Cygnet Clifton Limited

Cygnet Hospital Clifton

Inspection report

Clifton Lane
Clifton
Nottingham
NG11 8NB
Tel: 08452000465
www.cygnethealth.co.uk/

Date of inspection visit: 28 June 2021
Date of publication: 06/09/2021

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	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Cygnet Hospital Clifton is a specialist low secure mental health and rehabilitation service for men with a personality disorder.

Cygnet Hospital Clifton was placed into special measures by the CQC Chief Inspector of Hospitals in May 2020. This followed findings of significant concerns about the safety and leadership of the service. Since then the CQC has continued to monitor the service closely and has found some improvement. We judged that enough improvement was made following an inspection in May 2021 to remove the provider from special measures.

However, following urgent concerns raised by staff in relation to staffing, increased patient acuity and increasing patient numbers we inspected the hospital again on 28 June. The inspection focused on parts of the safe and well led domains, but we did not change the ratings from the previous inspection in May 2021.

We found the following issues the provider needs to improve:

- Managers had not ensured that there were sufficient staff to ensure patient and staff safety across both wards in the hospital. Staffing levels had worsened since our inspection in May 2021.
- We were not assured that all incidents were being recorded during periods where wards were extremely unsettled and where staffing numbers were low.
- The service had not ensured that there were enough experienced staff to provide leadership to newly qualified nurses and to the rest of the nursing staff.
- Staff did not feel supported and valued by senior managers in the hospital or feel able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process but felt discouraged from raising issues or that their concerns were dismissed and nothing would change as a result.
- Managers had not always ensured that damaged property had been repaired in a timely fashion to maintain safety.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Inspected but not rated	

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Hospital Clifton

Cygnet Hospital Clifton is a specialist low secure mental health and rehabilitation service for men with a personality disorder. Patients may also present with complex mental health needs and challenging behaviours. The hospital has two wards, each of which can accommodate up to 12 patients.

Ancaria ward is the assessment and initial treatment ward; it offers a defined pathway through to Acorn ward which has a focus on rehabilitation. All patients are detained under the Mental Health Act 1983.

Cygnet Hospital Clifton is registered with the CQC to provide the following regulated activities:

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

The CQC had previously inspected this service in October 2012, March 2013, October 2013, July 2015, April 2016, November 2016, August 2018, January 2020 and May 2021. Following the inspection in January 2020, the hospital was placed in special measures. We rated the hospital inadequate overall, with inadequate in the safe and well led domains, requires improvement for the effective and caring domains and good for responsive.

When we inspected in May 2021, we judged that enough improvement had been made to remove the provider from special measures. We rated the hospital as requires improvement, with requires improvement for the safe, effective and well led domains and good for the caring domains and responsive domains. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified and requirement notices were issued under the following regulations:

- Regulation 12 – Safe care and treatment
- Regulation 13 – Safeguarding service users from abuse and improper treatment
- Regulation 17 – Good governance
- Regulation 18 – Staffing

The provider submitted action plans that described how it would make the required improvements. We did not assess progress in relation to these breaches as the report for that inspection had not been published at the time of this inspection.

At this inspection the hospital had 22 patients, 11 on Ancaria ward and 11 on Acorn ward.

What people who use the service say

We spoke with four patients. Two said that it was sometimes difficult to take escorted leave off the ward, with one saying he had been asking all day for leave but staff had not been able to facilitate it. One patient said that staffing levels were sometimes low and senior managers had to work on the ward.

Summary of this inspection

One patient said the food was poor and another that he had not received a meal plan despite requesting one and had missed meals due to the service not meeting his dietary requirements. Another patient had raised issues about not being able to get a hot drink in the morning.

How we carried out this inspection

We took a small team to look at staffing at the hospital, particularly on Ancaria ward, following a number of calls made by staff at the service.

To fully understand the concerns we had heard about the service, we asked the following questions of the provider:

- Is it safe?
- Is it well-led?

During the inspection visit, the inspection team:

- visited Ancaria ward, looked at the quality of the ward environment and observed how staff were caring for patients;
- attended two handovers;
- spoke with four patients who were using the service;
- spoke with the registered manager and managers for each of the wards;
- spoke or had contact with 17 other staff members including nurses and support workers;
- spoke with an independent advocate (commissioned by the provider);
- looked at two patient care plans care;
- carried out a specific check of the medication management on Ancaria ward; and
- looked at a range of documents relating to the running of the service, including rotas, signing in sheets and incident reports.

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 to improve:

We told the service that it must take action to bring services into line with the following legal requirements:

- The service must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to keep patients safe. (Regulation 18(1)).
- The service must ensure there are enough suitably qualified, skilled and experienced nurses to provide leadership to newly qualified nurses. (Regulation 18(2)(a)).
- The service must ensure that staff record incidents consistently, including recording when they are understaffed. (Regulation 17(1) (2)(a)(b)(e)(f)).
- Managers must ensure that they develop a positive and open culture, so staff feel confident to raise concerns and receive feedback. (Regulation 17(1) (2)(e)(f)).

