to justify the restriction.
- The room used for child visiting was multi-functional with limited facilities appropriate for children. The room was situated in the hospital reception area, which meant children visiting could be vulnerable to incidents that occurred in the hospital reception area.
- Staff did not test for blood borne virus testing and blood test results were not always available for staff to refer to when patients were admitted to Detox Five.
- Staff who worked on Detox Five did not receive the necessary specialist training for their role.
- The hospital did not have a local operational policy for the Detox Five service for staff to refer to.

However;

Summary of this inspection

- Staff completed comprehensive ligature risk management plans for both wards. A ligature point is a place where someone intent on self- harm might tie something to strangle themselves.
- Services were delivered in clean and hygienic environments. Staff did regular housekeeping and cleaning audits and took action where work was required. Equipment was well maintained and staff checked equipment regularly to ensure it was in working order.
- There was sufficient staff to ensure patients received the care and treatment they needed.
- Staff training compliance in safeguarding adults and children was over 90% and all staff understood their responsibilities to recognise and report safeguarding concerns.
- Staff reported incidents and incidents of harm or risk of harm were investigated. Managers ensured lessons learned were shared with relevant staff to prevent further incidences.
- All staff completed a comprehensive mandatory training induction programme and had regular refresher training.

..

Are services effective?

Good

We rated effective as good because;

- Staff completed comprehensive assessments, which included a physical examination and ongoing monitoring of physical health conditions. Staff ensured patients had good access to physical health care services such as the GP and dentist.
- All information used to deliver care was stored securely and was readily available for staff when they needed it. Staff shared all relevant information when patients were discharged.
- Patients had access to a range of individual and group activities in both the hospital and the local community.
- Staff held a range of meetings to ensure they had a good understanding of patients' needs.
- Mental Health Act training was mandatory and staff training compliance was 95%. Mental Health Act documentation was in good order and staff ensured patients were aware of their rights.

Summary of this inspection

- All staff had regular supervision arrangements and an up to date appraisal. Where managers identified any poor staff performance, they dealt with this in a timely and effective way.

However,

- Staff did not have an identified mental capacity act lead they could refer to for advice. The consent to treatment form used on Detox Five was highly complex and difficult to understand.
- Most care plans were not personalised or did not appear to contain goals to aid patients' recovery. Patients on Detox Five did not have care plans in place should they wish to exit the programme early. Nurses documented limited information about the details of 'when as required' medication should be used and the possible side effects.
- The make-up of the mutli-disciplinary team was limited to medical staff and nurses. This meant that patients did not have routine access to an occupational therapist or psychologist assessment during their admission on the wards.

...

Are services caring?

Good

We rated caring as good because;

- We observed kind and caring interactions between staff and patients. Most patients spoke about staff attitudes in a positive way and said staff treated them with respect. We heard staff speak about patients in a professional, non-judgemental, and compassionate manner.
- Staff ensured patients were present at their review meetings and involved patients in decisions about their care and treatment. Most patients knew about and had a copy of their care plan.
- All carers made positive comments about the staff and felt the hospital was a good place for their relative to receive care and treatment.
- Staff welcomed and orientated new patients to the ward. Patients had the opportunity to feedback about their care and treatment in a variety of ways.
- The independent advocate made weekly visits to the hospital and staff made sure that patients who wanted to see the advocate had an appointment.

Summary of this inspection

- Staff held regular ward and community meetings with patients and encouraged patients to provide feedback about the service they received.

However,

- Most carers we spoke with felt they were not fully involved in decisions about their relatives care and treatment.
- Patient involvement in making decisions about services such as helping to recruit staff was not embedded in the service.

Are services responsive?

Good

We rated responsive as good because;

- Staff planned patients' admission and discharges and responded in a timely manner when NHS Trusts recalled patients to their local area. Staff used the Care Programme Approach as a framework for planning and coordinating patients' care. Admission to the hospital was determined on the level of risks of harm to others and the ability of the service to meet patients' needs.
- Patients had access to a well-equipped therapy suite, outside space and community facilities to aid their recovery. The communal dining room was conducive to a pleasant dining experience. All patients were complimentary about the food, which took account of special dietary requirements and religious needs.
- Patients had access to kitchen areas and snacks and hot and cold drinks were available 24 hours per day. Patients were able to personalise their rooms and had somewhere they could keep their possessions safe.
- Most patients told us they had no need to complain but would know how to raise a complaint if they needed to. Interpreters were available for patients who did not speak English as their first language. Staff were aware of the complaints process and we saw the hospital responded to complaints in and open and honest way.

However;

- The hospital had limited dedicated space available on the wards for patients and visitors to use. This meant patient bedrooms were used to carry out physical examinations, individual interventions, and for visiting. When patients were

Summary of this inspection

not well enough to attend the communal dining room, they ate their meals in their bedroom. Communal areas were mutli-functional in their use, which meant patients' activities; access to quiet space or faith area was disrupted or limited by meetings or ward rounds. The communal room available in the hospital reception area also served as a multi-functional area, which included child visiting, staff and patient meetings and activities.

- Two bedrooms on one ward were located directly off the communal lounge area. This meant that patients' dignity, comfort, and confidentiality could be compromised by noise and disturbances from the ward area.

...

Are services well-led?

Good

.

We rated well-led as good because;

- The hospital was responsive to feedback from by patients and staff
- All staff regarded senior managers within the hospital as very visible and approachable.
- Senior managers monitored compliance for mandatory training, appraisal, and supervision and compliance met the hospital targets.
- The hospital had sufficient numbers of staff on duty and continued to recruit to vacant posts.
- There was clear evidence of how managers shared feedback from incidents and complaints and how managers shared lessons learned with staff. Managers had clear plans where they needed to take action.
- Staff morale in the hospital was good; managers and staff described positive relationships where managers encouraged staff to be open and honest.

However,

- Staff received training in breakaway and prevention and management of violence and aggression. This included techniques that inflicted pain on patients. Current national guidance supports the use of these techniques in exceptional

Summary of this inspection

circumstances such as when there is an immediate risk to life. However the incident we reviewed did not appear to be a life-threatening situation. This meant that the technique staff used was not in keeping with current best practice guidelines.

..

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.

- Records showed that 95% of staff completed Mental Health Act training and managers arranged further training to enable the remaining staff to update their training. The training included changes to the Code of Practice in April 2015 and an up to date policy was in place.
- The hospital had a Mental Health Act lead and administrator who completed audits and scrutinised documents. We saw that all documentation was completed and stored appropriately. Staff we spoke with had a good understanding of the guiding principles of the Mental Health Act. We saw there was a range of systems in place to support nursing and medical staff in meeting the responsibilities of the Act including checklists to support staff out of hours. Staff referred to a copy of the Mental Health Act Code of practice available in hard copy and electronically on both wards.
- A Mental Health Act reviewer visited the hospital in November 2015 and carried out an unannounced inspection of Haven. Following that visit, the hospital submitted an action statement outlining the action they had taken to address four areas of improvements needed;

ensuring that staff involved patients in their care and treatment planning;

ensuring staff gave patients the correct legal information on admission to the ward;

ensuring staff documented capacity to consent in the patients record;

ensuring staff authorised and recorded section 17 leave appropriately in the patients record.

We found that during this inspection all of these issues had been addressed.

- Medical staff completed consent to treatment forms, which were located with prescription charts. However in one record medical staff had not completed the T2 form correctly and it was not written in line with the Royal College of Psychiatrists and Mental Health Act Code of Practice.
- Staff informed patients of their rights verbally and in writing. Staff gave patients information about their rights of appeal and recorded patients' level of understanding in the patient's record. The manager completed monthly audits to ensure this was in accordance with the requirements of the Mental Health Act. Staff supported patients to appeal against their detention and all patients had weekly access to an independent mental health advocate. Staff used a standardised process to authorise section 17 leave and staff gave patients a copy of their section 17 leave details.
- Staff gave all patients information about the ward on admission. This included how to complain to the Care Quality Commission.
- Detox Five did not admit patients detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The hospital did not record Mental Capacity Act training and staff said this was included in their Mental Health Act training. 95% of staff had completed this training at the time of inspection. Staff had a good understanding of the Act including the five statutory principles and how this applied in their practice. Staff accessed an up to date Cygnet policy, which included the Deprivation of Liberty Safeguards. There were no deprivation of liberty applications made by the hospital in the previous six months of the inspection.
- Staff we spoke with talked about capacity decisions and assumed patients had capacity unless staff had doubts.

Detailed findings from this inspection

Medical staff completed a Cygnet document to record patients' capacity and consent on admission and at the start of treatment. When staff doubted a patient's capacity to consent to treatment staff discussed capacity using the principles of best interests.

- Staff referred patients who required an Independent Mental Capacity Act advocate via their local advocacy service.
- Staff understood and worked within the definition of restraint according to the Mental Capacity Act. Staff were able to give working examples of how they considered this and described using restraint only to prevent harm and for the shortest possible time.
- There was no clear lead or arrangements in place to monitor adherence to the Mental Capacity Act within the hospital.

...

