Cygnet Health Care Limited

Cygnet Hospital Bierley

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our overall rating of this location improved. We rated it as requires improvement. This inspection covered the acute wards for adults of working age and psychiatric intensive care units core service only as the forensic inpatient or secure wards core service had been inspected in November 2022 prior to the 2 acute wards being opened.

Cygnet Hospital Bierley had been placed into special measures based on our inspection findings in January and February 2022. The report from that inspection was published in May 2022. Based on the findings of our inspection of the forensic inpatient or secure wards core service in November 2022, alongside this inspection of the acute wards for adults of working age in September 2023, Cygnet Hospital Bierley will be removed from special measures.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement 	Our rating of this core service improved. We rated it as requires improvement because: • There were issues identified with the storage and management of medications. This included issues such as out-of-date medication not being identified and disposed of, medication still being stored from patients who had been discharged and topical creams being stored without labels of which patient they were for. • The service had not ensured that all agency staff had an appropriate induction to the service and the ward they were working on prior to starting their shift. We undertook a review of some of the agency induction checklists with a sample from one day where multiple agency staff were on duty on Blossom ward that day. Of that sample day, 4 staff were working on Blossom ward who had not had an induction specific to that ward. We had concerns about how this may impact on staff awareness of important information they need to know for that specific ward, such as the location of the ligature cutters or copies of patient personal emergency evacuation plans, which were different on each ward. The issue of ward specific inductions for agency staff had also been identified as an issue at the forensic core service inspection in November 2022. • Staff had not always completed and regularly updated risk assessments and environmental reviews of all ward areas. We identified gaps in ward level recording of some of the documentation and checks that staff were required to undertake to ensure the environment was safe and appropriate for patients. • We had a concern about the use of section 17 leave being used for smoking rather than therapeutic leave on the wards, in particular on Lister ward. On day one in the afternoon, some patients were becoming significantly agitated

Summary of findings

with having to wait to go out to smoke. It was identified that the ward was one staff member down at that time, so there were some contributory circumstances. It was also recognised that staff remained calm and tried to deescalate the patients by speaking with them and explaining the reasons for the delays.

- There were inconsistencies and gaps with governance processes identified at ward level in some of the audits, checklists and monitoring of areas such as environment and daily security checks. During our review of staff files, we also identified that the registration of a nurse had lapsed and this had not been identified by the service or staff member.

However:

- Patients gave positive feedback about staff and the wards. They recognised the efforts that staff made to respond to their requests and said that most staff were polite and respectful. Patients also gave positive feedback about the quality of the food and meals provided by the hospital.
- The wards had a range of activities and groups on offer to patients which patients gave positive feedback about. Care records contained evidence of staff offering activities and sessions to patients and recorded when these were declined. The hospital had a range of facilities that the patients could access on-site including a sensory room and gym.
- Care records were individualised to the patients and issues identified through risk assessments had relevant management plans. The records also contained evidence of conversations and considerations being given to discharge and of ongoing monitoring of physical health.
- Staff gave positive feedback about management support and interactions. They were happy in their roles and generally spoke positively about the hospital. Ward and hospital managers were passionate about improving the quality of the wards and the care and treatment

Summary of findings

being delivered. Staff gave feedback that the management across the service was more linked and were working together on the improvement of the hospital.

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Hospital Bierley

Cygnet Hospital Bierley is an independent mental health hospital provided by Cygnet Health Care Ltd situated in West Yorkshire. The hospital is registered to provide care for up to 62 male and female patients across 4 different inpatient wards.

- Blossom ward is a 15-bed female acute ward
- Lister ward is a 16-bed male acute ward
- Bronte ward is a 15-bed forensic low secure service for females
- Shelley ward is a 16-bed forensic low secure service for males

The 2 acute wards for adults of working age, Blossom and Lister, were opened by the hospital in February 2023 and May 2023 respectively. The hospital had previously provided a personality disorder service for women and a psychiatric intensive care unit for women which had both been voluntarily closed by the provider following CQC's inspection of the hospital in January and February 2022.

The hospital had a registered manager at the time of our inspection and an identified controlled drugs accountable officer.

The hospital has been registered with CQC since October 2010 to carry out the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury

CQC last carried out a full comprehensive inspection of this hospital in February 2022 where all 3 core services delivered by the hospital were inspected. As a result of that inspection, we rated the hospital as inadequate overall and placed the service in special measures. The 3 core services were all rated inadequate overall with the safe and well led domains rated inadequate and effective and caring domains requiring improvement. The responsive domain was not rated at that inspection.

The hospital was in breach of 6 regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the February 2022 inspection:

- Regulation 9 Person centred care
- Regulation 10 Dignity and respect
- Regulation 12 Safe care and treatment
- Regulation 13 Safeguarding service users from abuse and improper treatment
- Regulation 17 Good governance
- Regulation 18 Staffing

Summary of this inspection

CQC carried out an inspection of the forensic core service in November 2022. This was a focused inspection on the 2 low secure wards as these were the only 2 wards open at the time of that inspection. The rating of the forensic core service improved to requires improvement overall and in all key questions. The overall rating of the hospital remained inadequate due to the previous rating of the acute wards for adults of working age and psychiatric intensive care units core service from February 2022 which was not able to be re-rated due to these wards being closed at the time of this inspection.

A MHA monitoring visit had taken place to Blossom ward on the 22nd August 2023. Lister ward had not yet had a MHA monitoring visit at the time of this inspection.

This inspection was a focused inspection to visit the 2 new acute wards for adults of working age and assess whether the provider had made improvements to meet the requirement notices we issued in relation to the February 2022 inspection. At this inspection we inspected all five key questions on both wards, Blossom and Lister.

What people who use the service say

We spoke with 12 patients who were being cared for on Blossom and Lister wards.

Patients gave positive feedback about the staff and their experiences of care and treatment in the hospital. Patients described that staff were respectful, kind and would always try to respond to their requests as quickly as they could. Patients generally felt safe on the wards and were positive about the activities and groups that were on offer to them.

Patients stated some frustrations regarding delays with staff supporting and facilitating their section 17 leave and smoking breaks, although patients did not state their leave was ever cancelled. Patients noted that there could be quite lengthy delays in staff facilitating these requests due to pressures on staff and competing demands. Patients did recognise that staff were trying their best in these circumstances.

Patients on Blossom ward raised a complaint in respect to a nurse call alarm that was sounding frequently throughout the 2 days that the inspection team were on-site. The nurse call alarm was being pressed by a patient on Lister ward but could be heard throughout the hospital. The patients on Blossom ward were frustrated by this as they were aware that the alarm was not in respect to a patient on their ward.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited both of the acute wards for adults of working age at the hospital where we looked at the quality of the environment and observed how staff were caring for patients;
- spoke with the registered manager and the clinical manager for the hospital;
- spoke with the 2 ward managers for Blossom and Lister wards;
- spoke with 12 staff members;
- spoke with 12 patients who were using the service;
- looked at 13 care and treatment records of patients and 12 prescription charts;
- observed a morning meeting, 2 ward rounds, the people's council and a governance meeting.

Summary of this inspection

- undertook a short observational framework for inspection (SOFI2) observation
- requested feedback from local commissioners and stakeholders;
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

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

Action the service MUST take to improve:

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

- The service must ensure that medications storage is managed appropriately and reviewed regularly. (Regulation 12)
- The service must ensure that all staff, including agency staff, receive a full and appropriate induction to the ward they are due to be working on. The service must also ensure that all staff receive an appropriate handover prior to undertaking any duties on the ward. (Regulation 18)
- The service must ensure that all environmental checks and documentation are undertaken and recorded in line with the provider's expectations and policies; and that staff understand their responsibilities regarding this. (Regulation 17)
- The service must ensure that governance processes at ward level are completed and managed in line with the provider's and management's expectations. (Regulation 17)
- The service must ensure that all staff have the appropriate and up-to-date registration required for them to work within the hospital. (Regulation 17)

Action the service SHOULD take to improve:

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

- The service should ensure that section 17 leave is being used for therapeutic purposes, rather than facilitating smoke breaks.
- The service should ensure that the sensory room is appropriately cleaned after each use by a patient.
- The service should ensure that all patients are offered regular one to one sessions with their named nurse.
- The service should ensure that ligature risk assessments are accessible on the wards for all staff to review including any agency staff that may be on shift.
- The service should ensure that the compliance rates for appraisals and clinical supervision on Lister ward continue to be improved.

Our findings

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	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement

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

Requires Improvement

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

Is the service safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

We observed some issues with documentation and reviews around the safety of the environments on both wards, however, both wards were generally safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff had not always completed and regularly updated risk assessments and environmental reviews of all ward areas. We reviewed the 'security coordinator handover checklists' on both wards, and observed multiple gaps where staff had not completed them. This included gaps where staff were supposed to be have signed for different shifts. For example, on Lister ward, we reviewed the documentation regarding the nurse call alarm checks. The last 3 dates of the checks in the folder were from the 16/08/23, 09/08/23 & 27/07/23. The ward manager confirmed these should have been checked weekly every Wednesday and this was not the case. We also reviewed the daily defibrillator check on Lister ward and identified a gap on the 01/09/23 where no entry was recorded and one missing signature on 29/08/23. All other entries were completed on review back to 09/07/23.

Both wards had recently updated ligature risk assessments from August 2023 which had been undertaken in line with changes to the provider's policy. These ligature risk assessments were in the process of being fully signed off and implemented on the wards. The previous risk assessments had been undertaken in January 2023 for Blossom ward and April 2023 for Lister ward, prior to the wards opening. Copies of these risk assessments were not present on the wards at the time of the inspection, although were held electronically. The ligature folder on Lister ward still contained the last ligature audit from when the ward was previously Bowling ward. Both wards had ligature heat maps to assist staff as a quick reference guide to the ligature assessments and help them identify the risk areas. Staff spoken to generally knew about any potential ligature anchor points and mitigated the risks to keep patients safe, although the service could not be assured that all staff working on the wards were aware of all potential ligature points due to the ligature assessments not being present at the time of the inspection.

Staff could not observe patients in all parts of the wards. Staff mitigated risks through the use of observations and mirrors to manage blind spots. The wards had CCTV throughout communal areas.

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

Requires Improvement

The wards complied with guidance and there was no mixed sex accommodation. The 2 wards were both single sex wards. The central courtyard area of the hospital was accessed for outside space. The service recognised this as a potential risk and ensured that staff were present whilst patients from separate wards were utilising this space at the same time.

Staff had easy access to alarms and patients had easy access to nurse call systems. Patients all had a nurse call button in their bedroom and there were also call buttons in each communal room.

Maintenance, cleanliness and infection control

Ward areas were generally clean, well maintained, well furnished and fit for purpose. Both wards had some maintenance jobs that were still awaiting repair or actions being taken including some minor repairs and decoration.

During a tour of some of the rooms based off the wards, we observed that the sensory room had not been cleaned or tidied since it had been last used. Staff explained that it was expected that staff would ensure that the sensory room was tidy after every use and that wipes should be used to clean the room as well. There were no wipes available for use in the room at the time of the inspection.

We reviewed the maintenance log for the hospital. All the items on the log were listed as completed. Managers explained that the log was updated to 'completed' when the maintenance team had started to address the task. Managers noted that maintenance tasks were discussed regularly with the maintenance team.

Staff made sure cleaning records were up-to-date and generally the premises were clean.

Staff followed infection control policy, including handwashing. The provider undertook quarterly infection control audits. The audits recorded previously identified actions to ensure completion along with any new actions identified as part of the new audit. Blossom ward's audit was last completed on the 2 August 2023 and Lister ward was completed on the 25 July 2023.

Seclusion room

The hospital had one seclusion room which allowed clear observation and two-way communication. It had a toilet and a clock. The seclusion room was based on one of the low secure wards, Shelley ward, but could be used by all 4 wards in the hospital. The seclusion room was at the entrance of the ward so would not require the patient being taken to seclusion to have to be walked through the ward.

Clinic room and equipment

The clinic rooms were generally fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Some equipment was stored out of the clinic rooms, but this was accessible to staff and staff were aware of where this was stored.

Staff checked, maintained, and cleaned equipment. Both clinic rooms were generally clean and tidy. We observed that a sharps bin on Lister ward had not been labelled as to when it had been opened. In the clinic room on Blossom ward, we noted a discrepancy between "I am clean" stickers that were used to record that equipment had been cleaned, as the date on the sticker did not match the paper records.

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

Requires Improvement

Safe staffing

The service did not always ensure that bank and agency staff had a full induction and understood the service before starting their shift, although the service generally had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service generally had enough nursing and support staff to keep patients safe. Managers monitored staffing levels and ensured that shifts were filled. The minimum number of staff expected on duty for both wards was 6 staff during the day and 4 staff on nights. These numbers included 2 registered nurses for every shift. We reviewed recent staff rotas for both wards. The wards usually had the correct number of staff on each shift and there were clear attempts to ensure any gaps were filled. The service had a safe staffing risk assessment which included a staffing matrix for nurses and support workers. The provider's requirements for minimum safe staffing was based on the matrix numbers and a minimum of 1 registered nurse per ward. Each shift always had at least 1 registered nurse on duty.

The service had low vacancy rates. Managers monitored the vacancy rates and had undertaken recruitment to fill vacant posts. The service was awaiting some nursing staff to start in post which would bring the service to their identified staffing levels. Managers explained how recruitment was continuing above these numbers for both nurses and nursing assistants.

The service used bank and agency nurses and nursing assistants on a regular basis which was monitored by hospital management. The hospital had a corporate risk target of no more than 30% of agency use for shifts per month. Between June and August, the hospital had remained below this target with an average bank and agency use of 23% for that 3-month period. Managers described how they attempted to limit their use of bank and agency staff and requested staff familiar with the service.

Managers had not made sure that all bank and agency staff had a full induction and understood the service before starting their shift. We undertook a review of some of the agency induction checklists with a sample from one day where multiple agency staff were on duty on Blossom ward that day. We reviewed the 12 August 2023 where there were 2 agency staff members with no checklists completed, 1 agency staff member who had an induction for Shelley ward only and a further agency staff member who had an induction for Bronte ward only. The provider confirmed after the onsite inspection that 1 of the agency staff members identified with no checklist completed during the inspection did have an agency induction completed, which meant only 1 agency staff member had no checklist completed. This meant that multiple staff were working on Blossom ward who had not had an induction specific to that ward. We had concerns about how this may impact on staff awareness of important information they need to know for that specific ward, such as the location of the ligature cutters or patient's personal emergency evacuation plan, which were different on each ward. The issue of ward specific inductions for agency staff had also been identified as an issue at the forensic core service inspection in November 2022.

The service had low turnover rates. Since opening, Blossom ward had 5 staff leavers and Lister ward had 1 staff leaver. Managers monitored turnover on the wards and the reasons for why staff were leaving or moving on.

Managers supported staff who needed time off for ill health. Managers explained how they supported staff who were off sick and the process they would follow regarding this.

Levels of sickness were reducing. Lister ward had an average sickness rate of 5.94% since May 2023 and Blossom ward had an average sickness rate of 11.7% since February 2023. The sickness levels on Blossom ward had significantly reduced in the 4 months prior to the inspection, with the average rate reducing to 6.73%.

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

Requires Improvement

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers calculated the levels of staff required for each ward and kept these under review. The ward managers could adjust staffing levels according to the needs of the patients. The ward managers of both wards said they were able to request additional staff when needed.

Patients on Blossom ward generally had regular one to one sessions with their named nurse, although Lister ward was noted to be more of a challenge. Managers reviewed data around one to ones in the monthly clinical effectiveness meetings, including how many were offered, accepted, declined and the quality of the entry. In the data from the August meeting, Lister ward's figures were significantly lower than Blossom's. Managers had identified this and the reasons for the lower figures. Managers had agreed actions to address this. Patients did not raise this as a concern during the inspection.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients did report that there could be delays in accessing leave and using the shared courtyard area which required staff to accompany them, due to staff not being available, although staff would attempt to facilitate this where possible. The use of section 17 leave for smoking rather than therapeutic leave was identified as an issue during the inspection, in particular on Lister ward, as patients were predominantly using their section 17 leave to take time off the ward to smoke. On day 1 in the afternoon, some patients were becoming significantly agitated with having to wait to go out to smoke. It was identified that the ward was one staff member down at that time which was contributing to the delays in staff supporting this. Despite these pressures on staff, we observed that they remained calm and tried to deescalate the patients by speaking with them and explaining the reasons for the delays. Managers were aware of this issue and were working towards addressing it going forwards.

The service had enough staff on each shift to carry out any physical interventions safely. Staff reported that they had no concerns with staffing levels on the wards that would impact on their ability to undertake any physical interventions as necessary.

Staff did not always share key information to keep patients safe when handing over their care to others. During the inspection, we observed an agency member of staff arrive on shift who was unsure what they should be doing and could not find an allocations sheet. A second member of staff asked the agency staff member to take over observations of a patient. The agency member of staff did not receive a handover prior to starting observations. Staff confirmed that handovers did take place on the wards and handover documents were observed to be present on the wards.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the wards quickly in an emergency. Each ward had a dedicated consultant psychiatrist. There had been a recent change to the consultant psychiatrist on Lister ward and the newly appointed consultant was due to start. Staff on both wards told us that they could access a doctor quickly when they needed to, including out of hours.

Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The hospital used an electronic system to manage and monitor training levels. The training courses were split between compliant / statutory training and mandatory training for their role. The overall compliance rate for Blossom ward for compliant / statutory training was 92.3% and Lister ward was 89.5%. The organisation had an overall training target of 90%. The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could explain where gaps in training had been identified and the reasons as to why, such as long-term sickness or new starters.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 13 patient records, and all had a risk assessment present which was up to date. There was evidence of the risk assessments being reviewed regularly and in line with the provider's expectations regarding this which was every 2 weeks or after an incident had occurred. The service used a Cygnet specific risk assessment tool which was the PICU and Acute Risk Assessment (PARA).

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. There was evidence in the records reviewed of individual risks for each patient being considered. Staff discussed risks for each patient in handover documentation that we reviewed.

The service undertook blanket restrictions audits in line with the provider's policy. Blanket restrictions that were in effect of each ward were displayed for patients to be aware of. The service user welcome pack also informed patients of what blanket restrictions or rules were to support patient awareness of this. Managers noted that changes to restrictions were reviewed in the monthly positive and safe meeting, as well as being reviewed as part of the patient community meetings.

The service had individual contraband and restricted item lists specific to each ward. These were displayed in the main entrance to the hospital and any visitors were asked to familiarise themselves with the lists before entering the wards. The review of these lists were included as a standard agenda item for the patient community meetings, to ensure that patients could give any feedback about the contraband and restricted items.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff explained how they would monitor and respond to any changes in patient presentation or risk. Staff were aware of their responsibilities in taking action regarding this.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff mitigated risks through the use of observations and mirrors to manage blind spots. The wards had CCTV throughout communal areas.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff and patients told us that searches only took place as required by individual risks rather than as a blanket restriction.

Use of restrictive interventions

Levels of restrictive interventions were low although Lister ward had had a recent spike in restraints prior to the inspection. From June 2023 to the date of the inspection, Lister ward had 22 incidents of restraint with 17 of these

incidents having occurred from the start of August 2023 to the date of the inspection. 12 of these 17 restraints were in relation to 2 specific patients. By comparison, for that same period of June 2023 to the date of the inspection Blossom ward had 9 incidents of restraint. Managers had identified that the recent increase in restraint on Lister ward was in relation to predominantly 2 patients on the ward and staff had undertaken specific work with one of these patients which had reduced the number of incidents for them. Managers noted that, as the ward had only been open a short period of time, staff were still developing as a team and bringing the ward to their expected standards. Managers noted that Blossom ward had experienced a similar challenge at roughly the same time after that ward had opened, with the ward now being much more settled.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The provider was working with a local mental health service improvement programme in relation to reducing restrictive practices. Managers noted that this was an ongoing piece of work and staff were still developing in how they managed restrictive practices.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff described how they would utilise de-escalation techniques to attempt to manage situations where patient behaviour was beginning to escalate. We observed staff speaking calmly with patients who were beginning to get agitated, and the staff took time to explain the situation to patients to try to prevent the situation from escalating. Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation. The use of rapid tranquilisation was low on both wards in the 3 months prior to the inspection. On Lister ward there had been 2 incidents in June 2023 where rapid tranquilisation had been used and none since this time, whilst on Blossom ward there had been 1 use of rapid tranquilisation in that same time period.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. The seclusion room had been used once by the 2 acute wards since they had opened following an escalation of aggressive incidents on Lister ward. We reviewed the seclusion paperwork in relation to this episode and found that staff had kept records in line with guidance. The patient had returned to the ward during the inspection following a multi-disciplinary review and remained on 2:1 observation whilst on the ward.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. The compliance rate for staff on Lister and Blossom wards for safeguarding training was 100%.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Since the wards had opened, Blossom had raised 12 safeguarding concerns and Lister had raised 5. 3 of these concerns remained open to safeguarding investigation at the time of the inspection.

Staff followed clear procedures to keep children visiting the ward safe. The hospital had 2 visiting rooms off the wards which could be used to facilitate visits with children. The hospital manager had plans for one of the visiting rooms to be younger child focused whilst the other would be designed around older children that may be visiting.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff that we spoke to were aware of how to report a safeguarding concern.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

When patients transferred to a new team, there were no delays in staff accessing their records. Where patients were transferred across Cygnet services, the electronic record system provided a complete record of any patient admissions within the organisation.

Records were stored securely. Paper records were stored in locked cabinets.

Medicines management

We identified issues with the systems and processes the service used to safely prescribe, administer, record and store medicines. However, staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff did not always store and manage all medicines safely. During our review of the medications that were stored in the clinic rooms, we identified issues with how medication had been stored and monitored. This included some issues such as some out-of-date medication being stored which had not been identified as expired and appropriately disposed of. There was also medication still being stored from patients who had been discharged from the service. We also identified that topical creams were being stored in the clinic rooms without labels of which patient they were for, which meant there was a risk of creams being used for multiple patients. These issues were highlighted to the staff members present whilst we were reviewing the clinic rooms who took action to address the issue. Managers confirmed that these issues would be reviewed and monitored going forward.

Staff followed systems and processes to prescribe medicines safely. We reviewed 12 prescription charts across the 2 wards which generally followed best practice and guidance regarding the prescription and administration of medicines. Staff completed medicines records accurately and kept them up to date.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. There was evidence of ongoing reviews of medication and the effects of medication on patient's physical health. Patients we spoke to generally felt supported and listened to in respect of their medication and opinions on this. Patients confirmed that they could ask staff for advice about their medication.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services. The records we reviewed all showed that the patient had their medicines reviewed when they were admitted to the ward.

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

Requires Improvement

Staff learned from safety alerts and incidents to improve practice. Managers confirmed that lessons learnt from any issues with medication would be highlighted and reviewed during governance meetings. This learning would be shared with staff to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Where patients were taking medication which required ongoing monitoring of their physical health, we saw that this was taking place at the required intervals.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff could describe what incidents they should be reporting and how they would report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported serious incidents clearly and in line with provider policy. There was evidence of staff reporting incidents and concerns as required. Managers were confident that staff would raise any issues and concerns in the service.

The service had no never events on the wards.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. At the time of the inspection, no incidents had met the threshold for the duty of candour. Managers were aware of their responsibilities in respect of this and the electronic system prompted managers to consider if the threshold had been met. During the inspection, a situation was identified which the provider identified met the threshold for the duty of candour. The provider confirmed that this process would be followed for all patients involved. The provider had initiated a full investigation into this incident.

Managers debriefed and supported staff after any serious incident. Staff stated that debriefs took place following incidents and that they would get support from management.

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

Staff received feedback from investigation of incidents, both internal and external to the service. Staff received a corporate bulletin informing them of any lessons learnt or issues to be aware of from across Cygnet locations. Staff met to discuss the feedback and look at improvements to patient care. Management also shared local learning identified with staff via email and as a specific agenda item in team meetings. Staff gave positive feedback about the ways they were informed about learning from incidents.

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

Requires Improvement

Is the service effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

Assessment of needs and planning of care

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

We reviewed 13 patient care and treatment records. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. In the patient records that we reviewed, there was evidence of a comprehensive mental health assessment for each patient taking place on admission or as soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. All the records we reviewed included an assessment of the individual's physical health needs. We observed ongoing monitoring and consideration of patient's physical health within the records and notes reviewed.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. All the records we reviewed included up to date care plans in relation to their identified mental and physical healthcare needs.

Staff regularly reviewed and updated care plans when patients' needs changed. There was evidence of ongoing staff reviews and updates for care plans. Changes to patient needs were considered as part of ward rounds and updates would be made to patient records from this.

Care plans were personalised, holistic and recovery-orientated. All patient records that we reviewed were personalised to the patient and included the full range of patient needs to support their care and treatment.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. People were receiving care from a full multi-disciplinary team including psychiatrist, nursing support, psychology and occupational therapy.

Staff delivered care in line with best practice and national guidance. Managers explained how staff were kept informed and up to date with any changes or developments in best practice and national guidance. The wards followed Cygnet's model of care for this type of service, which followed 4 stages of admission, formulation, treatment and transition and discharge. Management reviewed and reflected on the wards compliance with the model of care within their monthly clinical effectiveness meetings.

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

Requires Improvement

Staff identified patients' physical health needs and recorded them in their care plans. There was evidence of staff identifying patients' physical health needs in the patient records that we reviewed. Care plans reflected these physical health needs and any actions staff had to take to support patients with these needs.

Staff made sure patients had access to physical health care, including specialists as required. Patients felt supported with their physical health and did not raise any issues about access to any additional specialists that they may have required. Staff described how patients would be supported to access any physical health interventions as necessary.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Patients generally gave positive feedback about the food that they were provided by the service.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Managers explained how patients were supported to live healthier lives such as being given healthy living advice, having choice on the menus and having access to exercise activities including the on-stie gym equipment.

We had identified a concern during the inspection about the use of section 17 leave being used for smoking rather than therapeutic leave on the wards, in particular on Lister ward. Patients were utilising their section 17 leave to take time off the ward to smoke, rather than use it therapeutically. On day 1 in the afternoon on Lister ward, some patients were becoming significantly agitated with delays in waiting for staff to facilitate their leave so that they could go and smoke. It was identified that the ward was one staff member down at that time, so there were some contributory circumstances. It was also recognised that staff remained calm and tried to deescalate the patients by speaking with them and explaining the reasons for the delays. Managers were aware of this issue and had plans on addressing it going forward.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The wards had recently introduced the DIALOG scale which was a patient led scale to indicate how patients had progressed from the point of admission to discharge.

Staff used technology to support patients. The hospital had a relaxation room which was shared by both wards. This included light and sound equipment in order to create a relaxing atmosphere. We observed patients utilising this room during our inspection.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The hospital had a range of audits that were used to monitor and review how the wards were working. These audits included medication, hand hygiene and observation engagement and CCTV. Senior managers in the hospital explained how they were attempting to ensure that ward staff were involved, empowered and took ownership of the audits that were undertaken on the wards. Managers had oversight of the audits in clinical effectiveness and governance meetings. Managers explained how they used the results from audits to make improvements to the hospital.

Skilled staff to deliver care

Managers had not ensured that all registered nurses in the hospital had in date registrations or that all agency staff received a full induction to the service before they started work. However, the ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers generally supported staff with appraisals, supervision and opportunities to update and further develop their skills.

The service had a full range of specialists to meet the needs of the patients on the wards. The hospital had a well-established multi-disciplinary team at the time of the inspection.

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

Requires Improvement

Managers had not ensured that all staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. We reviewed staff files during the inspection. Whilst reviewing the staff file of a permanent nurse, we could not locate any proof of registration or PIN number for that member of staff. The provider stated that they would review this and provide the relevant documentation. The provider confirmed that the member of staff's registration had lapsed as of May 2023. The provider identified that this had not been flagged on Cygnet's systems due to an inputting error on that particular staff member's record, meaning that management were not alerted to the fact that the registration had lapsed. The member of staff had continued to provide nursing care to patients between May and August. The provider was undertaking the relevant processes in relation to this and confirmed that all other registered nurses at the hospital had the correct and in date registrations. In this situation however, the provider had failed to ensure that this staff member continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

Managers did not always give new members of agency staff a full induction to the service before they started work. We undertook a review of some of the agency induction checklists with a sample from one day where multiple agency staff were on duty on Blossom ward that day. We reviewed the 12 August where there were 2 agency staff members with no checklists completed, 1 agency staff member who had an induction for Shelley ward only and a further agency staff member who had an induction for Bronte ward only. The provider confirmed after the onsite inspection that 1 of the agency staff members identified with no checklist completed during the inspection did have an agency induction completed, which meant only 1 agency staff member had no checklist completed. This meant that multiple staff were working on Blossom ward who had not had an induction specific to that ward. We had concerns about how this may impact on staff awareness of important information they need to know for that specific ward, such as the location of the ligature cutters or patient's personal emergency evacuation plan, which were different on each ward.

Managers supported staff through regular, constructive appraisals of their work. We reviewed the August 2023 senior management team meeting minutes which included hospital compliance data. As of the 31 July 2023, Blossom ward's compliance with appraisals was 93.34% and Lister ward's compliance was 58.83%. For doctors, the compliance rate was 100%. The ward manager on Lister ward was aware of the low compliance rates for appraisals and this had been escalated within the service. Plans were in place to address this issue. The provider confirmed following the onsite inspection that progress was being made with Lister ward's compliance rate. This had increased to 64.7% as of the 27 September 2023. The provider advised that, although the appraisals could have been undertaken more quickly, the service had agreed that where staff had moved wards the manager would take some time to get to know the staff member to make the appraisals meaningful.

Managers generally supported medical and non-medical staff through regular, constructive clinical supervision of their work. Clinical supervision was required once a month in line with the provider's policy. Blossom ward had a higher compliance rate for clinical supervision at the time of the inspection with a 94% compliance rate recorded. Lister ward's compliance rate at the time of the inspection was 41% for clinical supervision. The provider confirmed that Lister ward's compliance rate had increased to 80% as of the 27 September 2023. Both wards had a 100% compliance rate for managerial supervision which was required every 3 months.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There was evidence of monthly team meetings taking place on each ward. These meetings followed a set agenda. Managers confirmed that, where staff could not attend the meeting in person, then the minutes would be shared via email with the full staff team.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff felt supported by managers with accessing any training or learning opportunities that would benefit the wards and hospital. Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons and dealt with these. The managers we spoke with discussed how concerns about staff performance were picked up through supervision and from incidents or complaints. Managers explained how performance would be managed where issues were identified, along with how any concerns about staff performance would be investigated as necessary.

Multi-disciplinary and interagency team work

Staff had not always ensured that information about patients and the ward had been appropriately shared during handovers, although staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We observed 2 ward rounds during the inspection. Staff in these meetings took time to listen to patients and understand their feelings about their care and treatment. Staff were respectful of patients' wishes and tried to appropriately manage any expectations as necessary. There was evidence of regular multidisciplinary meetings on both wards to discuss patients and improve their care.

Staff did not always make sure they shared clear information about patients and any changes in their care, including during handover meetings. We reviewed handover documentation during the inspection. The handover documents followed a set standard that included a number of different areas for staff to consider during the handover and prompted staff to consider each patient individually. This included any changes or updates that staff needed to be aware of. We observed inconsistent completion of these handover documents on both wards with some sections being incomplete or not filled in across various days. During the inspection, we observed an agency member of staff arrive on shift who was unsure what they should be doing and could not find an allocations sheet. A second member of staff asked the agency staff member to take over observations of a patient. This meant that the agency member of staff did not receive a handover prior to starting observations.

Ward teams had effective working relationships with other teams in the organisation. We saw good partnership working across the hospital, for example to ensure staffing levels and skill mix were appropriate on both wards. We observed positive working relationships between ward staff and other teams who were on site during our inspection.

Ward teams had effective working relationships with external teams and organisations. Managers and staff explained how the service managed relationships and engaged with external teams and organisations. We received some feedback from external stakeholders which reported positive engagement and communication between themselves and the service.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

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

Requires Improvement

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. The compliance rate for both wards was 100% at the time of the inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The hospital had 2 Mental Health Act administrators who staff could access for support and advice as needed. Staff confirmed that they knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff were able to access the provider's Mental Health Act policy via the intranet from both wards.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Information about advocacy services was on display on both wards to support patients in being able to access these services. An explanation of advocacy was also provided in the service user welcome pack. Patients confirmed they could access advocacy as required.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Records showed that staff were reminding people of their rights under the Mental Health Act at the required intervals and the patients we spoke with confirmed they were given information about their rights in a way they could understand.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Most of the people we spoke with said they were not having their section 17 leave cancelled due to staffing shortages, although did report that there could be delays in staff facilitating this due to the amount of leave and breaks that were being supported on the wards.

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The Mental Health Act administrators had oversight and kept the paper copies of people's detention records. Staff were aware of how to access them.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The service undertook regular audits of the hospital's compliance with the Mental Health Act. Managers took actions where any issues were identified.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

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

Requires Improvement

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. The staff we spoke with confirmed they had received training on the Mental Capacity Act and were able to give examples of the underlying principles such as the assumption of capacity in the first instance.

There were no deprivations of liberty safeguards applications made for the wards in the last 12 months.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Staff could access the provider's Mental Capacity Act policy from both wards via the provider's intranet.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff were aware of how to access support and advice regarding the Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. There was evidence of ongoing consideration of capacity in each of the patient records that we reviewed.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Is the service caring?

Good

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients gave positive feedback about staff and reported that they were generally kind and respectful. Some patients did raise a concern that staff could be delayed in responding to their needs, in particular when patients were trying to access leave and smoking breaks. Patients noted that they recognised that staff were trying their best to respond to all patient requests. We observed staff attempting to manage patient expectations and frustrations when they were not able to access leave or a smoking break immediately.

Staff gave patients help, emotional support and advice when they needed it. Patients stated that staff were available and responsive if they needed support or advice. We observed examples of staff taking time to help patients understand and attempt to deescalate if patients were becoming agitated.

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

Requires Improvement

Staff supported patients to understand and manage their own care treatment or condition. Patients generally felt that staff would support them in understanding their care and treatment. We observed ward rounds where staff listened to patient feedback and were realistic about managing their expectations of their care and treatment. Staff directed patients to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each patient. Patient's individual needs were considered at handover meetings and ward rounds. We observed staff providing individualised care to people, taking their needs and preferences into account.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. All staff spoken to felt confident that they could raise any concern or issue relating to patients and knew who to speak to if they needed to do so.

Staff followed policy to keep patient information confidential. We did not observe any staff discussing confidential information about patients where others could overhear. The patients we spoke with did not raise any concerns about their confidential information being shared inappropriately.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the wards and the services as part of their admission. Patients received a welcome pack when they were admitted to the ward which included a wide range of information about the wards and hospital that the patients would benefit from knowing about. We spoke to patients who confirmed that they had received a welcome pack on their admission.

Staff involved patients and gave them access to their care planning and risk assessments. We saw evidence of patients being involved in their care plans in the patient records reviewed. Patients spoken to generally felt involved in their care and treatment. There was evidence in the records reviewed that staff had offered patients a copy of their care plan and recorded if a patient had refused a copy. Patients that we spoke to confirmed that they were offered a copy of their care plan, although 1 patient stated they only received a copy after they requested it.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Patients generally felt that staff informed them about their care and treatment. Managers explained how they would support any patients who may have communication difficulties or specific communication needs and knew how to access appropriate support if required.

Staff involved patients in decisions about the service, when appropriate. Managers stated that there were opportunities for patients to be involved in decisions about the service. Patients were able to offer their views and opinions about the service in the regular community meetings. Managers noted that a patient had been due to be involved in the recent recruitment of a post, although the patient was then discharged prior to the process taking place. Although patients spoken to had not been involved in recruitment decisions in the service, they stated this would be something they would be interested in.

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

Requires Improvement

Patients could give feedback on the service and their treatment and staff supported them to do this. The wards held regular community meetings that gave patients the opportunity to give feedback or raise issues about the service. A people's council also took place once a month where staff and patients from the whole hospital met to discuss any issues patients wished to raise.

Staff made sure patients could access advocacy services. Information was on display about advocacy services that patients could access. Patients confirmed that they were informed and could access advocacy if they wished to.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff explained how the family and carers of patients would be involved based on the patient's preferences. Patients confirmed that family and carers would be involved where necessary. Managers noted that the service still had improvements to how carers could be involved and included by the service, such as improving attendance at carers' days and to increase awareness of what was on offer for families and carers.

Staff helped families to give feedback on the service. Families and carers could provide feedback via the NHS family and friends test or managers noted that they could offer space for families to give feedback privately in ward rounds.

Staff gave carers information on how to find the carer's assessment. The organisation had a carers passport that could be provided to family and carers. In this document it gave advice on how carers could arrange a carer's assessment.

Is the service responsive?

Good

Our rating of responsive had previously been insufficient evidence to rate so this was a new rating. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Both acute wards had been open for less than a year and managers had ensured that the number of admissions was managed gradually to reduce pressures on staff and ensure that the wards could be managed safely. At the time of the inspection, Lister ward had 11 patients and Blossom ward had 14 patients. The registered manager explained that they were empowered in their role to manage the bed numbers and admissions on these wards with no pressure being put on them to increase bed numbers beyond what they determined was safe at that time.

The service had recently employed a bed manager to support the access and discharge of patients on the wards.

The wards had out-of-area placements. The provider made attempts to engage and manage relationships with the patient's home teams and recognised the challenges that were presented by having a number of out-of-area placements.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Both wards had been open for less than 12 months. Managers explained how they had oversight of admissions and discharges within the service. Managers noted that if there were any barriers for a patient's discharge then this would be discussed in the morning meeting.

Patients did not have to stay in hospital when they were well enough to leave. Managers and staff described how conversations about discharge would begin as early as possible in the patient's admission and stay in the hospital.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. There was evidence of conversations and considerations in relation to discharge through the patient care records and notes that we reviewed.

Staff supported patients when they were referred or transferred between services. Staff explained how patients would be supported through this process.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom with en-suite facilities. Managers explained that bedrooms could be personalised if the patient wished to do so.

Patients had a secure place to store personal possessions. All patients had a lockable unit to store their belongings.

Staff used a full range of rooms and equipment to support treatment and care. The wards each had an activity room with some equipment available for patient use. The rooms themselves had not been fully updated and improved, with things such as noticeboards lacking information. The hospital also had facilities off the wards including a sensory room, games room and gym that patients could access where appropriate.

The service had quiet areas and a room where patients could meet with visitors in private. The hospital had 2 visitor's rooms available off the wards.

Patients could make phone calls in private. Patients could have access to personal mobile phones unless there was a specific identified risk for an individual patient. Staff provided the cordless ward phones which patients could use if they required.

The service had an outside space although not all patients could access this easily. Lister ward was based on the ground floor and had direct access to the central courtyard area through the dining room. Blossom ward, however, was located on the first floor and patients wishing to access the outside area required a staff member to facilitate this, as access was

through locked doors. Some Blossom ward patients raised this as a concern as they felt that this limited their ability to access fresh air when they wanted it. Managers had recognised this as a blanket restriction and recorded it as part of their blanket restrictions audit. Managers in the hospital had considered options of how this could be managed differently, such as using a fob system, but recognised that this may present other risks to patients as the courtyard was shared by multiple wards. Managers continued to reflect on alternative ways this could be managed.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients could access the dining areas throughout the day to make drinks and also had access to a range of snacks including fresh fruit.

The service offered a variety of good quality food. The hospital had a kitchen on site to provide meals to patients. Patients gave very positive feedback about the quality of the meals provided by the kitchen.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. Managers explained how there were opportunities for patients to be involved in some on-site work activities, such as the tuck shop where patients could volunteer and get paid for. There was also a local charity shop where staff could arrange for patients to volunteer at. The hospital had facilities available to all 4 wards, such as the recovery college room where educational courses and groups could be held.

Staff helped patients to stay in contact with families and carers. Managers and staff explained how patients would be supported in having contact and visits with their families and carers as appropriate and in line with the patient's wishes.

The service recognised that, as a number of patients were admitted from outside of the local area, that this could be a challenge for patients and their relatives.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Both wards held regular community meetings that patients could attend and participate in.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Managers explained how support and adjustments would be made for patients where possible and required.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Information was displayed on noticeboards on both wards and all patients received an information pack when they were admitted to the wards. Written information was available in easy read format as required.

The service had information leaflets available in languages spoken by the patients and local community. These were available on request from a bank of leaflets in different languages held centrally by Cygnet.

Managers made sure staff and patients could get help from interpreters or signers when needed. Managers advised that if any patient required an interpreter or signer then these would be arranged within the service.

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

Requires Improvement

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients gave very positive feedback about the food that was provided by the service and that it met their individual needs where relevant.

Patients had access to spiritual, religious and cultural support. Managers confirmed that religious leaders from different faiths had visited the wards to support patients and had supported patients with accessing virtual services as appropriate. The hospital had a multi-faith room which patients could access with support from staff. The patients we spoke with did not raise any concerns about their cultural or spiritual needs not being met.

Listening to and learning from concerns and complaints

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

Patients knew how to complain or raise concerns. Patients stated that they would be confident and able to raise concerns or complaints as necessary. One patient commented that, when they had wished to make a complaint, there was no written information or forms available for them, so they had to write the complaint on a piece of paper.

The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We reviewed a sample of complaints during the inspection. All but one had an acknowledgement letter recorded on the provider's complaints system that had been sent within the provider's timescales. The provider submitted evidence following the on-site inspection to confirm that an acknowledgement letter had been sent in timescale for that case, but it had not been uploaded to the system. Patients received feedback from managers after the investigation into their complaint. Letters were sent to the complainant following the completion of the provider's investigation into the complaint. These were recorded on the system for those completed complaints we reviewed.

Managers investigated complaints and identified themes. There was evidence of investigations into all of the complaints that we reviewed during the inspection. Managers explained how any learning from complaints was considered and used to improve practice within the hospital.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Managers shared feedback from complaints with staff and learning was used to improve the service. Compliments and complaints were a standard agenda item within team meetings were managers could share feedback and learning with staff. The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

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

Requires Improvement

The 2 ward managers were knowledgeable about their role and passionate about improving the quality of care and treatment being delivered on their 2 wards. Although relatively new as ward managers, they were receiving support from senior management and participating in a corporate ward manager training programme to support their development. We observed positive interactions by the ward managers with staff and patients.

The hospital had appointed a new hospital director since the last time CQC inspected this core service and they had subsequently become the registered manager of the service. The hospital's clinical manager had also recently returned from maternity leave in March. Both were experienced and knowledgeable managers.

Managers were open and honest about the hospital and were reflective of the improvements that had been and were still required to be made within the service.

Managers had a good understanding of the hospital and were collectively looking towards making improvements to the care and treatment being delivered at the hospital.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Most of the staff we spoke with were generally aware of Cygnet's organisational values which are Integrity, Trust, Empower, Respect and Care. Managers described how they worked with staff through team meetings and one to one supervision to support them to understand how the values applied to their work in a meaningful way. Staff engagement with the provider's values was formally reviewed as part of their annual appraisal.

Culture

Staff felt respected, supported and valued. They said the hospital promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

The service had undertaken the last staff survey between March and April 2023. At this time, of the 2 acute wards inspected, only Blossom was open, and this had only opened in February. The results are based on the hospital as a whole but reflected positive improvement in the majority of questions asked of staff at a local level compared to the 2022 results, although the results were still generally lower in comparison to relative services. The hospital had implemented an action plan based on the results to maintain where improvements were being made and target further areas and actions to continue to improve staff experience.

Staff described feeling supported by management and were positive about their roles and working for the hospital. Staff felt respected and valued within their roles. Staff felt that they could raise any concerns that they may have to management and described managers as approachable.

The service undertook exit interviews with staff who left the service where possible. Managers noted that not all staff would agree to an exit interview but that attempts would be made to complete them when appropriate. Managers reviewed the feedback and outcomes from exit interviews in the monthly senior management team meeting to consider any actions that may be required or learning that could be identified.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level although performance and risk were generally being managed well.

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

Requires Improvement

Managers described how work was ongoing to empower and upskill ward staff in taking responsibility for ward level governance processes. During the inspection, we identified gaps in some of these processes at a ward level, although governance processes were working effectively at an overall hospital level.

We reviewed the personal emergency evacuation plans on Blossom ward. Staff on duty initially had issues identifying where these documents were stored. When located, of the 14 forms reviewed, 4 had incorrect details on them, such as the incorrect patient's name due to bedroom moves. This meant that the plans had not been reviewed on a regular basis to ensure they were up to date and still relevant to the patient in that bedroom, which could have impacted if the plans were required in an emergency.

We reviewed the security coordinator handover checklists on both wards which included multiple gaps throughout the forms reviewed that staff had not completed. This included gaps where staff were supposed to be have signed for different shifts. On Lister ward, we reviewed the documentation regarding the nurse call checks. The last 3 dates of the checks in the folder were from the 16/08/23, 09/08/23 & 27/07/23. The ward manager confirmed these should have been checked weekly every Wednesday. We also reviewed the daily defibrillator check on Lister ward and identified a gap on the 01/09/23 where no entry recorded and one missing signature on 29/08/23. All other entries had been completed on review back to 09/07/23.

The wards did not have copies of the recent ligature audits present on either ward although electronic copies were viewed to confirm the audits had taken place. The folder on Lister ward still contained the last ligature audit from when the ward was previously Bowling ward.

We also identified issues with the medication management on the wards and the governance processes for reviewing these.

The hospital overall had a clear and effective governance structure which comprehensively reviewed risk and performance. Local and regional governance meetings took place regularly at which a range of quality and safety information about the hospital were reviewed.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff were committed to reviewing people's care and support continually to ensure it remained appropriate as people's needs and wishes changed. The multi-disciplinary teams on each ward met each morning to review the care of each patient and changes were made to adjust to people's changing needs.

Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The hospital had a risk register to highlight the key organisational risks relevant to the service and this was regularly reviewed. Managers had implemented a clear action plan based on feedback and concerns from previous inspections and were working towards ensuring that the hospital was delivering safe and effective care.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

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

Requires Improvement

Data about the outcomes for individuals and findings from quality assurance processes at the hospital were reviewed at regional governance meetings.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

The hospital had been working closely with local partners since the inspection in January 2022 to improve and monitor the quality of the care provided. Managers described that they had positive relationships and engagement with local partners.

Feedback received from local commissioners and stakeholders for the hospital overall was positive and reflected an improvement in the quality of care and treatment being provided by the hospital.

Learning, continuous improvement and innovation

The hospital utilised learning and improvement projects from other hospitals within the organisation to improve practice and systems. Managers described how they considered the potential benefits and impact of each project prior to implementation. For example, the hospital was in the process of implementing checklists for team leaders and ward managers to provide additional assurance for senior managers in the service. These had been developed within a sister service.

Locally, the service was beginning to implement and develop a quality improvement culture. All staff had access to level 1 quality improvement with some staff undertaking higher levels of training. Managers were keen to develop an ethos of quality improvement in the hospital.

The wards were not currently accredited. Management identified this as a goal for the future.

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 18 HSCA (RA) Regulations 2014 Staffing The service must ensure that all staff, including agency staff, receive a full and appropriate induction to the ward they are due to be working on. The service must also ensure that all staff receive an appropriate handover prior to undertaking any duties on the ward. (Regulation 18)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure that medications storage is managed appropriately and reviewed regularly. (Regulation 12)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that all environmental checks and documentation are undertaken and recorded in line with the provider's expectations and policies; and that staff understand their responsibilities regarding this. (Regulation 17) The service must ensure that governance processes at ward level are completed and managed in line with the provider's and management's expectations. (Regulation 17)

This section is primarily information for the provider

Requirement notices

The service must ensure that all staff have the appropriate and up-to-date registration required for them to work within the hospital. (Regulation 17)