.

Summary of this inspection

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall:

- The service should ensure that when property is damaged on the ward, it is replaced in a timely fashion.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Inspected but not rated

Forensic inpatient or secure wards

Safe	Inspected but not rated
Well-led	Inspected but not rated

Are Forensic inpatient or secure wards safe?

Inspected but not rated

We did not rate the hospital as part of this inspection.

Safe and clean care environments

Ancaria ward was clean, well maintained and fit for purpose. However, there had been recent damage to the ward and furniture and the ward was awaiting replacements.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained and fit for purpose on Ancaria ward. However, there had been considerable damage to ward areas and furniture. Maintenance staff had repaired damage to the ward, but furniture was depleted and some items awaiting replacement at the last inspection had been ordered but had still not been delivered.

Staff followed infection control protocols during our visit, including using hand sanitisers and wearing masks in line with the provider's policy.

Seclusion room

The provider had not safely managed the de-escalation area. Patients had recently damaged some of the electrical controls and to a cupboard containing electricity cables and water pipes in the de-escalation and seclusion area on Ancaria ward. Maintenance staff had repaired the damage to the door, but when we inspected, the door to the cupboard was unlocked and ajar. Staff addressed this immediately during the inspection.

Safe staffing

The service did not always have enough nursing staff to keep people safe from avoidable harm.

Since our last inspection in May 2021, patient numbers and acuity had increased on Ancaria ward. Numbers had increased to 11 and we saw there were higher levels of aggression between patients and at times between patients and staff. Staffing levels had risen by an additional support worker per shift. Incidents levels on the wards had also risen. The provider reported 73 incidents of violence and aggression in June 2021 out of a total of 136 incidents. This was a significant increase over May 2021, where the provider reported 37 incidents of violence and aggression out of a total of 70 incidents. Complaints and safeguarding referrals also increased significantly during this time. Staff interviews confirmed increasing levels of violence and aggression from patient to patient and patient to staff. They also confirmed increasing damage to property by patients. Safeguarding referrals were identified and reported appropriately by staff.

Inspected but not rated

Forensic inpatient or secure wards

The service had experienced staffing difficulties across the hospital since the beginning of June 2021, with significant staffing issues between 14 and 27 June 2021. During this period 25% of shifts were down on numbers, with incidents rising, despite senior managers and ward managers working as part of shift numbers on 18 occasions during this period to support the wards. Staff were often moved from one ward to another when needed, leaving one ward understaffed for periods of time.

In the week commencing 14 June, an analysis of the staff rotas demonstrated that the hospital was short of staff on all but one day in the week, on three occasions short by one member of staff and by two on the other three days. On 18 June, Ancaria ward only had two staff nurses on duty as opposed to the three required. On 19 June, there were four staff nurses on duty on Ancaria ward; however, three were preceptorship nurses and the hospital was two staff down overall during the day, making it difficult for staff to deliver the normal standards of care on this shift.

Ward managers worked regularly on the wards as part of the shift allocation numbers, particularly on Ancaria ward and rotas stated they remained till the end of the shift. During the six weeks prior to and including the day of the inspection, ward managers were rostered to work 20 shifts. However, at the time of the inspection, both ward managers had worked six shifts in the previous eight days. Managers told us there had been an increase in sickness and absence levels leading to difficulties in filling all the shifts, particularly during a two-week period in June 2021. Managers also recognised that increased patient acuity needed additional staffing until the ward had settled but had not acted quickly to address this. Ward managers and senior managers had worked on the wards to make up the numbers during this period.

Rotas indicate that there was a high level of inexperienced nurses on the wards, including newly qualified nurses undertaking a preceptorship. Staff interviews confirmed this. Preceptorship nurses did not take charge of clinical areas in the first four week of their preceptorship. However, they regularly worked as the sole nurse on Acorn ward in the following five months of their preceptorship. The provider's policy states that in the first four weeks of their preceptorship the preceptee should NOT take charge of the clinical area, and that during the remaining five months of preceptorship, it is best practice that a preceptee nurse should not be the only qualified nurse rostered on a clinical shift.

Short notice sickness was a significant feature during this period. When we visited on 28 June 2021, staff numbers matched the provider's staffing matrix but we found significant differences to the rota we had been given earlier in the day, due to staff sickness. Both ward managers were on shift and although staff numbers were correct, staff on Ancaria ward told us that there had been difficulties facilitating patients' requests due to the high acuity on the ward. We attended evening handovers on both wards. Ancaria ward were one unregistered staff down and Acorn ward were one registered staff down for the evening shift at the time of the handover, due to staff sickness or absence. Staff arrived later to cover these shifts. Some staff from the day shift worked beyond the end of their shift to support the ward.