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A
Overall	Requires improvement	Good	Good	Good	Good	Good

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

Good

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

Are acute wards for adults of working age and psychiatric instensive care unit services safe?

Requires improvement

Safe and clean environment

- People accessed the wards through a locked main entrance door; reception and ward staff operated and monitored the main entrance by closed circuit televisions cameras. Visitors recorded their visit in a visitor's book held at the reception area. Staff held the key to the lift in the reception area and closed circuit television cameras monitored all communal areas and outside grounds. Staff held key fobs to access locked areas of the wards and building. All patients' bedrooms on Haven and some on Sanctuary had anti-ligature en-suite fittings. A ligature point is where someone intent on self-harm might tie something to strangle themselves.
- All areas appeared visibly clean, tidy and well maintained. Cleaning schedules were completed and environmental risk assessments were up to date. Hand gel dispensers were located around the hospital and on 30 March 2016, the local council awarded a food hygiene rating of five (very good). The service had an up to date business continuity plan and a schedule of works planned which included completion of the refurbishment of the en-suite facilities on Sanctuary.
- There were poor lines of sight throughout the building; however, there were observation mirrors to mitigate blind spots and staff were always present in communal areas. Staff observed patients according to their individual observation levels. They understood the observation policy and we observed staff carrying out and recording their observations of patients. All bedroom doors had viewing panels, which patients and staff operated.
- Both wards provided all patients with single rooms with en-suite toilet and washing facilities. Where male and female patient's bedrooms were located on one corridor, staff grouped male and female patients' bedrooms together as much as possible. Haven had two lounge areas and additional quiet area. Staff designated one lounge and quiet area as female only. However, communal areas were multi-functional which meant they were not always available as a designated female area. Sanctuary had only one communal lounge area on the ward. Female patients from both wards accessed the lounge in the hospital reception area when required. However, this room also served other purposes and might not always be available as a female only facility. Staff informed patients of the mixed sex accommodation arrangements in the hospital welcome book given to patients on admission. Managers and staff were aware of the requirements for same sex accommodation.
- Both wards had fully equipped clinic rooms with all emergency equipment and drugs checked regularly. Staff checked fridge and room temperatures on a daily basis.
- The hospital did not have a seclusion room on the premises. Staff told us that if patients required seclusion they would refer to a local psychiatric intensive care unit. The wards had limited space, which meant if patients needed a quiet area, they generally used their

bedrooms. Two bedrooms on Sanctuary were situated close to the communal lounge. This meant it could be difficult to maintain those patients' dignity and privacy and patients in those rooms might be subject to noise from the communal area.

- Managers completed ligature audits and we saw an up to date ligature audit completed for Haven where staff had identified ligature risks and planned how to remove or reduce the risks. The hospital risk register was up to date and included how staff managed identified risks locally.
- All staff had access to personal alarms and we saw staff carried these. All bedrooms had nurse call systems situated on the walls and could be moved to suit the needs of the patient. Staff collected their personal alarm on the ward at the start of their duty. Staff said they felt safe but had suggested they collect their alarm before entering the wards for additional safety.

Safe staffing

- Harrogate hospital reported on staffing between 01 March 2015 and 29 February 2016. The total establishment of qualified nurses was 15 with two vacancies (13%) and 20 nursing assistants with one and a half vacancies (7.5%). The hospital used bank staff for 261 shifts and agency staff for 118 shifts to cover staff sickness, absence, and vacancies in the same period. There were only three shifts that had not been covered by bank or agency staff. The hospital reported a low total percentage of staff sickness at 3%. There was 72 substantive staff with 16 staff leavers that resulted in a 22% turnover of staff.
- Managers used a Cygnet specific staffing matrix to estimate the numbers and grades of staff needed. On Sanctuary, usually two trained staff, three support workers, and one staff member worked from 09.00am until 5.00pm during the day. At night, managers reduced staffing to one trained nurse and two support workers. Managers allocated at least one extra member of staff to care for those patients on Detox Five. Managers planned duty rotas up to six months in advance based on a ward occupancy of 16. This meant that managers used bank and agency staff where there was identified gaps in staffing levels or the ward occupancy and patients' needs increased. Staff worked two shifts from 07.15am until 8pm and from 7.30pm until 07.45am on the wards. There was additional support from managers and staff from the therapy department during the day. Bank staff were regular and familiar with the hospital and managers tried to use familiar agency staff where possible. However when agency staff were used, the ward managers did not use a specific agency and called upon a list of agencies. This meant that agency staff could be unfamiliar with the service.
- The ward managers told us that they felt comfortable with requesting additional staff and did not have to get senior management sign off to do so.
- We saw there was always a qualified nurse present on the ward and a manager on duty during the day. Managers provided an on call system covering evenings, weekends and bank holidays. Most people we spoke with felt there was enough staff on duty and all patients and staff said they felt safe. Some patients commented they would like more opportunity to have individual time with a nurse. Nurses commented they did not always have enough time to spend with individual patients because of other duties or dealing with incidents as they arose.
- Three self-employed psychiatrists and three doctors employed by Cygnet provided full time cover for the wards in addition to on-call cover. Staff had good access to medical staff who responded quickly in any emergencies.
- All staff underwent comprehensive mandatory training including bank staff. Training was on-line or offered face to face and covered 30 different subjects. This included equality and diversity, health and safety, information governance, manual handling, Mental Health Act, safeguarding adults, management of violence and aggression and medicine management training. The hospital target was 95% compliance and records showed between January and May 2016 compliance ranged from 92% to 98%. Managers monitored compliance of mandatory training and we saw where training had been below 75% compliance this was identified and addressed quickly.

Assessing and managing risk to patients and staff

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

Good

- The hospital provided information about incidents of, seclusion, long-term segregation, and restraint between 01 September 2015 and 29 February 2016. There were no reported incidents of seclusion or long-term segregation.
- There were 64 incidents of restraint used on 26 different patients between 01 September 2015 and 29 February 2016. Staff used prone restraint, (which happens when staff restrain a patient in the face down position) 35 times and 27 of those incidents resulted in the use of rapid tranquillisation. Rapid tranquillisation happens when staff administer medication to calm or lightly sedate a patient. This reduces aggression or agitation and the risk of self-harm or harm to others. 95% of staff had received training in rapid tranquillisation at the time of inspection. We looked at three records where staff had administered rapid tranquillisation and saw that staff had recorded physical health monitoring according to the hospital policy for two of those patients. This meant staff did not consistently following their hospital policy.
- Staff undertook a risk assessment of every referral before accepting admission to the hospital. Nurses did not admit patients with a history of sexual predatory behaviour or high risk of violence towards others to the wards. We examined 12 care records across both wards and saw that staff completed the Short Term Assessment of Risk and Treatability risk assessment tool with every patient on admission. On one ward, we heard staff discuss the risk history of newly admitted patients at their handover. Nurses undertook a brief risk assessment of every patient before they left the ward and if staff were concerned about a patient's level of risk, they explained this to the patient and reviewed individual observation levels. Staff said they reviewed risk assessments weekly however we saw staff had not updated one record following an incident.
- Some patients were detained in hospital under the Mental Health Act and others were informal patients. Blanket restrictions were in use on the wards. These are restrictions placed on all patients that do not consider risks presented by individual circumstances. Staff said patients who smoked could not have cigarettes after midnight and patients were discouraged from leaving the wards between midnight and 06.00am to encourage good sleeping patterns and for security reasons. Both wards entrances were unlocked during the day and patients were able to access outside space. Patients had 24-hour access to the kitchen areas to make hot and cold drinks.
- Managers carried out yearly ligature audits of the ward environment and where ligature points had been identified, staff managed these locally by individual patients risk assessment and observations .Nurses carried out observations according to the engagement and observation policy and staff included levels of observation on the handover document. Staff informed patients of a list of contraband items such as sharp objects and lighters on admission and removed these items for the safety of all patients on the ward. Nurses carried out searches in line with the hospital policy and according to individual risk assessment.
- The hospital had a policy for seclusion and long-term segregation and staff were clear about the definition of seclusion. The hospital did not have seclusion rooms and staff said they did not use seclusion. Nurses explained how they would always use de-escalation techniques first. None of the patients we spoke with had experienced or witnessed restraint or seclusion. Some patients and staff told us this was the least restrictive environment they had experienced. We looked at one patient record where staff recorded the patient was aggressive and uncooperative and did not respond to de-escalation techniques; staff used forearm holds to place the patient on their bed in the prone position for 30 seconds. We looked at one patient record where staff recorded "pain compliance behind ears". We checked with the registered manager who confirmed this was not the correct terminology and we were assured that staff used restraint techniques they had been trained to use when we reviewed the incident report. Current national guidance supports the use of such restraint techniques in exceptional circumstances such as when there is an immediate risk to life. However, the incident we reviewed did not appear to be a life-threatening situation.
- Staff used prone restraint to administer intra-muscular medication. 100% of staff received training in the management of violence and aggression at the time of the inspection. Staff knew how to report and record incidents of restraint and senior managers monitored incidents of restraint at the monthly integrated

governance meeting. The registered manager was working with a recently appointed Cygnet wide lead for reducing restrictive practice to make improvements in keeping with the "safe wards "initiative.

- All staff received training in safeguarding adults as part of their mandatory training, this included reference to child safeguarding. 95% of staff had completed safeguarding training at the time of inspection. Wards had identified safeguarding link staff and staff understood their responsibilities to report safeguarding concerns to their managers, including out of hours arrangements. The hospital safeguarding lead made safeguarding referrals and described good working relationships with the local authority safeguarding adults' board.
- The hospital reported eight safeguarding concerns and no safeguarding alerts between 24 March 2015 and 23 March 2016. Where incidents were reported as allegations or incidents of physical abuse, sexual assault or abuse by staff we saw the local safeguarding team was involved and appropriate action taken.
- All patients and staff we spoke with said they felt safe on the ward. No patients had experienced threats of harm or been the victim of verbal or physical abuse. Patients told us that generally, people got on well together and carers we spoke with felt their relative was safe at the hospital. We observed the wards to be quiet and calm with positive interactions occurring between staff and patients throughout our inspection.
- We reviewed the medicines management practice across both wards. There was suitably equipped clinical areas and secure storage for medicines available on both wards. Nurses regularly checked stock levels of drugs, emergency equipment, and fridge temperatures. Staff received and acted on medicine and equipment safety alerts. We saw the pharmacist regularly audited medicines practices and managers alerted staff to identified errors or omissions for immediate action. We saw that staff considered and recorded physical health monitoring and side effect monitoring.
- We reviewed six records of patients who were prescribed medications to be taken as required. This included medications, which could be administered as rapid tranquillisation. All six care plans did not include any details or sufficient detail about the use of these medications. We saw where nurses recorded details in care plans there was not sufficient information to ensure that nurses administered medications in a consistent way. For example "medication may be offered to calm you down, utilise PRN (as required medication) when necessary "and utilise PRN as second line"
- The hospital had a local risk register dated January 2016 and managers used a rating tool to identify levels of risk. We saw the register contained risks and actions planned to reduce risks such as the risk of suicide through ligature and patients going absent without official leave. Senior managers reviewed risks as part of the integrated governance meeting.
- Children did not visit on the ward areas and staff arranged for children to visit in the main lounge at the reception area. This lounge was a multi-purpose area and contained some equipment suitable for children such as books and a beanbag to sit on. However, this area was accessible to all patients in the hospital, which meant that the children's visiting area might not be safe if there was an incident that occurred in the reception area.

Track record on safety

- The hospital reported 26 serious incidents between 04 January 2015 and 10 February 2016, which included physical assaults, self-harm and summoning police assistance to help locate missing patients. Haven reported 18 incidents, which was the higher of the two wards. Following a serious incident in another hospital staff told us how they had implemented changes at Harrogate from the feedback received.

Reporting incidents and learning from when things go wrong

- All staff we spoke with were aware of the incident reporting process and knew what to report. Staff were aware of their duty of candour policy and the need to be open and honest when things go wrong. One nurse told us they would feel confident to admit a mistake, as they would be supported by managers to help make improvements.
- Nurses used a paper-based system of reporting which was sent to the registered manager. The registered manager carried out investigations and entered the data onto an electronic reporting tool. The senior team

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

Good

reviewed this information to identify themes and trends. Staff received feedback about incidents via a lessons learned log, team meetings and a green file held on each ward. We reviewed the paper and electronic information held about incidents. We saw the green file on one ward, which included information on serious incidents. However, some staff told us they did not always have the time to read the file and we saw that not all staff had signed to say they had read the information. We reviewed the lessons learned log for the months of April and May 2016 and saw how the service changed practice because of lessons learned.

- Staff spoke about a recent serious incident and how managers' ensured staff and patients had the opportunities for de-brief sessions.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Some patients were admitted privately to the ward and admissions were planned. The majority of admissions to the wards were from NHS Trusts when there was no bed available in their area. The bed manager arranged admission to both wards. They worked weekdays between 08.00am and 4.00pm and ensured all the necessary information was received from the referrer. This included information about past and current care and treatment and risk history. This information was then relayed to the nurse to make a decision about accepting the referral. Nurses based their decision on the information they received and took into account the ward situation at the time. Certain exclusions applied such as people with dementia and people with a severe learning disability. In the absence of the bed manager nurses undertook the role as part of their duties.
- We looked at 14 care records of patients across both wards. 100% of patients had a comprehensive assessment commenced at the time of their admission including a physical health assessment and ongoing monitoring of physical health problems. Some patients were recalled quickly back by the local NHS trust when a bed became available which meant staff could not always complete a comprehensive assessment.
- All patients had care plans in place at the time of admission and staff used a daily evaluation sheet to update the care plan. Staff used the "my shared pathway" framework with patients to plan their care and treatment. We found one care plan was personalised and clearly detailed what care and support the patient needed to aid their recovery, however most of the care plans did not appear to be personalised or recovery orientated.
- Information detailing patients care and treatment was mainly paper based. Staff could print some information such as patient care plans to share with the patient. All information was accessible on the wards and staff ensured information was stored securely.

Best practice in treatment and care

- Medical staff were aware of the National Institute for Health and Care Excellence guidelines regarding prescribing medication. Staff followed a variety of policies that were in keeping with national guidelines such as safeguarding and the prevention and management of violence.
- Staff did not routinely use recognised assessment tools to help assess patients' progress in their care and treatment. Staff said they might use the Beck depression scale to assess a patient's mood but relied more on the patients account and the clinical presentation to make their judgements. We saw one patient had been prescribed pain relief and staff administered this at the patients request and did not use a formal pain management tool to assess the level of pain. However, nurses routinely completed the Health of the Nation Outcome Scale for all patients admitted to the wards. This is a recognised rating scale to assess and record patients progress during their hospital stay.
- Patients had good access to physical health care. Where there were concerns about the physical health of patients, staff referred patients to the local hospital or GP practice. We saw staff supported one patient to attend the dentist and liaised with other health care professionals such as chiropodists and dieticians. Patients told us they received a lot of support with their

physical health needs such as problems with mobility and weight management. Carers we spoke with were confident that staff ensured their relative's physical health care was considered.

- Staff supported patients' recovery by offering a range of therapies and activities six days per week. Staff who delivered the therapies and activities were employed as dedicated therapy staff. This included a manager who was a registered nurse and four support staff. The manager had completed additional specialised training appropriate for their role which included an on line cognitive behavioural course, transactional analysis, and suicide and self- harm training. All staff received either individual or group clinical supervision from an external supervisor.
- The hospital had a dedicated therapy area where patients attended for group and individual therapy between Monday and Friday. This area had a separate lounge area for use by day patients who also attended specific groups in the therapy suite. Staff offered patient's groups based on cognitive behavioural therapy skills such as anxiety management and managing negative thoughts. Other groups involved managing recovery, coping skills, and relapse prevention. We observed the weekly planning and expectations meeting which occurred every Monday attended by seven patients and two staff members. The group discussed, agreed, and planned specific therapy sessions for the following week. Staff provided patients with a range of self-help workbooks depending on their individual needs. Staff encouraged patients to complete these at their own leisure to monitor their thoughts and progress. Staff offered patients individual support if they preferred. There was no involvement from a psychologist and staff in the therapy department did not offer psychological assessments or therapies that required long-term work.
- Staff from the therapy department supported patients' activities on the ward. Activities varied and patients who were well enough could attend the therapy suite, local gym, swimming pool, cinema, and other local community facilities. Therapy staff had taken account of feedback from patients about being bored at weekends. They ensured there were resources on each ward for patients to use at evenings and weekends. In addition, managers planned to recruit a part-time staff member to provide more time for activities across seven days of the week.
- Clinical staff and managers took part in a range of audits, which had led to improvements in the service. For example, this included audits of incidents, use of restraint, the Mental Health Act, medication errors, complaints and ligature audits. We saw how the weekly medication audit supported staff to improve on their performance when they made errors or omissions and we saw staff had made changes to the ward environment following the most recent ligature audit.

Skilled staff to deliver care

- The multi-disciplinary team consisted mainly of medical, nursing and support staff. The hospital did not have an occupational therapist, psychologist, or social worker as part of the team. The independent advocate visited the ward weekly and supported the patient at ward rounds where needed. The contracted pharmacist visited the ward weekly but did not take part in patient reviews.
- All staff had access to and completed specialist training for their roles. For example, health care support workers had been trained to undertake tasks such as taking blood and urine samples and performing an electro-cardiogram with patients; nurses received training for medication management. One member of staff was supported to complete training in dialectical behavioural skills
- All staff received a Cygnet personal induction book and programme which staff completed and managers signed off within a 12-week period. It was aligned to the Care Certificate standards and included the management of violence and aggression, safeguarding and the Mental Health Act. We saw staff had completed induction books in their personnel files and the manager ensured staff received timely reviews during their probationary periods.
- The hospital provided information about appraisal and re-validation, which included all staff including non-clinical staff. 100% of medical staff had been re-validated and 89% of non-medical staff had an appraisal within the last 12 months. We saw from the staff personnel files we reviewed that medical staff had

the appropriate documents and staff had up to date appraisals. We viewed one record where the staff member received an appraisal in February 2016. The manager and staff member had agreed objectives specific to the staff role and linked to the organisations strategy and values. Ward managers had oversight of progress of appraisals and supervisions with staff.

- Nurses received regular supervision and appraisal. Appraisals were due annually and supervision carried out monthly. Staff received regular management and clinical supervision and we saw this recorded in their personal files. Nurses used a recognised supervision model, which related to the Nursing and Midwifery Council guidelines. We saw that managers monitored performance issues and stress levels using a traffic light system of red, amber, and green with nurses during supervision. Nurses told us they had access to an independent supervisor and received regular peer support at handovers and team meetings in addition to formal supervision sessions.
- Managers addressed poor staff performance promptly and recorded this in the staff member's personal file. The management supervision document recorded issues such as sickness, timekeeping, and attitude. We saw the manager had extended the probationary period of one member of staff following concerns about their absence from work. Managers also wrote to staff individually when medication audits revealed omissions or errors and required the staff member to complete a reflective statement for their own learning.

Multi-disciplinary and inter-agency team work

- Staff discussed every patient at the multi-disciplinary meetings that took place every week on both wards. The day of the week depended on the consultant in charge of their care and the day they attended the ward for the ward round. For example on Sanctuary, there were six ward rounds per week. The multi-disciplinary team consisted of medical and nursing staff. Therapy staff and support workers did not participate directly in the meetings. The medical staff referred patients for therapy and therapy staff recorded patients' progress in the patient record. Therapy staff also met with medical staff and ward staff to discuss individual patients as required. The Mental Health Act lead and the independent advocate attended the ward round and supported individual patients where required. Support staff felt they would like to be more involved such as supporting patients during and after their meeting.
- There were effective handovers between staff on a daily basis. Nurse handovers occurred twice daily when there was a change of shift. We attended the morning handover and looked at one handover record. The handover discussion included every patient, included newly admitted patients, and planned admissions for the day. Nurses shared the handover record with therapy staff when they started their shift. This meant therapy staff received the most up to date information about patients' progress, observation levels, and any risks. This meant that therapy staff could plan activities to meet the needs of the patients each day.
- Patients were admitted to the wards from all over the United Kingdom and patients could be recalled back quickly to their local area when a bed became available. This meant not all patients were admitted long enough for a formal review to take place. Staff accompanied patients in ambulance transport back to their local area and shared information verbally and in writing with the receiving staff. We saw that staff had developed a communication sheet, which ensured they handed over all relevant information about a patient coming into the service. Sometimes patients were admitted from crisis services and did not have a community worker in place at the time of admission to the wards. Hospital staff endeavoured to build effective links with local NHS Trust leads. Administrative support sent typed notes about individual patients care and treatment to their local team to keep them updated of progress. Where patients had an identified care co-ordinator, staff invited them to attend reviews. Managers were also considering how the use of technology at ward rounds could be used to help other agencies be involved.
- All staff members we spoke with described good working relationships between teams. We saw evidence that regular team meetings occurred on the ward where managers, nurses and support workers attended.

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

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

Good

- Records showed that 95% of staff completed Mental Health Act training and managers arranged further training to enable the remaining staff to update their training. The training included changes to the Code of Practice in April 2015 and an up to date policy was in place.
- The hospital had a Mental Health Act lead and administrator who completed audits and scrutinised documents. We saw that all documentation was completed and stored appropriately. Staff we spoke with had a good understanding of the guiding principles of the Mental Health Act. During a patient review meeting staff recognised that a patients detention was due to expire and their responsibility to inform the patient of their rights as an informal patient. We saw there was a range of systems in place to support nursing and medical staff in meeting the responsibilities of the act including checklists to support staff out of hours. Staff referred to copy of the Mental Health Act Code of practice available in hard copy and electronically on both wards.
- A Mental Health Act reviewer last visited the hospital in November 2015 and carried out an unannounced inspection of Haven. Following that visit, the hospital submitted an action statement outlining the action they had taken to address four areas of improvements needed. We found that during this inspection that all of these issues had been addressed.
- Medical staff completed consent to treatment forms, which were located with prescription charts. However in one record medical staff had not completed the T2 form correctly and it was not written in line with the Royal college of Psychiatrists and Mental Health Act Code of Practice.
- Staff informed patients of their rights verbally and in writing. Staff gave patients information about their rights of appeal and recorded their level of understanding in the patient's record. The manager completed monthly audits to ensure staff acted in accordance with the requirements of the Mental Health Act. Staff supported patients to appeal against their detention and all patients had access to an independent mental health advocate. Staff used a standardised process to authorise section 17 leave and staff gave patients a copy of their section 17 leave details.
- Staff gave all patients information about the ward on admission. This included how to complain to the Care Quality Commission. We did not see any information about patient's rights displayed on the wards but staff told us these were available to print as required. We spoke with two patients who told us that staff had explained their rights under the Mental Health Act and gave them information. Both patients also said they had been involved in their care plan and had copies of their written plan.

Good practice in applying the Mental Capacity Act

- The hospital did not record Mental Capacity Act training and staff said this was included in their Mental Health Act training. 95% of staff had completed this training at the time of inspection. Staff had a good understanding of the Act including the five statutory principles and how this applied in their practice. Staff accessed an up to date Cygnet policy, which included the Deprivation of Liberty Safeguards. There were no deprivation of liberty applications made by the hospital in the previous six months of the inspection.
- Staff we spoke with talked about capacity decisions and assumed patients had capacity unless staff had doubts. Medical staff completed a Cygnet document to record patients' consent on admission. When staff doubted a patient's capacity to consent to treatment, staff discussed capacity as part of the patients review using the principles of best interest.
- Staff understood and worked within the definition of restraint according the Mental Capacity Act. Staff were able to give working examples of how they considered this and described using restraint only to prevent harm and for the shortest possible time.
- There were no patients subject to Deprivation of Liberty Safeguards.
- There was no clear lead or arrangements in place to monitor adherence to the Mental Capacity Act within the hospital.

...

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

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

Good

Good

Kindness, dignity, respect and support

- We observed all staff spoke to patients in a way that was respectful and polite during group and individual interactions. We heard staff refer to patients in a non-judgemental and genuinely caring way during handover and meetings. Staff spoke about patients with knowledge and understanding of their needs and patients told us staff supported their individual needs. However, some patients told us they thought nurses were very busy and they did not get sufficient time to talk to them. Patients appeared relaxed and comfortable when they talked to staff and patients knew staff by their names. Patient's comments about staff were overall good and stated for example "staff care", "I feel listened to," and "this is the best I've experienced". One negative comment about staff referred to poor staff attitude.

The involvement of people in the care they receive

- Staff gave patients a comprehensive information booklet when they were admitted to the ward. Some patients felt this was a lot of information to take in at this time but could refer to the information or ask staff at any time.
- Most patients we spoke with said they had the opportunity to be involved in their care plans and had a copy of their care plan. However, staff did not always ensure care plans were individualised. One carer told us they had the opportunity to be involved in their relatives care planning and therapy staff offered family support sessions to individual families. However, most family members we spoke with said staff had not asked them for information or feedback. We observed staff fully included patients in discussions at their reviews and group activities and staff considered patients' choices such as preferred medication or treatment. However, staff did not seek the views of the carer present at that meeting.
- Patients had access to an independent advocacy service. The advocate attended the hospital one day per week to visit individual patients and attended the weekly patients' community meeting.
- Patients gave feedback on the service they received via regular ward and community meetings, patient surveys, and comments boxes. However, patients did not get involved in helping to recruit staff.
- Staff asked patients about their wishes, beliefs, and feelings when they were admitted to the ward. Staff recorded any written statements of patients' wishes that staff needed to take into account when considering care and treatment.

...

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

- The average occupancy levels in the months between 01 September 2015 and 29 February 2016 across both wards was 79%. There was a high number of out of area patients admitted to the wards. Some patients chose to pay privately for their hospital stay and others were admitted from NHS Trusts around the country when they had no available beds in the area. Staff planned privately funded admissions and discharges with patients, as there was a weekly charge for the hospital admission.
- Hospital records between 2010 and 2105 showed a year on year increase of admissions to the hospital. This ranged from 298 in 2010 to 650 in 2015. Prior to 2013, the majority of hospital admissions were arranged privately. From 2013, the hospital has been used by NHS Trusts to admit patients out of their area and included patients detained under the Mental Health Act. The average length of stay since 2013 has ranged between 15 and 19 days.
- Staff aimed to give a response to referrals within one hour. Admission times for patients coming from NHS Trusts were dependent on ambulance transport arrangements. This meant that patients were admitted to the hospital at all times of the day and night. Staff told us that some patients arrive very quickly with few

possessions or money. NHS Trusts recalled their patients back to their local area as soon a bed became available. This meant staff at Harrogate might provide episodic care and treatment rather than for the entire time a patient needed to be in hospital.

- There were no delayed discharges reported by the hospital between 01 September 2015 and 29 February 2016. Staff planned for patients' discharge from the start of their admission through ward rounds and care programme approach reviews. Where patients were recalled back to their local area, staff ensured they liaised with the hospital to share information about the patients care and treatment. Staff planned patients discharge in a structured way with periods of leave and review with patients, families, and the local community team to ensure suitable packages of care were place to support patients on discharge. Staff told us that this was not always possible, as the NHS Trust did not always agree funding to support leave. This meant patients returned home directly with appropriate support from the local community team.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a clinical room on each ward and used mainly for the storage, preparation and administration of medication and equipment.
- We observed that on both wards there was limited space for therapeutic activities to take place. Therapy staff brought resources to the wards on trollies from the therapy area on a daily basis, as there was insufficient storage space on the wards. On Sanctuary the communal lounge area was the only available place and was not sufficiently large enough to provide permanent space for activity resources. On Haven, patients had access to a separate lounge and quiet area in addition to a communal lounge area. However, the communal area had limited space and staff used the additional lounge almost daily for ward rounds and meetings. When this room was in use, the design of the ward meant that patients could not access the quiet room without disturbance to the meetings. The quiet room also served as a multi-faith area. This meant that opportunities for patients to engage in activities on the ward to aid their recovery were disrupted.be
- The hospital had a separate dedicated therapy suite on the top floor. It contained comfortable seating and areas for relaxation. This was a very pleasant environment where patients' art and craftwork was displayed. Patients who were well enough attended the therapy suite and therapy staff offered individual time with family members where required in this area.
- Patients' bedrooms were used for individual one to one time with nurses, where medical staff carried out physical examinations and as a visiting space for relatives and carers. We observed that some bedrooms were located close to communal areas, which could affect the privacy and dignity of those patients and could cause them to be subject to disturbance and noise from the communal area. Most patients we spoke with found the hospital environment to be pleasant and comfortable. We received four negative comments, which included; staff did not always knock before entering their room or opening the visual door panels, which affected their privacy and dignity; limited access to an iron; no karaoke machine and poor access to the internet.
- The reception area at the entrance to the hospital had a communal lounge area, which was comfortably furnished with sofas and chairs, table and a large screen television. This room also contained toys and a beanbag to sit on for children visiting. This room was multi-functional and was booked for certain events such as meetings. This room was also available for visiting and evening activities for patients from both wards.
- Staff and patients we spoke with commented on the limited space within the hospital building and described how the hospital would benefit from more dedicated spaces for patients and staff. The hospital upheld one patient complaint regarding the lack of space and privacy on the ward.
- The hospital has access to good-sized open space, which was clean and well maintained. The garden areas provided quiet, privacy and seated areas for patients, staff, and visitors to use. There was also a smoking shelter for patients to use. We observed that patients made frequent use of the outside space during our inspection.
- The hospital received a food hygiene score of five (very good) by the local council in March 2016. The hospital

had a communal dining room, situated alongside the hospital kitchen where patients and staff ate together. The dining room environment was pleasant and relaxed. Patients chose from a wide range of foods that included healthy and vegetarian options. One patient told us that if they didn't feel up to eating, the kitchen staff would offer them alternatives to support them to eat well and aid their recovery. Patients who were not well enough or chose not to use the dining room ate in their rooms on the wards.

- Both wards had small communal kitchen areas with facilities to make hot and cold drinks and snacks 24 hours per day. Patients had access to a hospital pay phone, which was situated within a booth and located, away from the ward so patients could make private telephone calls.
- Staff did not lock bedrooms unless requested by individual patients. Bedrooms included a small television and were comfortably furnished. This was provided because a television could not be placed in the communal areas. Patients were able to bring their own possessions and had a small safe in which to store things securely if they wished.

Meeting the needs of all people who use the service

- We observed patients were largely independently mobile; however, one patient used a wheelchair. The building was accessible with a lift operated by staff if required. We noted that no doors opened automatically which could affect someone's independence if they could not operate the doors without assistance from staff. All bedrooms had en-suite facilities with a shower and were accessible for patients with mobility problems.
- The hospital displayed information for patients such as how to complain. Staff told us that when information in other languages was required this was available through the interpreting service. We did not see information about patients' rights displayed on the wards and staff said they gave information to individual patients as required. Patients confirmed they were aware of their rights and staff had given then information. Patients knew how to complain and how to contact the advocacy service. We heard of an example from the independent advocate when staff requested an interpreter to support a patient to engage with staff.
- The hospital provided patients with a wide range of foods, which included those required to meet and religious or ethnic needs.
- Staff supported patients with appropriate spiritual support where required. Patients could access the local community religious facilities or staff arranged hospital visits if required. The hospital provided a multi-faith area on one ward, which was accessible to all patients.

Listening to and learning from concerns and complaints

- We reviewed the complaints information between 04 May 2015 and 10 March 2016. Haven had 10 complaints which was the highest number compared to Sanctuary who received five complaints. 50% of complaints were not upheld and none were sent to the Ombudsman for review,
- Patients we spoke with knew how to complain and we saw evidence of themes about communication, and staff attitude received the highest number of complaints. Staff aimed to deal with any complaints quickly and effectively at ward level. Where a complaint was raised formally staff referred to the Cygnet listening to service users complaints policy (July 2015). Managers responded positively to complaints and provided a timely and thorough response with written apologies to patients and their families where appropriate.
- Patients attended regular ward and community meetings where there was the opportunity to raise any concerns or complaints on the agenda. The independent advocate attended the weekly community meeting and was available to speak to all patients one day per week and contactable directly by telephone at other times. Staff displayed the "you said, we did" feedback on ward and reception areas and updated following every meeting.
- Staff invited patients to complete a satisfaction survey before they left hospital. We saw surveys, comments boxes, and iPads were available on the wards. The Cygnet head office collated survey results and made comparisons across the Cygnet group. We saw the data relating to 26 responses for Harrogate hospital from May to September 2015, which showed Harrogate hospital scored above the organisations average for care and treatment.

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

Good

- The independent advocate service was well embedded into the service and had positive working relationships with staff and senior managers. Nurses gave the independent advocate a handover every week and discussed progress with any issues previously raised. Staff also arranged appointments for patients with the advocate on a weekly basis where they could raise concerns about any aspects of their care and treatment. Senior managers were accessible and received monthly and quarterly reports from the advocate of the main themes raised.
- Managers provided verbal and written feedback to staff about the outcome of investigation of complaints to staff. We saw evidence of community meeting minutes how staff responded via the "you said, we did "display.

...

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good

Vision and values

- The hospital values and behaviours were those shared by Cygnet Health Care. These were clearly displayed around the hospital and explained in the staff personal induction book. Values were described as:
  - help us make decisions
  - act as a common language
  - help understand what good looks like and what getting it wrong looks like
  - provide an identity that, as a Cygnet employee, you can be proud of.

Cygnet had expected behaviours of their staff which included:

- helpful
- responsible
- respectful
- honest
- empathetic

Cygnet had clear descriptions of what these behaviours meant in terms of what good and getting it wrong looked like. Staff were expected to reflect on these as part of their induction.

- The organisation had a clear definition of recovery and My Shared Pathway "working with a recovery approach means that we focus on the person not just the symptoms, we support our service users to look beyond their limitations of their mental health, to focus on their strengths to achieve their own goals and aspirations".
- Whilst not all staff were able to state the values and behaviours as set out by the organisation, staff demonstrated and explained about their service culture at Harrogate, which represented those behaviours and values. We observed this through staff interactions with patients and other staff and their commitment to provide good care for patients.
- All staff we spoke with were familiar with the senior managers at the hospital. They told us that managers were very accessible, supportive, and visible throughout the hospital. The registered manager was highly regarded by all staff grades and disciplines.

Good governance

- There were local governance arrangements in place to ensure staff at the hospital provided good quality care. All staff received mandatory training specific to their roles and compliance was consistently above the hospital target. Staff had access to regular supervision and appraisal, appraisal rates were high, and documents were in place that confirmed this. Staff carried out regular clinical and non-clinical audits and we saw evidence that managers took action and shared lessons learned. Staff reported complaints and incidents and senior managers maintained an overview for emerging themes or concerns. We saw that safeguarding concerns were raised and there was good working relationships with the safeguarding lead and the local authority. Policies and procedures were up to date in relation to the Mental Health Act and Mental Capacity Act; however, it was less clear how the manager maintained oversight of the use of the Mental Capacity Act.
- Local governance structures linked to the organisations governance framework and the registered manager liaised regularly with a number of key people within the

organisation. The hospital used Cygnets over-arching local action plan model, which acted as an interface between the governance structure and the local risk register. Key people in the organisation such as the corporate risk manager and quality assurance manager monitored the over-arching local action plan and risk register.

- There was usually enough staff on duty of the right grade and experience to enable ward staff to provide care directly to patients. The health care support workers spent most of the time with patients as the nurses had more administrative tasks to complete. Nurses felt they would like more time to spend individually with patients particularly around developing and reviewing care plans and risk assessments. All patients told us there was always someone available for them to talk to.

Leadership, morale and staff engagement

- The senior management team were experienced and well established at the hospital, having worked in their various roles within the hospital for many years. According to the staff we spoke with, senior managers were approachable and supported a culture of openness and honesty. Staff felt they could access support when they needed it and felt confident about being able to raise concerns without fear of victimisation. Although staff were aware of the whistleblowing policy, all said they had never felt the need to use it. We saw that managers developed an action plan for the coming year based on concerns raised by staff from the local staff survey. Staff told us they had access to a regular staff representative meeting held on the hospital site. We saw minutes of these meetings, which confirmed managers, were committed to listening to staff concerns and ideas about service developments. Managers appeared to care about staff wellbeing. During the inspection, we observed how a manager supported a staff member to return home after feeling unwell at work and arranged to make contact later that day to check on their welfare.
- Sickness rates in the hospital were low and all staff we spoke with said they enjoyed their work at Harrogate. Many had been there a long time and remained committed to proving good quality care. Recently recruited staff applied to work at Harrogate because they believed it was a good place to work. Staff were committed to making improvements in the service and we saw that therapy staff had developed the mobile "tuck shop" from a disused medicines trolley. This enabled patients to buy snacks, drinks, and toiletries in the hospital. This was particularly appreciated by patients who were not well enough to leave the hospital.

Commitment to quality improvement and innovation

- Harrogate hospital submitted quarterly data to the commission for quality and innovation at the request of one clinical commissioning group. This information related to daily one to one contact with a healthcare professional, service users survey, use of restraint and rapid tranquillisation and improving physical health care. This payments framework encourages providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.
- The hospital had a comprehensive quality improvement plan dated 2015 with clear objectives, review dates, and identified manager responsible for ensuring the quality of the services.
- The registered manager used an electronic dashboard system to gauge the performance of the wards. This information was shared locally and with the organisation. Data collected was comprehensive, detailed, and included for example information on incidents of restraint, complaints, and medication errors. The registered manager explained how the data had been used to make improvements in the service.

...

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Patients accessed Detox Five through a locked main entrance door that was operated by reception staff during office hours, and ward staff outside of these times. Closed circuit television cameras monitored this area.
- Visitors recorded their visit in a visitor's book held at the reception area. After the first day of admission to Detox Five, staff discouraged visitors. The lift in the reception area was accessible only by a key held by staff. Closed circuit television cameras monitored all communal areas and outside grounds. Staff held key fobs to access locked areas of the wards and building.
- Patients' bedrooms did not have anti-ligature en-suite fittings. Staff told us that the risk was reduced on Detox Five because staff continuously observed patients using these rooms from outside their bedroom door and checked every fifteen minutes. Staff also told us that the risk of ligature was reduced due to the sedation of these patients preventing them from causing harm to themselves.
- Patients admitted to Detox Five did not have access to communal lounges or dining areas during their treatment and did not access the main Sanctuary. The entrance to Detox Five was separated with a door.
- All areas appeared visibly clean, tidy and well maintained. Staff included the area used by Detox Five in cleaning schedules, environmental risk assessments, and audits.
- Staff observed all patients on Detox Five every fifteen minutes as a minimum but this was increased if risks presented. One staff member was located outside the three bedroom doors on Detox Five throughout the day and night. Staff told us that they listened for patient's moving around in order to help them in and out of bed as they are at high risk of falls due to the sedation they have received.
- Detox Five provided all patients with single rooms with en-suite toilet and washing facilities. Male and female patients' bedrooms were located on one corridor. There was no communal area on Detox Five. Staff informed patients of the mixed sex accommodation arrangements in the hospital welcome book that staff gave to patients on admission. However, in the specific Detox Five information there is no discussion of same sex accommodation.
- Staff accessed the clinical room on Sanctuary when required for Detox Five. Sanctuary had a fully equipped clinic room with all emergency equipment and drugs checked regularly. Staff checked fridge and room temperatures on a daily basis.
- The hospital did not have a seclusion room on the premises. Patients admitted to Detox Five were admitted informally and therefore would not expect to require restraint unless in the case of an emergency for their own safety. Staff were clear that patients were not secluded in their bedrooms and would not be prevented from leaving.
- We saw ligature audits carried out on Detox Five identified several ligature risks on the corridor outside the three bedrooms. Risks were also identified in all bedrooms on Detox Five. Staff told us that the risk was reduced due to continual staffing on the main corridor of the unit. The hospital risk register was up to date and included how staff managed identified risks locally.

Substance misuse/detoxification

- All staff had access to personal alarms and we saw that staff had alarms on their person. All bedrooms had nurse call systems situated on the walls and these could be moved to suit the needs of the patient.
- Harrogate hospital had a search policy which was issued in March 2015. There was no policy for body searches and staff told us that these are not used. If they have a significant concern about something being concealed, staff called the police. On admittance to Detox Five, staff advised patients not to bring monies, mobile phones, or food into the hospital. On arrival, staff asked patients to sign a consent form to be searched, and to hand over any contraband items. Staff told us that a search of the patient's belongings is not completed until Monday evening, when patients were sedated to begin their detox. Staff told us that this is because patients concealing items during a search had caused previous incidents. If staff found contraband items in a patient's possession, staff asked the patient to leave the programme However, the Cygnet searching policy did not include information related to searches on patients' rooms and possessions in Detox 5 whilst patients were sedated.

Safe staffing

- Staffing for Detox Five was included in the staffing establishment for Sanctuary. When patients were admitted for detoxification, one extra member of staff was always allocated to care for those patients. The hospital did not report separately on staffing for Detox Five.
- One consultant and one speciality doctor provided specific support to Detox Five to assist with continuity of patient care and treatment. There was an effective on-call system and staff told us that medical staff were accessible and responded quickly in any emergencies.
- Regular staff who worked on Detox Five including bank staff met the hospital mandatory training requirements.

Assessing and managing risk to patients and staff

- There were no episodes of restraint, segregation, or seclusion on Detox Five in the last twelve months. Staff were trained to use prevention and management of aggression and violence techniques to manage such incidents in an emergency.
- There were no incidents of restraint recorded on this unit. This is to be expected given the level of sedation used with patients on Detox Five. Staff restrained patients only in an emergency; for example should they attempt to leave when they were medically unfit to do so and at a risk of harm to themselves.
- Only informal patients were admitted to Detox Five. A referral was sent directly to the hospital by the patient, their family, drugs worker, or GP. The consultant and registered manager along with the medical secretary considered the referral and requested further information where needed in order to make a decision about the appropriateness of the referral. The hospital refused admissions for detoxification where patients were pregnant or had a body mass index below 17 or over 35. Staff referred patients presenting with other complex health issues to the local hospital for tests before undergoing detoxification. During our inspection, we observed medical staff carry out a thorough assessment before admission was agreed. We saw that staff did not admit one patient due to a history of cardiac problems. However, staff told us that some risk history might not be clear such as previous forensic history or risks to other people. Staff mitigated the risk by nursing patients in a separate area and only moving around the hospital with staff support. There was one incident on Detox Five were a patient was sexually inappropriate to both staff and a service user on the mental health ward. Nurses discussed risk information as part of the twice-daily nurses' handovers and shared with the medical staff.
- During the inspection, we looked at the patient records for the three patients admitted to Detox Five. We found that all had an up to date risk assessment, however these were very brief and did not go into detail about how staff managed the risks. For example, staff had not completed a risk assessment and management plan for a patient with a history of previous episodes of deep vein thrombosis.
- On admittance to the hospital, staff took urine samples from patients for urinalysis however; blood borne virus testing was not undertaken. Staff requested blood tests from GP's but results were not available on all patient

records we viewed. This may create a risk to the patient and to the staff treating them. Patients with a history of injecting substances are at higher risk of developing blood borne viruses.

- Blanket restrictions were in use on Detox Five; however, staff explained these to patients before they were admitted. For example, mobile phones were not allowed. Patients used a cordless phone to maintain family contact when they could not get out of bed to contact their family during their sedation. Carers and family were also encouraged to call the ward directly for updates regarding the patient, providing that the patient had agreed to this information sharing. If patients wished to make calls, staff gave family members a password, which they had to repeat before staff handed the telephone to the patient. This was to prevent the patient being vulnerable to making calls to people who may bring contraband into the hospital. If this happened, it would place them and other patients at risk. Patients on Detox Five were not allowed to smoke during detoxification, this was because due to the sedation they were at high risk of falls should they attempt to walk outside to smoke. Patients agreed to this on admission; however, staff told us that this is the most significant reason patients on the ward can become irate during detoxification.
- All patients admitted to Detox Five, were admitted on a voluntary informal basis, and not under the Mental Health Act (1983). Therefore, they were able to leave at will should they wish to during the course of their treatment. Staff told us that they were aware of the risks this posed to the patient, particularly of overdose on leaving the hospital and of physical withdrawal symptoms causing health problems. Patients were also unsteady on their feet and at high risk of falls. Staff told us that if a patient wished to leave treatment early they would try to talk to them about the risks and de-escalate them. If the patient was at high risk, staff would not prevent patients from leaving, but would inform the police and a family member. They may also try to arrange their transport home, or to a safe place. However, the hospital did not have a protocol or procedure in place to explain the management of this to staff and patients. There is therefore a risk that not all staff would follow the same procedure and this could leave some patients vulnerable to harm.
- Managers carried out yearly ligature audits of the ward environment, which included the area used by Detox Five. Where staff identified ligature points identified, they managed this by individual patient observations.
- There were no episodes of seclusion or restraint on Detox Five.
- We reviewed incident reports for the hospital and found only one of these incidents occurred on Detox Five.
- We reviewed the safeguarding concerns and alerts between 24 March 2015 and 23 March 2016 and saw none of these related to Detox Five.
- We saw that that when staff administered medications on Detox Five they used different medication administration records to those used on Sanctuary. Where staff felt less confident about understanding the medication charts they referred to medical staff and the registered manager for guidance and advice.
- Staff admitted patients to Detox Five on Monday. Nurses administered a light sedative with the aim of the patient being in a state of normal sleep in the evening of the first day. This was the withdrawal phase and during this phase, staff recorded the patients' vital signs every three hours and gave patients three litres of oral fluids every 24 hours. Staff withdrew patients' sedation if the score dropped below 30, or their heart rate fell below 50 beats per minute, or blood pressure fell below 50mm. On day four, staff withdrew the sedation, gave the patient a challenge dose of naltrexone 25mg, and nursed them through the side effects of this drug on the ward. This could include stomach upsets, vomiting and rebound sedation. Staff then introduced the patient to diet and high fluid intake. On day five, staff gave the patient the blockade 50mg of naltrexone to support prevention of relapse. During this time, staff carried out four hourly physical observations to monitor the patient's physical health and ensured they were fit for discharge from the ward on the same day. The consultant and ward doctor reviewed the patient prior to discharge, but the patient remained likely to feel physically unwell.
- The hospital had a local risk register dated January 2016 which included risks identified in the Detox Five environment.

Substance misuse/detoxification

- Children did not visit Detox Five as the facility was situated on Sanctuary and the same rules for children visiting applied.

Track record on safety

- The hospital reported 26 serious incidents between 04 January 2015 and 10 February 2016.Detox five reported two serious incidents, which was the lowest number of incidents across the hospital during this period.

Reporting incidents and learning from when things go wrong

- We reviewed the lessons learned log for the months of April and May 2016 and saw how the service changed practice because of lessons learned. These were not specific to Detox Five.

...

Are substance misuse/detoxification services effective?
(for example, treatment is effective)

Assessment of needs and planning of care

- When patients were admitted to Detox Five, staff followed a standard care pathway, which included completion of an individualised care plan. During our inspection, we looked at records of all three patients currently admitted to Detox Five. We found that all had a standardised care plan, which staff completed on the day of admission. However, we found that in two of the three records, the patient had not commented on the care plan and had not discussed goals with the nurse or doctor completing the plan. The care plan was not person centred or holistic, for example, it did not include details about housing, finances, and relationships, which may affect the patients ability to detoxify and avoid future relapse.
- We did not find that care plans were recovery orientated. The service offered patients support on discharge, however this was not discussed in detail on care or discharge planning. On the three files we viewed, no recovery plan was present. An available recovery plan would support the patient to keep a focus on their goals, and is something they can share and measure with their support in the community. None of the patients' records had a detailed plan of what action to take should the patient leave treatment early, This places patients at risk of harm should they wish to leave early and there is not a plan to follow to keep them safe.
- Staff discussed confidentiality and consent to information sharing and treatment with patients on admission and patients signed their level of agreement to this. However, we found that the consent to treatment form was highly complex and particularly difficult to understand for any patient with problems with literacy. For example, it contained reference to the British National Formulary and complex discussion of medication.
- Staff carried out an admission assessment with the patient prior to being accepted onto Detox Five. This included physical, social, and mental health history, current presentation, levels of drug use, and professional and personal contacts.
- Patients had a full physical assessment on the day of admission with the nurse and the doctor. This included physical observations such as body mass index, blood pressure, electro-cardiogram, full blood count, and urinalysis. Staff did not undertake blood borne virus testing at the hospital. Staff asked patients GP's for the most recent test results, but these were not always available. Nurses carried out a manual handling assessment on admission to ensure the patient was aware that they would need support to move around and use the toilet during sedation. This ensured patients agreed to manual handling and that staff were aware of any mobility issues, which may present a risk to the patients or to themselves. However, nurses did not complete a falls risk assessment and management plan for when patients were sedated.
- The patient records showed that dedicated staff carried out observations every fifteen minutes. Staff carried out physical examinations every four hours and reported any concerns to the doctors as necessary.
- Staff used paper based patient records, and kept them securely on Sanctuary ward.
- Patients on Detox Five did not access the hospital therapies programme, during their five-day detoxification programme. However, patients who were admitted onto the ward following completion of their detox five programme, such as those with co-existing

mental health needs accessed the therapies and activities programme. Where patients had a co-existing alcohol dependency the therapy staff offered, individual and group therapy aimed specifically at their needs.

Best practice in treatment and care

- Opioid detoxification refers to the process by which the effects of opioid drugs for example heroin are eliminated from dependent users. It is carried out in a safe and effective manner and withdrawal symptoms are minimised. This detoxification can be completed in a variety of ways such as a community detoxification, or on a hospital ward as a rapid detoxification.
- Staff described Detox Five as a compressed opiate detoxification programme It offered a five-day medically supervised programme that treats people with an addiction to heroin and other opiate based drugs including methadone and codeine based pain killers. Compressed opiate detoxification is not widely used; however, it is in line with National Institute for Health and Care Excellence guidance (CG52), providing it is delivered in the correctly medically supervised manner with a risk assessed patient group. The current consultant psychiatrist for Detox Five completed published research in 2000 into the uses and benefits of this type of detoxification and has used this method at the hospital since this time.
- Following detoxification patients leave the unit with a prescription of Naltrexone, which is an opiate blocker, and is prescribed as an aid to prevent relapse in formerly opioid dependent people. The National Institute for Health and Care Excellence (2007) recommends in TAG115 the use of this drug for the prevention of relapse.
- Some staff said they felt anxious to administer high doses of drugs on Detox Five because they had not received specific detoxification training and the drug recording charts were different to the recording charts they used on the wards.
- We asked staff about what actions they take with a patient who presents with both alcohol and opiate dependence. The staff explained that the opiate detoxification would still be carried out. This is in keeping with current National Institute for Health and Care Excellence guidance.
- Where patients were at risk of developing alcohol withdrawal symptoms, staff completed an evidence-based tool called the Clinical Institute Withdrawal Assessment for Alcohol assessment chart. Staff asked patients to complete a hospital survey before leaving. The service kept a register of patients, and treated 50 patients between January 2016 and June 2016. The service attempted to maintain contact with patients to measure outcomes but this was not always possible.
- When staff carried out audits in the hospital, they included Detox Five but results were not specific to Detox Five.

Skilled staff to deliver care

- The hospital employed a range of clinical staff that included medical, nursing and, support workers who might work on Detox Five and the wards. There were no occupational therapist, psychologist, or recovery workers.
- One consultant and one speciality doctor covered Detox Five to give consistency and experience to the service. Other doctors in the hospital provided cover when required including out of hours. Staff told us that medical staff were accessible and readily available. They had high regard for the consultant and the registered manager who had many years of experience of working with the Detox Five service.
- Nurses said they did not have any recognised specialist training for Detox Five but the registered manager provided training to them on an ad hoc basis.
- All staff received a Cygnet personal induction book and programme which staff completed and managers signed off within a 12-week period. This included staff who worked on Detox Five who followed the same standards as the rest of the hospital staff.
- We saw from the staff personnel files we reviewed that staff had appropriate re-validation documents and completed appraisal forms and appraisals were up to date. This included staff who worked on Detox Five.
- Staff who worked on Detox Five received the same supervision and appraisal arrangements as those for the

rest of the hospital staff. Appraisals were due annually and supervision carried out monthly. Managers dealt with any areas of poor performance for all staff including those who worked on Detox Five.

- Detox Five had the services of the same contracted pharmacy arrangements as the rest of the hospital. This meant that medication audits, including medicines prescribed for patients on Detox Five, staff training and telephone consultation were available.
- Staff who worked on Detox Five were staff from the main hospital, which meant that no training was specific to Detox Five. We found that mandatory training compliance was high and staff were repeating training regularly as required. The nursing staff were responsible for administering patients' medication. We saw that all registered nurses had received updated training on medicines.

Multi-disciplinary and inter-agency team work

- Administration, medical staff and the registered manager ensured the comprehensive pre- admission information and document was completed. This included gaining information from GP's and others who were involved prior to the patients' admission. This was to ensure patients were appropriately supported during their admission and on discharge. The hospital worked collaboratively with GP's and drug workers to ensure relevant information was shared on discharge.
- There were two handover meetings each day, from the night to the day shift and vice versa. The handover on Sanctuary included Detox Five patients. We observed a handover meeting during our inspection and found that this was thorough. The nurse in charge communicated every patient's progress, observation levels and any change in risk levels or incidents. This included patients on Detox Five.
- Staff ensured that patients had a supervisor such as their partner or relative who could support them through recovery before admission to Detox Five was agreed. In addition, the support of a community drug worker and GP were essential requirements for admission. Detox Five staff had limited involvement with patients following their discharge. Staff contacted patients by telephone for up to 12 weeks and recorded the outcome of the contacts in the patients record.
- Staff on Detox Five attended the same team meetings as held on Sanctuary and discussed any issues related specifically to Detox Five with the wider team.

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

- Detox Five did not admit patients detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- During our inspection, we viewed three patient files on Detox Five, which showed that patients had consented to treatment, sharing of information and confidentiality agreements. Staff carried out a capacity assessment with each patient prior to the start of treatment. Staff completed a tool specific to Cygnet however, two of the three capacity assessments we viewed were incomplete.
- Staff who worked on Detox Five were subject to the same training as the rest of the hospital staff. This meant they had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their Mental Health Act training.

...

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff treated patients in a respectful and professional manner during the admission process to Detox Five. Staff supported patients and ensured they maintained their dignity, privacy and confidentiality during their stay on Detox Five.

The involvement of people in the care they receive

- Staff involved patients fully in their decision about admission to Detox Five. Staff gave patients comprehensive verbal and written pre-admission information about Detox Five. When patients were admitted to Detox Five, staff gave repeated the information and allowed sufficient time for the patient to confirm their decision.
- Patients were sedated for the majority of their admission; however, staff involved patients in their discharge plans on day five. If patients felt they needed

to stay in hospital longer than the agreed five days staff considered this and adjusted the patients care arrangements. If patients decided they wanted to leave the programme earlier than planned, staff took steps to ensure patients who left their programme early were safe to leave the hospital.

- Staff encouraged families to be involved in patients' care and treatment wherever possible. However, staff did not encourage family visiting during admission to Detox Five but facilitated telephone contact between the patient and their family.

..

Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

Access and discharge

- At the time of inspection, Detox Five was at 100% occupancy with all three allocated beds taken. The hospital reported bed occupancy on a hospital wide basis and were unable to give average bed occupancy for Detox Five.
- The majority of referrals for Detox Five came from all over the country and patients mainly self-funded their hospital stay. On occasions, the local authority NHS commissioners, or charities funded the treatment.
- The service did not have clear written admission criteria and reviewed all referrals on a case-by-case basis. However, there were some issues, which would prevent admission such as complex health issues or pregnancy. All new patients referred to the service received a detailed information pack about their journey with the service prior to admission. Each new patient also received a telephone call from the consultant's secretary to discuss with them their treatment options, costs, recovery goals, motivation and answer any questions they had.
- The service has a waiting time of no longer than two weeks from referral to treatment. Some patients may wait longer than this if they required additional treatment prior to admission. During our inspection, we observed a patient with a cardiac issue identified on admission. Staff did not admit the patient due to high risks, but said the patient could be admitted when the acute hospital agreed it was safe to do provide detoxification.
- The consultant and speciality doctor met with and reviewed all patients prior to admission, after having initial admission assessments with a nurse. The doctors were readily available throughout the day and through the on-call system during evenings and weekends.
- Patients admitted to Detox Five have two treatment options, one was a five-day opiate detox where they were admitted on Monday and discharged on Friday. If they remained unsteady or felt unwell, the cost of their stay allowed them to remain on the ward until Sunday evening. Staff arranged discharge for most patients on Fridays. New referrals were admitted to the ward the following Monday. However, patients also had the option to extend their stay at the hospital to 12 or 19 days, called 'detox extra'. During this time, they were able to access therapies to aid their recovery.
- Prior to discharge the doctor conducted a discharge assessment with the patient. This included repeat electro-cardiogram, blood tests, and a full physical health check. This was to ensure that the patient was physically fit to be discharged. The service had a discharge checklist, which staff completed with the patient prior to discharge.
- On discharge from the service, staff gave patients a discharge pack, which contained information about physical symptoms of withdrawal and signposting to support in the community. Doctors gave patients a 28-day prescription and advised them to make a GP appointment to ensure a repeat prescription could be generated in time. The service also faxed a discharge summary to the GP or community drug team to ensure support was available for the patient. The service called the patient over the weekend immediately after discharge to check progress and discussed any concerns or questions. Staff telephoned the patient within one week at home to check progress and remained involved for up to 12 weeks. The consultant was able to continue prescribing if a patient did not wish to see their GP. These appointments were arranged privately and not included in the initial treatment agreement.

Substance misuse/detoxification

- Detox Five did not provide outreach or community support to discharged patients.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff discussed confidentiality policies and procedures on admission, and confirmed consent to share information. During our inspection, we viewed a patient file, which clearly stated their information sharing wishes and showed staff had adhered to their instructions.
- When patients were admitted, nurses assessed patients in their bedrooms and the consultant interviewed the patient in the outpatient suite situated on the hospital grounds. We observed the facilities were private, comfortable, and well equipped.
- Detox Five patients did not have access to the hospital therapy suite, the communal lounge, dining area or visitors room in reception once their detoxification programme had commenced. This was because it was not safe for patients to leave their bedroom area during sedation.
- Patients on Detox Five were not allowed to have a mobile phone and there were procedures in place to ensure they were able to maintain contact with family, friends, and carers. There was a cordless phone available to patients on Detox Five who wished to speak to family and friends.
- Staff advised patients on Detox Five that they are not allowed to use the outside space in the first four days of their admission due to the high risk of falls associated with their sedation.
- Patients on Detox Five ate in their rooms and did not have access to the dining room other than on the day of their arrival where staff invited them to eat prior to sedation with their family member.

Meeting the needs of all people who use the service

- Detox Five facility was situated within Sanctuary and was accessible for any patient with impaired mobility.

Listening to and learning from concerns and complaints

- We reviewed the complaints information between 04 May 2015 and 10 March 2016 and saw two patients raised complaints about Detox Five, which were partially upheld. This was the lowest number of complaints across the hospital in the same period.
- The hospital policy related to all patients receiving care and treatment at Harrogate, which included patients on Detox Five. This meant that managers and staff responded to any complaints raised by patients in Detox Five in a consistent manner.

..

Are substance misuse/detoxification services well-led?

Vision and values

- Staff who worked on Detox Five shared the same values and behaviours as those who worked on the wards.

Good governance

- The local and organisational governance arrangements, systems, and processes included the Detox Five. The service had a separate protocol outlining the service and specific documentation relating to patients care and treatment, including a standard pathway, medication recording sheets, and assessment documentation. However, we did not find any specific policies relating to Detox Five.

Leadership, morale and staff engagement

- The service had been in existence for many years and the consultant psychiatrist had been consistent throughout that time. Some nursing and support staff had also worked with this service for many years, including the registered manager. This meant they were available to provide support and in-house training to less experienced staff working on Detox Five. Most staff spoke about how much they enjoyed working on Detox Five. However, some staff felt less confident about medicine administration and recording and had not received specialist training for their role.

Commitment to quality improvement and innovation

- The service reported data to the National Health Service national drug treatment monitoring system. This data is used by Public Health England to provide reports.

Substance misuse/detoxification

- The current consultant psychiatrist for Detox Five completed published research in 2000 into the uses and benefits of this type of detoxification and has used this method at the hospital since this time.

...

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The service must ensure it meets national guidelines for same-sex accommodation and provide a dedicated lounge that is always available solely for the use of female patients..

Action the provider SHOULD take to improve

- The hospital should ensure that audits and review of restraint and restraint training are undertaken to ensure it is in keeping with best practice guidelines.
- Staff should ensure they always follow their own medicines management policy when carrying out rapid tranquillisation.
- Staff should review the need for blanket restrictions and ensure individual risk assessment and management plans are in place for patients who are restricted in any way.
- Staff should ensure that all patient risks assessment and management plans contain sufficient detail to reflect the identified risks and plans are reviewed when risks change.
- Staff should ensure that all care plans are personalised, recovery orientated and take account of how patients would like to be treated when they are ill.

Staff should fully document details of as required medication on patients care plans and complete care plans for patients on Detox Five should they wish to exit the programme early.

- Staff should ensure they fully document patients' capacity assessments in the patients' records.
- Managers should review the make-up of the multi-disciplinary team and consider how of other disciplines such as occupational therapy and psychology and social workers are involved in patients' care and treatment.
- The hospital should review the area used for child visiting to ensure it is safe for children when they visit.
- Managers should review the use of existing space on the wards to ensure that the location of bedrooms does not affect patients' privacy, dignity, and confidentiality. The service should also ensure that wards have sufficient dedicated space for quiet areas and activities that are used solely for that purpose.
- The hospital should ensure that staff receive the necessary specialist training to support their role in Detox Five.
- The hospital should have a local operational policy for The Detox Five service for staff to follow.

...

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The hospital did not provide a lounge area on the wards which was available at all times and used solely for female patients.** **This is a breach of regulation 10 (2) (a)**