Staff we spoke with and who contacted us said that the ward regularly fell below the numbers allocated on the rota and that there were significant gaps in the availability of some staff on the rota. Staff reported that they often did not have enough staff to help patients access outside areas for fresh air when they requested it or facilitate section 17 leave. They said they were not always able to take their breaks and four staff said they did not get debriefs after incidents. They said patient acuity had increased significantly since the last inspection due to rising patient numbers on Ancaria ward, that this affected both wards as staff were borrowed from one ward to support another. This was made worse by staff leaving early or calling in sick, often at the last minute, meaning that sometimes wards were understaffed for significant periods of time even where it was possible to cover the shift.

Some staff told us that rotas did not always reflect staffing numbers on the wards. We looked at signing in sheets and found there were some discrepancies; on one occasion where the shift is identified as having sufficient staff numbers,

signing in sheets show one of these staff did not attend and another left four hours before the end of the shift. On another shift a staff member left the ward nearly an hour before the time stated on the rota. However, we did not find this consistently across the rotas and signing in sheets we looked at. Staff were concerned that inexperienced nurses and low staffing numbers was having a detrimental effect on patient care.

Patients have also raised issues in relation to leave being cancelled or postponed, getting support to get a hot drink and getting to off ward activities such as IT, due to staffing levels. Staff confirmed there had been a noticeable increase in patient complaints about a lack of staffing and support, particularly in relation to leave.

The provider had agreed that given a rise in acuity and numbers, they would increase staffing numbers on Ancaria ward where possible. However, rotas, signing in sheets and staff interviews indicate this was not often possible. The provider has also paused admissions until the current situation stabilises.

Reporting incidents and learning from when things go wrong

Staff reported incidents from both wards. Four staff said they were uncertain that incident reports accurately reflected what had happened. However, we were not able to verify this.

Incidents across the hospital had increased significantly during June 2021, with 136 incidents recorded. Staff and managers told us this was because of increasing patient numbers and acuity.

We were not assured that all incidents were being recorded during periods where wards were extremely unsettled and where staffing numbers were low. It is significant that on 19 June, when the service was 2 staff down, staff reported no incidents, not even of being short staffed, and staff interviews indicated that there was little or no time to update regular paperwork on short staffed shifts.

Are Forensic inpatient or secure wards well-led?

Inspected but not rated

We did not rate the hospital as part of this inspection.

Leadership

The service had experienced a time of staff shortages alongside high patient acuity and increased incidents of violence and aggression. We were concerned that leaders in the organisation had not managed this crisis proactively and had not developed positive relationships with their staff groups. Lack of training, supervision and support for preceptorship nurses, identified at the inspection in May 2021, had left a group of inexperienced staff who had not been equipped to lead and support the staff teams. Consequently, a large number of staff did not feel supported by the organisation and did not have confidence in their ability to manage in times of crisis.

.

.

.

Inspected but not rated

Forensic inpatient or secure wards

Culture

Staff did not feel valued and respected. Staff we spoke with and who contacted us said morale amongst the staff group was low. Most said they felt supported by their colleagues but did not feel supported by senior managers. They said they felt able to raise issues but were not confident that anything would happen as a result. Two members of staff said managers were dismissive when they tried to raise issues.

Staff did not feel able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process but said they were afraid to use it. Six members of staff told us managers actively discouraged staff from contacting other organisations including the Care Quality Commission.

Governance

We were not assured that the service was able to provide sufficient numbers of suitably qualified and experienced staff to ensure the delivery of high-quality patient care. Due to an increase in patient numbers and acuity, the service experienced considerable difficulty in staffing shifts up to the level required by their staffing matrix, particularly between 14 and 27 June 2021. The provider developed a staffing tool to determine the number of staff to be deployed on each ward according to their assessment of patient need and levels of occupancy. In 14 of the 28 shifts within this fourteen-day period those numbers were not achieved. In the second week, redeployment of managerial staff mitigated the situation and five shifts were supported by this intervention above the providers required staffing levels. As a result, normal staff routines were disrupted which made it more difficult for staff to exercise their governance functions. There was a significant impact on patient care and safety concerns with incidents of harm, complaints and safeguarding referrals all increasing significantly from the levels of the previous month. Staff told us they felt unsafe on the wards and felt unable to take breaks and under pressure to work extra hours and focus on urgent tasks at the expense of ward routines. This negatively impacted on staff well-being and morale, which in turn put further pressure on the staff group by increased stress and sickness levels.

Staff said there was a culture of being short of staff on a regular basis. Staff felt this impacted on their ability to ensure safe care consistently, deliver structured therapeutic interventions and assist patients to take leave and access outdoor spaces. Five staff told us there were no proactive plans to use agency to cover for staff shortages.

The risks of continuing to fail to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the needs of the patients at the hospital is a continued deterioration in patient safety reflecting the burden imposed on the existing staff group and disruption to effective team working as agency and bank use increase.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing