CareQuality Commission

Cygnet Hospital Taunton

Quality Report

Orchard Portman
Taunton
Somerset
TA3 7BQ
Tel: 01823 336457
Website:
www.cygnethealth.co.uk/locations/
cygnet-hospital-taunton/

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

Ratings

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

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

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

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

Summary of findings

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

Overall summary

Our rating of this service is good because:

- The provider managed risks well. Staff completed regular environmental and patient risk assessments and had a good knowledge of individual patient needs. The hospital had an up-to-date risk register that highlighted key concerns and had plans in place to manage these. 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.
- Patient records were person centred, up to date and overall were of a good standard. Physical health monitoring and care were well managed and staff were suitably trained and up to date with mandatory training requirements. The provider had clear processes for monitoring and investigating incidents and complaints and undertook a variety of audits to monitor and improve the quality and safety of the service. Systems were in place to learn from these and improve practice as a result.
- Managers adjusted staffing levels to meet changing needs, utilising extra bank and agency staff who were familiar with the wards to cover any shortfall. The hospital ensured agency and bank staff were familiar with the wards and had access to the same induction, support and training as permanent staff.
- Staff provided a range of care and treatment interventions suitable for the patients in line with guidance from the National Institute for Health and Care Excellence (NICE). Robust arrangements were in place to meet patients' physical and mental health needs. Staff were compassionate, respectful, responsive; providing patients with help, emotional support and advice at the time they needed it.

- The ward managers and senior leadership team provided strong and effective leadership and staff members had confidence in them. Managers within the service promoted an open and honest culture. Staff felt able to raise concerns, report incidents and make suggestions for improvements without fear of consequences. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt respected, supported and valued by senior managers and leaders. They were proud to work at the hospital and felt positive about their work and the support they gave patients.

However:

- Staff did not ensure patient privacy and dignity whilst they were in the bedrooms and when they were using the bathroom, for example by not ensuring doors were closed. Staff were observed talking about patients care in front of other patients.
- Do not attempt to resuscitate forms were not always easily found in the patients notes.
- Although staff received Safeguarding Individuals at Risk E-Learning which was equivalent to Safeguarding Training Level 2, the provider had identified that this level of training was not adequate and had enrolled staff on Safeguarding training Level 3 including safeguarding children.
- Managers did not ensure that appraisals were individual for each staff member. We saw one record contained two staff members names' in the same record.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for older people with mental health problems	**Good** 🟢	Our rating of this core service remained the same as the previous responsive inspection in 2017. We rated safe, effective, caring, and well led as good and responsive as requires improvement. During this inspection we found that patients records were person centred, detailed and up to date. Staff knew their patients well. Physical health monitoring and care were well managed. Staff were suitably trained and were up to date with mandatory training. Patients had access to psychological interventions. The service had occupational therapy staff and a physiotherapist to assess and help staff to manage patients will poor mobility, risk of fall and provided meaningful activities to this patients group. However, we found that patients` privacy and dignity were not always maintained.
Wards for people with learning disabilities or autism	**Good** 🟢	Our judgements about each of the main services Cygnet Taunton hospital has one ward that provides care and treatment for males over the age of 18, who have a diagnosis of a learning disability or autism. During this inspection we found that patients records were person centred, detailed and up to date. Staff knew their patients well. Physical health monitoring and care were well managed. Staff were suitably trained and were up to date with mandatory training.

Summary of findings

Contents

Cygnet Hospital

Good ●

Services we looked at

Wards for older people with mental health problems; Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cygnet Hospital Taunton

Summary of this inspection

Background to Cygnet Hospital Taunton Cygnet Hospital Taunton, formerly Orchard Portman House Hospital, is an independent mental health hospital near Taunton, Somerset, providing a range of specialist mental health services. The hospital specialises in the care and rehabilitative support of people, often older, who have cognitive impairment and/or functional mental illness. This can include people detained under the Mental Health Act and those with challenging behaviour, as well as patients with long-term mental illness and additional physical health conditions.

Cygnet Hospital Taunton was undergoing major building and development work during the period of this inspection.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have the legal responsibility for meeting the requirements and regulations of the Health and Social Care Act 2008.

There were five separate wards within the hospital at the time of inspection:

Starling ward and Sycamore ward had been combined to form one ward and had capacity for 20 patients. We were told that there was a plan to open six further beds on

Sycamore ward and to run them separately as two wards. When the changes are made Sycamore will be a seventeen bed, male acute inpatient ward for people with mental health problems of working age. Starling ward will be a nine bed, male acute inpatient ward for people with mental health problems and is located on the first floor of the hospital. The acute services were not inspected.

Redwood Ward is a seven-bedded locked ward for men with a mild to moderate learning disability and who may also have an Autistic spectrum disorder.

Swift ward, is a nine bed female only service. It supports older women, who have an enduring mental illness; were likely to have physical health needs and present with challenging behaviour.

Nightingale ward, is a five bed unit for men. The unit has a focus on rehabilitation, to support an individual's ability to care for themselves.

Mulberry ward, is an eight bed ward for older men who have cognitive impairment. Patients were likely to slowly transition to a nursing home setting; however, an end of life care pathway was provided in specific circumstances.

Cygnet Healthcare Limited had bought the hospital and registered it with the Care Quality Commission in April 2015. The hospital is registered to carry out two regulated activities; (1)

Our inspection team

The team that inspected the service comprised four CQC inspectors, an assistant inspector, two specialist advisor nurses with experience in older persons mental health services and a Mental Health Act reviewer.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients and relatives.

During the inspection visit, the inspection team:

- visited four wards at the hospital and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service

- spoke with two relatives and family carers face to face
- spoke with the hospital manager, clinical manager, quality manager and managers for each of the wards
- spoke with 29 other staff members; including doctors, permanent and agency nurses and health care support workers, the Mental Health Act Administrator, psychologist, assistant psychologist, occupational therapist, physiotherapist, speech and language therapist and activity co-ordinator
- attended and observed two hand-over meetings and two multidisciplinary risk meetings
- attended and observed one multidisciplinary meeting
- looked at nineteen care and treatment records of patients
- carried out checks of the medicines management on each ward we inspected
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 13 patients and they told us that staff looked after them well and were nice. Relatives told us that staff were welcoming, caring and understood the patients. Family members told us that staff responded well to their relative's individual needs and "nothing was too much for them" and staff involved them in the care and decision making regarding their relatives.

Patients knew how to complain if they wished to and felt that staff listened to their concerns and responded accordingly.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good 🟢

We rated safe as good because:

- Staff undertook a comprehensive risk assessment of every referral before accepting admission to the hospital. Risk assessments were reviewed weekly at ward rounds and the team discussed patients risk daily during handover and multidisciplinary meetings. If staff were concerned about a patient's level of risk, they explained this to the patient and reviewed individual observation levels

- Services were delivered in clean and hygienic environments. Staff did regular housekeeping and cleaning audits and acted where work was required. Equipment was well maintained, and staff checked equipment regularly to ensure it was in working order.

- Environmental risk assessments had been completed which included ligature and fire safety assessments. The hospital environment including the clinic rooms were clean, well maintained and had appropriate furniture and equipment.

- There were sufficient staff to ensure patients received the care and treatment they needed. Staffing at the hospital was reviewed daily and could be changed to meet patients need. Sickness levels were low and the ward managers ensured sufficient staff were available to care for patients safely.

- All staff completed a comprehensive mandatory training induction programme and had regular refresher training

Are services effective?

Good 🟢

We rated effective as good because:

- We found detailed and comprehensive care planning which was person centred and holistic. Care plans were recovery focused and staff used recognised tools such as the 'my shared pathway' and 'Life Story work' on the wards to support the care plans. Life Story work is an activity in which the person with dementia is supported by staff and family members to gather and review their past life events and build a personal biography. It is used to help the person understand their past experiences and how they had cope with events in their life. We saw evidence of patients and carers views within care plans on the Mulberry, Swift and Nightingale ward.

Summary of this inspection

- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care.
- Patients were able to access a psychologist at the hospital and were offered a range of psychological interventions on a one to one basis such as cognitive stimulation therapy, positive behaviour plans, and coping mechanisms. In addition, the wards had occupational therapy staff who conducted mobility and falls assessments. Patients also had access to occupational therapist assistant who escorted patients out in the community regularly.
- 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 team

Are services caring?

Good ●

We rated caring as good because:

- Throughout our inspection, we observed staff treat patients with kindness and compassion. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff demonstrated positive and neutral interactions with patients and carers on all the wards. There were no negative interactions observed.
- The feedback from families and carers was positive. A carer for a patient on Mulberry ward told us they could not think of a better place their family members could be and staff were excellent. Another carer told us that the ward environment was better than any other placements they had seen at other hospitals.
- 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.
- Patients had regular community meetings to discuss concerns, issues and areas of improvement. We saw the hospital responded to requests of patients within a timely manner.
- Staff spoke to family members to gain information about patients' lives, personalities and their likes and dislikes.

However:

- We observed staff discussing patients' treatment and care in front of other patients.

Summary of this inspection

Are services responsive?

We rated responsive as requires improvement because:

- Patients` dignity was not maintained at all times. On all the wards we inspected patients` bedroom doors were left open. This meant that patients who were in bed or not fully dressed could be seen by people passing by their bedrooms.
- Patients could be seen in their bedrooms from outside of the hospital, for example staff and patients in the gardens could easily see into the wards, this impacted on patient privacy and dignity.
- On Redwood ward staff left the bathroom door open while a patient was bathing, this allowed staff and patients to see into the room and compromised the patients privacy and dignity.

However:

- Generally, the design, layout, and furnishings of the ward/ service supported patients' care and treatment. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- There were no delayed discharges reported in the last 12 months.
- The hospital had a robust pre-admission assessment where patients were assessed for their suitability to the hospital. All patients received a comprehensive induction period to orientate them onto the ward.
- Guidance for patients for making a complaint was available on the wards and available in an easy read format. All patients were written to after making a complaint and apologised to regardless of the outcome.
- There were a range of facilities available to patients including kitchen, a courtyard, multi-faith room and a multi-sensory room.

Requires improvement 🟠

Are services well-led?

We rated well-led as good because:

- There was good leadership at the hospital. The senior staff and registered manager were aware of the key risks that effected the hospital and understood what plans were in place to manage it. Staff could discuss identified risk with the ward managers who escalated and added these to the risk register. Senior managers were visible and approachable.

Good 🟢

Summary of this inspection

- Robust governance systems were in place to measure the effectiveness of the service using key performance indicators. Regular governance meetings were held locally at the service and outcomes were communicated at regional and national governance meetings.
- Staff morale was positive, and they felt as though they could approach senior staff regarding issues or concerns. They did not feel at risk of victimisation and felt the hospital would support them wherever possible.

- Overall staff sickness was low. At the time of our inspection there were no grievance procedures being pursued by staff and there were no allegations of bullying or harassment.
- The ward managers reported that they had sufficient autonomy and authority to make changes to the service to improve the effectiveness and quality of care provided and were well supported by senior managers in the organisation to do so.
- The ward team had access to the information they needed to provide safe and effective care and used that information to good effect.

However:

- Although managers ensured staff had appraisals, they were not individualised for each staff member.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the provider.

At the time of our inspection, all staff had completed their mandatory training in the Mental Health Act and Mental Health Act Code of Practice. Staff demonstrated a good working knowledge of the mental health act and knew where to go if they needed further support.

Staff regularly explained their rights to patients on a monthly basis.

A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act.

Detention paperwork was completed accurately and was up to date in all records reviewed.

Patients were able to access independent mental health advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, all staff had received training in the Mental Capacity Act. Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act, understanding restraint and using the least restrictive practice. Staff understood the appropriate use of restraint and how this affected the patients' freedom of movement.

On Nightingale ward there were five patients, on Swift ward there were five patients and on Mulberry ward there were seven patients who were subject to the Deprivation of Liberty Safeguards. All thirteen had the correct authorisation and these were within date. The safeguards set out a process the provider must follow if they believe it is in the persons best interest to deprive them of their liberty in order to provider particular care.

We saw that capacity assessments had been completed where required, which were time and decision specific and had been reviewed regularly. Patients were given assistance to maximise their understanding and make a decision for themselves before a decision was reached that they lacked the capacity to do so. Best interest meetings were held in a timely manner after capacity assessments had taken place. We found evidence the hospital staff involved family and carers where possible.

The service carried out audits of the application of the Mental Capacity Act, including the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the Act.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Requires improvement	Good	Good
Wards for people with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Requires improvement	Good	Good

Wards for older people with mental health problems

Good 🟢

Safe	**Good** 🟢
Effective	**Good** 🟢
Caring	**Good** 🟢
Responsive	**Requires improvement** 🟠
Well-led	**Good** 🟢

Are wards for older people with mental health problems safe?

Good 🟢

Safe and clean environment

- Patients, staff and visitors accessed the wards through a locked main entrance door through a corridor; and ward staff operated and accessed the wards using a fob key. Access to Swift ward was through and entrance door on Mulberry ward and access to Sycamore ward was in the main corridor on Mulberry ward. We were told that on completion of the building work each of the wards will have their own entrance. This arrangement was a temporary arrangement due to the building work and all patients from these wards were always escorted by staff. Closed circuit television cameras monitored all communal areas, corridors of the wards.

- All staff had access to an appropriate alarm system and personal alarms were issued on arrival at the main reception. Staff held key fobs to access locked areas of the ward and building. All patients' bedrooms on Mulberry, Swift and Nightingale ward had en-suite facilities. However, there were many ligature points on all three wards, these were mitigated by patients` observations, staff presence and convex parabolic mirrors. A ligature point is where someone intent on self-harm might tie something to strangle themselves.

- All areas appeared visibly clean, tidy and well maintained. Staff completed cleaning schedules and environmental risk assessments were up to date. During our inspection in February 2017 we saw that staff did not use hand sanitizer, wash their hands or use gloves in between day to day interactions with patients. However, during this inspection the ward managers told us that staff completed infection control training as part of the mandatory training and had refresher training yearly. We saw good infection control practice from staff whilst being on the wards. There were wall mounted hand gels at the entrance of each of the wards.

- There were poor lines of sight throughout the building; however, there were observation mirrors to mitigate blind spots, closed circuit televisions cameras in corridors and communal areas. Staff were also present in communal areas. Staff observed patients according to their individual observation levels. They understood the observation policy and we observed staff carrying out and recording their observations of patients.

- Mulberry and Nightingale ward were male only ward and Swift ward was a female only ward, meaning it complied with same sex accommodation guidelines and provided all patients with single rooms with ensuite toilet and washing facilities.

- The Mulberry ward and Swift ward had a fully equipped clinic room whilst Nightingale ward shared the clinic room with Starling ward. The clinic rooms were fully equipped with all emergency equipment and drugs which were checked regularly. Resuscitation equipment for Mulberry and Swift ward was kept in the staff area whilst Nightingale Ward accessed resuscitation equipment from the acute ward. These were checked on a weekly basis, we saw records to show this was the case. Staff checked fridge and room temperatures daily.

- Environmental risk assessments were undertaken monthly and the ward managers completed ligature risk audits. The hospital risk register was up-to-date and included how staff managed risks.

Safe staffing

Wards for older people with mental health problems

- The wards operated a two-system shift roster. All staff either worked long days (from 07:30 hours until 19:45 hours) and or nights. Each shift had a registered nurse. Day shifts were supported by four support workers and nights shifts were supported by two support workers.
- At the time of the inspection we were told by the ward managers that Mulberry ward had 54%, Swift ward had 36% and Nightingale ward had 19% total vacancies from the period 01 January 2018 to 31 December 2018. The wards manager also told us that the organisation was continually recruiting for registered nurse posts.
- The ward managers used a 'Cygnet specific' staffing matrix to estimate the numbers and grades of staff needed. On Mulberry and Swift ward there was usually one registered nurse and six support workers who worked during the day. At night staffing numbers reduced to one registered nurse and five support workers. Whilst on Nightingale ward usually one registered nurse and three support workers covered the day shift. At night, staffing numbers reduced to one registered nurse and two support workers. The ward managers planned duty rotas in advance. This meant that the ward manager used bank and agency staff where there was identified gaps in staffing levels or the ward occupancy and patients' needs increased.
- There was additional support from management and therapy staff during the day. Bank staff were regular and familiar with the hospital and the manager tried to use familiar agency staff who were block booked in advance where possible. When there was last minute cancellation or sickness, agency staff were used, the ward manager used specific agencies and called upon staff how had previously worked on the ward to promote familiarity and continuity of care.
- The ward managers told us they felt comfortable with requesting additional staff and did not have to get senior management sign off to do so.
- There was always a registered nurse present on the ward and a manager on duty during the day. Ward managers provided an on-call system covering evenings, weekends and bank holidays. Most patients we spoke with felt there was enough staff on duty and all patients and staff said they felt safe.
- Three consultant psychiatrists, one a locum and three staff grade doctors provided full time cover for the wards in addition to on-call cover. Staff had good access to medical staff who responded quickly in any emergencies.

- All staff underwent comprehensive mandatory training including bank staff. Training was online or offered face to face. This included equality and diversity, health and safety, information governance, manual handling, Mental Health Act, safeguarding adults, management of violence and aggression and medicine management training. The ward managers monitored compliance of mandatory training and told us the figure for compliance of mandatory training for was 79% at the time of our inspection for the older adults wards. Where training had been below 75% compliance this was identified and addressed quickly.

Assessing and managing risk to patients and staff

- There were no recorded incidents of rapid tranquillisation on either of the wards for the period1 June 2018 to 30 November 2018. Staff told us the use of restraint was a last resort and staff prided themselves on their skills around verbal de-escalation. Staff told us the use of restraint often meant them ushering or redirecting a patient in a different direction as opposed to the use of hands on holds. The hospital did not practice face down restraint, sometimes called prone restraint.
- Staff had training in prevention and managing violence and aggression, and the provider had a policy to which staff could refer to. The policy outlined expectations and use of restraint within the hospital.
- We reviewed nineteen care and treatment records on the three wards. We examined nineteen care records across Mulberry, Swift and Nightingale ward and saw that staff completed the Short Term Assessment of Risk and Treatability (START) risk assessment tool with every patient on admission. All the risk assessments were reviewed during the multidisciplinary meetings. We found the risk assessments were detailed and compressive, identifying key features of patient risk and how to mitigate against it. Risk assessments also identified physical health issues and identified management plans. The hospital took a proactive team approach to managing risk.
- The hospital had an audit in place to identify potential restrictive practices in place and how this could be managed. For example, the manager of Mulberry ward told us the kitchenette that was used to access hot drinks and snacks could only be accessed by staff members. We were told this would be reviewed and if the ward had patients who were assessed as

Wards for older people with mental health problems

appropriate they would be able to access the kitchenette independently. Carers and family could access the kitchenette and café area without a member of staff present.

- Staff were aware of issues that may impact on older persons inpatient wards such as falls and pressure ulcers. At the time of the inspection most of the patients on Mulberry and Swift ward were mobile enough to spend time in the communal areas and staff told us patients were at low risk of pressure ulcers. However most of the patients on Nightingale ward were not mobile and most of them were observed to be in their rooms mostly during this inspection. Staff had identified falls as an issue and put measures in place to reduce risk.

- The ward managers monitored incidents in relation to falls to see if there were any trends. We were provided with an example of a patient having increased falls after his medication had been changed, subsequently, his medication was reviewed again and changed accordingly. As a result, there had been no further falls with the patient. The manager gave us an example where staff re-arranged a multi-disciplinary meeting where the responsible clinician reviewed the patient's medication as a result of the falls and made appropriate changes.

- We checked the arrangements for managing medicines on the ward. The provider had an overarching medicines policy, which covered all aspects of medicines management. Medicines were stored in a treatment room and staff monitored room and fridge temperatures and all records were within recommended ranges. We checked medicines and equipment for emergency use and found they were fit for use and a system of checks was in place to ensure this. Emergency oxygen was in date and stored securely. At the time of inspection, there were two patients who were prescribed controlled drugs for seizures (medicines that require extra checks and special storage arrangements because of their potential for misuse). There were stored were stored in the controlled drug cabinet on Swift ward. These were checked daily by the qualified nurses and all the documentation were accurate and updated.

- The pharmacy service was provided by an external provider. The pharmacist provided a weekly visit and

each week completed a clinical assessment of charts and administration audit. A rolling programme of audits was also provided, which included a three-monthly audit on high dose antipsychotic medicines.

- We reviewed 22 patients' prescription charts across the three wards. We found staff had completed these accurately and the charts were audited on a daily basis. The prescription charts were up-to-date and clearly presented. The hospital completed physical health monitoring as recommended in national guidance. Where required the relevant consent to treatment was in place and nurses checked these when administering medicines.

- As and when required medicines were listed fully on the administration chart. Information was available to show how medicines should be administered in the form of as required protocols however, these were not patient specific. This was discussed with the manager who said this would be addressed and the protocols would be updated.

- Medicines which were administered covertly (hidden in food or drink) had appropriate best interest decisions and a document had been produced to guide staff how to administer the medicines. The documents were not dated or version controlled and no sources were recorded to demonstrate where the advice regarding changing the formulation had been taken from. We discussed this with the pharmacist and ward manager who stated these would be updated.

Safeguarding

- Staff understood their responsibilities under safeguarding. Staff received mandatory Safeguarding Individuals at Risk E-Learning which was equivalent to Safeguarding Training Level 2 and the completion figures for this training were 78% for Mulberry ward, 100% for Nightingale ward and 93% for Swift ward. However, the provider had identified that this level of training was not adequate and had enrolled staff on Safeguarding training Level 3 including safeguarding children. If staff had any safeguarding concerns they filled a paper copy incident forms which were reviewed to the ward manager, who then escalate the safeguarding concerns to the safeguarding lead who made the referral to the local authority. All safeguarding alerts made to the local authority had were also declared to the Care Quality Commission by way of a statutory notification.

Wards for older people with mental health problems

- Staff told us how they keep patients safe from harassment and discrimination by observing behaviours on the wards of patients and visitors. The ward manager to us staff had strong working relationships safeguarding lead.
- Staff followed safe procedures for children visiting the hospital. All child visits were cleared by the social worker and visits took place in the family room located away from the ward.

Staff access to essential information

- Patients` records were held across two systems; the paper system held most of the documentations (such as care plans, risk assessments, MHA paperwork) and the online system held daily risk assessment (which is colour coded dependent on risk) and the daily observation notes.
- Paper records had plenty of detail, were kept up to date. However not all patient files were easy to navigate. For example, we saw some of the "Do Not Attempt Resuscitation" (DNAR) forms were not always at the front of patients' files on Nightingale ward. Each patient had a folder of information which included relevant information such as family history, health records, risk assessments and care plans. Paper records were also used for medicine charts, consent to treatment documents and section 17 leave paperwork. Staff did not report any issues co-ordinating between paper and electronic records and we did not find any problems.

Medicines management

- There were appropriate arrangements on the ward for the management of medicines. Staff followed policies and procedures for ordering and storing medicines. Medicines were stored securely in clinic rooms and staff recorded that the room and fridge temperatures were within their recommended ranges. All medicines checked were available and in date. Controlled drugs (CD) were stored in appropriately located, locked cupboards and we reviewed the CD book which was complete and up-to-date.
- • The pharmacist conducted weekly audits to ensure correct medicine management. Medical staff followed prescribing guidance from the National Institute for Health and Care Excellence.

- Staff gave patients information about their medicines. If patients had allergies, these were listed on the front of the prescription chart. Patients at risk of side effects from taking high dose antipsychotic medicines were monitored.
- There were good processes and procedures in place on the ward in relation to medicines reconciliation. This was where the ward staff would contact GPs on admission, to confirm what medicines and dosages the patient was taking so that these medicines could continue while the patient was on the ward. Staff discussed medicines in multidisciplinary care reviews.
- Patients consent to treatment was documented appropriately. All patients detained under the Mental Health Act required specific consideration of consent to treatment. The wards were compliant with these requirements.

Track record on safety

- There were no serious incidents in the last 12 months. The ward managers told us that when incidents were reported, they followed the necessary review processes.

Reporting incidents and learning from when things go wrong

- All staff we spoke with were aware of the incident reporting process and knew what to report. Staff were aware of their duty of candour policy and the need to be open and honest when things go wrong. Staff told us they would feel confident to admit a mistake, as they would be supported by ward manager to help make improvements.
- Nurses used a paper-based system of reporting which was sent to the ward manager. The ward manager carried out investigations and entered the data onto an electronic reporting tool. The senior team reviewed this information to identify themes and trends. Staff received feedback about incidents via emails, a "lessons learned log", team meetings and reflective meetings.
- Staff spoke about a recent serious incident and how ward manager ensured staff and patients had the opportunities for de-brief sessions.
- The ward manager and staff demonstrated awareness around duty of candour in relation to incidents. The duty of candour puts responsibility on the provider to be honest when things go wrong.

Wards for older people with mental health problems

Are wards for older people with mental health problems effective?
(for example, treatment is effective)

Good ●

Assessment of needs and planning of care

- We reviewed nineteen records relating to the care and treatment of patients across the three wards. We found overall that comprehensive and timely assessments had been completed for all patients following admission to the service and were reviewed routinely.

- During our inspection in February 2017 we saw that the provider did not have a system in place to provide accessible information about their treatment options. However, during this inspection, we saw all patients had care plans, which were holistic, and person centred. We see saw evidence of collaborative care plans which were completed alongside carers and patients where possible. Due to patients having communication difficulties and reduced cognitive functioning care planning was completed with carers and family, where a patient was able to give their views or preference this was documented. The care plans were comprehensive and detailed historical information about the patients which was important to their care and treatment.

- We found staff were regularly reviewing and documenting the physical health of patients. This included height, weight, blood pressure, and electrocardiogram readings.

- All patients requiring personal emergency evacuation plans had plans in place. These outlined how the patients would be evacuated in the event of an emergency, nearest routes and any support apparatus needed.

- Staff told us all information relating to the care and treatment of patients was stored securely and was available to staff and patients when required. Staff used both electronic system and paper files to store care records of patients. The hospital kept a paper copy of care plans, physical health information, medication and detention paperwork in the event of an emergency. However, whilst walking in the dining room on Nightingale ward we saw a folder containing records of

patients' food and fluid intakes which was left unattended there. This was escalated to the nursing staff removed the folder from the communal area immediately.

Best practice in treatment and care

- The provider prescribed medication in line with guidance from the National Institute for Health and Care Excellence. Care and treatment records contained detailed physical health monitoring for the side effects of medication and we saw that psychological therapies were promoted in combination with medication regimes. Upon admission all patients had full review with the speciality doctor and responsible clinician. The aim of this review was to understand the patients' pre-admission medication regime and to see if the hospital could streamline, reduce or stop medication which was deemed not necessary.

- The hospital had two psychologists and an assistant psychologist who worked across the three wards. The assistant psychologist delivered group psychological interventions such as Cognitive Stimulation therapy and supporting staff to develop positive behaviour support plans for patients.

- The head of occupational therapy devised processes and procedures to minimise fall on the older adult wards. As the patient group were identified with higher risk of fall, some research of how falls are dealt with in the NHS and training were delivered staff. Footwear and glasses came out as the two key preventative measures. The head occupational therapy did daily walkabouts to ensure that footwear and glasses were appropriate and being used. Staff awareness were raised on how this could assist in prevention. The wards ordered slippers to provide suitable footwear to patients. The wards learnt from other Cygnet hospitals and saw how falls were managed and prevented. Themes were gathered and started a mapping of falls to determine if there were any hotspots. The outcome of this work concluded that patients were getting up in the night and falling. The hospital bought sensor pads for assessed as high risk of fall for when they got up. Care plans were put in place for the identified patients to manage their risk of falls. Furthermore, ward managers ordered ultra-low beds for higher falls risk patients.

- All the care plans we reviewed identified hydration and nutrition needs for the patients. There was regular monitoring and documentation for patients with poor

Wards for older people with mental health problems

hydration and nutrient intake, this was in the form of nutrition and hydration charts. Care plans were in place for patients diagnosed with physical health needs, for example diabetes. Staff had made external referrals to address physical health needs, we found two referrals had been made to the local podiatry team. The hospital had an arrangement with a local GP to attend the ward for regular reviews to address physical health issues.

- The Health of The Nation Outcome Scale was completed for all patients at the point of admission to the service and reviewed routinely by staff thereafter. This is a measure of the health and social functioning of people with severe mental illness and contains 12 items measuring behaviour, impairment, symptoms and social functioning.

- Staff on the ward carried out regular clinical audits enabling the service to identify gaps and continuously drive up improvement. These included medication management and Mental Health Act audits. An external pharmacist also attended the hospital to review the medication management. In addition to the audits, the pharmacist attended one day a week to support teams on both wards.

Skilled staff to deliver care

- During our inspection in February 2017 we saw that patients did not have adequate access to a skill mix of psychology or physiotherapy staff. However, during this inspection, we saw the wards had access to a full range of mental health disciplines including a psychiatrist, a ward doctor, a psychologist, an assistant psychologist, a social worker, occupational therapy staff and a physiotherapist. The independent mental health advocate (IMHA) visited the ward weekly and supported the patients at ward rounds where needed. The contracted pharmacist visited the ward weekly but did not take part in patients reviews.

- All staff had access to and completed specialist training for their roles. For example, health care support workers had the opportunity to be seconded to do their associate nurse training; nurses received training for medicines management.

- New staff had a personal induction book and programme which they completed and the ward manager signed off within a 12-week period. It was aligned to the care certificate standards and included the management of violence and aggression,

safeguarding and the Mental Health Act. We saw staff had completed induction books in their personnel files and the manager ensured staff received timely reviews during their probationary periods.

- Staff received regular supervision and appraisal. Appraisals were due annually and supervision carried out monthly. Staff appraisal completion figures were 93% for Mulberry and Swift ward and 97% for Nightingale. Staff told us they received regular management and clinical supervision and we saw this was recorded in their personal files. The figure for staff supervision for all three wards were 100% for the month of February 2019. Nurses told us they had access to an independent supervisor and received regular peer support at handovers and team meetings and reflective practice meeting in addition to formal supervision sessions.

- The ward managers addressed poor staff performance promptly and recorded this in the staff member's personal file. The management of supervision document recorded issues such as sickness, timekeeping, and attitude. The ward manager also wrote to staff individually when medicine audits revealed omissions or errors and required the staff member to complete a reflective statement for their own learning.

Multi-disciplinary and inter-agency team work

- There was a weekly ward round, however we did not observe this meeting during our inspection. Carers we spoke with told us that they were invited to ward round and staff included patients in decisions regarding their care and treatment.

- There were effective daily handovers between staff. The ward team had several handovers throughout the day. Shift to shift handovers occurred in the morning and evening and dependent on any risk changes amongst the patient group one would be held at midday. There was a Multi-Disciplinary Team (MDT) handover at 9am for any professional to attend. We observed the MDT handover during our inspection. All staff were professional and knowledgeable, discussing risk, observations and discharge plans for patients.

- Ward staff were engaged with the patients` parent trust care coordinators and invite these staff to ward rounds and care programme approach (CPA) meetings, however we were told they did not always attend.

Wards for older people with mental health problems

All staff members we spoke with described good working relationships between teams. We saw evidence that regular team meetings occurred on the ward where the ward manager, nurses and support workers attended.

Adherence to the MHA and the MHA Code of Practice

- At the time of our inspection, all staff had completed their mandatory training in the Mental Health Act and Mental Health Act Code of Practice. Staff demonstrated a good working knowledge of the mental health act and knew where to go if they needed further support.
- Staff regularly explained their rights to patients on a monthly basis.
- A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act.
- Detention paperwork was completed accurately and was up to date in all records reviewed.
- Patients were able to access independent mental health advocacy services.

Good practice in applying the MCA

- At the time of our inspection, all staff had received training in the Mental Capacity Act. Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act, understanding restraint and using the least restrictive practice. Staff understood the appropriate use of restraint and how this affected the patients' freedom of movement.
- On Nightingale ward there were five patients, on Swift ward there were five patients and on Mulberry ward there were thirteen patients who were subject to the Deprivation of Liberty Safeguards. All thirteen had the correct authorisation and these were within date. The safeguards set out a process the provider must follow if they believe it is in the persons best interest to deprive them of their liberty in order to provider particular care.
- We saw that capacity assessments had been completed where required, which were time and decision specific and had been reviewed regularly. Patients were given assistance to maximise their understanding and make a decision for themselves before a decision was reached that they lacked the capacity to do so. Best interest meetings were held in a timely manner after capacity assessments had taken place. We found evidence the hospital staff involved family and carers where possible.

- The service carried out audits of the application of the Mental Capacity Act, including the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the Act.

Are wards for older people with mental health problems caring?

Good ●

Kindness, privacy, dignity, respect, compassion and support

- We observed the staff delivering kind, compassionate care on all the three wards. The atmosphere on the ward was calm and we saw staff constantly engaging with patients. Due to the complex and challenging nature of the patients on Jubilee Ward we found the way staff interacted with the patients helped provide the calm atmosphere. We saw staff massaging cream onto patient's hands, engaging in dialogue and supporting them to eat food.
- We observed interactions between staff and patients on the three wards to help us collect evidence about the experience of people who use services, especially where people may not be able to describe these themselves because of cognitive or other problems. We found the interaction between staff and patients were positive. An example of the positive interactions observed was a member of staff smiling and holding the hands of a patient as they walked past them.
- Staff knew their patients and understood their needs. They were able to tell us about likes and dislikes of individual patients. Two staff members told us how they responded to challenging behaviour from specific patients differently. They understood how patients' history had an impact on their condition and manifested in their current behaviours. Staff used their knowledge about the patients' history to engage meaningfully with them.
- We spoke to two carers both were positive about the care and treatment their family members received on Mulberry ward. They felt as though staff were well

Wards for older people with mental health problems

skilled, caring and understanding. One carer told us they wanted their family member to remain at the hospital because of how good the care was. Another carer said the environment was not 'clinical' and it felt homely.

Involvement in care

- Patients received additional support during admission to orientate them onto the wards. Support was reflected in patients care plans and staff adapted communication methods to overcome barriers.
- The hospital actively engaged with families and carers when caring for the patients. Carers were invited to all the multidisciplinary team meetings and attended the wards regularly to visit patients. The hospital staff regularly held capacity assessments and best interest meetings that included the involvement of carers and families. Staff documented this clearly on patients care and treatment records.
- The independent mental health advocate (IMHA) service and Independent Mental Capacity Advocate service (IMCA) were well embedded into the service and had positive working relationships with staff and senior managers. Nurses gave the independent advocate a handover every week and discussed progress with any issues previously raised. Staff also arranged appointments for patients with the advocate on a weekly basis where they could raise concerns about any aspects of their care and treatment.

> **Are wards for older people with mental health problems responsive to people's needs?**
> (for example, to feedback?)
>
> **Requires improvement** ●

Access and discharge

- All patients had planned admissions onto the ward. The ward manager and another qualified member of staff did a pre-admission assessment where they checked to see if they could meet the needs of the patients. It also enabled the ward managers to understand any issues around risk to which they could plan for upon admission.

- In the last 12 months Mulberry ward had 22, Nightingale ward had six and Swift ward had 49 discharges. Most of the patients were discharged to care homes in the local area.
- Patients care and treatment records set realistic and attainable goals to work towards discharge. Discharge planning was part of the set agenda for all multi-disciplinary reviews. Staff were always reviewing discharge pathways during the meetings and documenting it within the minutes.
- The hospital had arrangements with its local trust to access psychiatric intensive care units (PICU) in the instance a patient became acutely unwell and could not be managed on the ward. The hospital also had access to Musgrove Park Hospital when patients requires physical health support, treatment and emergencies.
- In the last six months there were no delayed discharges. Staff told us discharges were pre-planned with carers and would be facilitated at the most appropriate time for the community placement the patients would be going to.

The facilities promote recovery, comfort, dignity and confidentiality

- During our inspection in February 2017 premises were not decorated, furnished or had adequate relevant equipment for the purpose of supporting patients with dementia. However, during this inspection, we saw dementia friendly wards. The wards had good lighting, even flooring, contrasting colours toilet seat and lid, hand rails were in a different colour to the walls, there were traditional-style or lever taps that were marked hot and cold and easy-to-use basin. The corridors and communal areas had visual cues such as pictures or labels, clock and calendar. Patients bedroom were clearly named and had pictures of the patient who occupied that bedroom on the door.
- The wards had facilities available for patients` use including an activity room, a patients` lounge area and outdoor garden. The hospital had a multi-faith room which was available for patients on the three wards. There were quiet areas such as family room where patients could spend time with visitors. These were located outside the main wards.
- Mulberry and Swift ward had its own garden area as well as the communal courtyard. The garden was large and had equipment for patients to use for their leisure and rehabilitation.

Wards for older people with mental health problems

- Patients could personalise their bedrooms to suit their preference. We found one patient had memorabilia of his hobbies which decorated his room. All the patients also had memory boxes which contained personal items such as pictures, ornaments and items linked to their history.
- Patients had access to hot drinks and food 24 hours a day, seven days a week.
- The patients had an activity timetable which outlined what activities were taking place on the wards and within the community. The activities were appropriate for the patients group on the wards and included activities such as leisure activities, health based activities, and indoor games all of which would support patients' rehabilitation and recovery.
- During the inspection, the inspection team witnessed multiple examples which compromised privacy and dignity. Patients doors throughout Nightingale ward were left open whilst they were in their beds as the doors did not have observation panels. We observed domestic and maintenance staff entering the ward and being able to observe patients in bed because the doors were left open, this was raised at the time of the inspection. We did not witness relatives or other visitors observing patients however we were told that the doors would remain open during visiting time.
- Throughout the hospital and on all wards, there were privacy issues due to bedrooms being visible from the outside of the building. This was on all wards and included all floors of the hospital. There were builders on site and although the provider told us that the patients were aware and understood that people could see from outside we witnessed patients in their bedrooms in bed.

Patients' engagement with the wider community

- We were told by staff that most patients had access escorted community leave. Patients were encouraged to access facilities available for them in the community as part of their leave off the unit. Staff also told us that patients were encouraged to meet their family and carers in the local community. Staff told us they facilitated regular trips with patients to the local areas such as Weston Super Mare and to local shops and restaurants such as Mc Donald and Pizza Hut.

Meeting the needs of all people who use the service

- Mulberry and Swift wards were situated on the ground floor of the hospital whilst Nightingale ward was situated on the second floor of the building. Patients on Nightingale ward had access to a lift. There was easy access onto the wards enabling for patients with reduced mobility.
- A range of information leaflets were available for patients and covered topics including patients' rights, local advocacy services, complaints leaflets and activity timetables. The service had displayed the ratings from their previous CQC inspection, certificates and achievements. Information boards with staff details were available and included a photo of the staff member and their designated role or profession.
- The hospital was able to accommodate patients' dietary needs according to their religious, spiritual or cultural preference. The hospital had a multi faith room accessible to patients. The ward managers told us they could arrange access for spiritual support for patients where required.

Listening to and learning from concerns and complaints

- Patients and carers we spoke with knew how to complain. Staff aimed to deal with any complaints quickly and effectively at ward level. Where a complaint was raised formally staff referred to the complaints policy. The ward managers responded positively to complaints and provided a timely and thorough response with written apologies to patients and their families where appropriate.
- Patients attended regular ward and community meetings where there was the opportunity to raise any concerns or complaints on the agenda. The "you said, we did" feedback was displayed on ward areas and reception area and updated following every meeting.
- Ward manager provided verbal and written feedback to staff about the outcome of investigation of complaints to staff. We saw evidence of community meeting minutes how staff responded via the "you said, we did "display.

Wards for older people with mental health problems

Are wards for older people with mental health problems well-led?

Good ●

Leadership

- Managers and nurses had the skills, knowledge and experience to perform their roles to a high standard. The ward manager knew the staff and patients well and could confidently describe the service.
- The senior management team had regular contact with all staff and patients. The senior management and clinical teams were visible to staff and staff said they regularly visited the ward. All staff and patients knew who the senior management team were and that they felt confident to approach them if they had any concerns.
- The ward benefited from the leadership provided by the consultant psychiatrist. Staff felt the doctors had been a positive addition to the ward and the multi-disciplinary team. Staff said that the psychiatrist and the manager worked together to ensure good care on the ward.
- The manager had access to the staffing budget and therefore could make decisions autonomously about the ward in order to maintain safety and quality of care on the ward.
- At the time of our inspection there were performance management procedures being pursued, the provider was able to show evidence of this.
- During the daily 'Sit Rep' meetings which were used for the team to look at the daily demands of the hospital such as staffing and risk, performance issues would be identified and resolved with the need to pursue a more formal process. An example of this was that ward manager could identify staff issues and discuss possible ideas to resolve any staffing performance issues.
- Staff were provided with opportunities for development within their roles. This included specialist training, lead roles and the support to complete a registered nurse conversion course.

Vision and strategy

- The provider had recently changed their values. Staff and leaders were still learning these values but displayed an eagerness to learn them. The values were displayed around the ward and staff could demonstrate how they were giving care in line with these new values. There was a weekly newsletter sent by the director of nursing and this had promoted the new values.
- Staff felt part of the service and were able to discuss the vision and values of organisation and the ward. Staff had opportunities to contribute to discussions about their service in regular team meetings.
- The ward manager had daily contact with the hospital manager and senior clinical team in the morning Sit Rep meeting. The senior management and clinical team were highly visible and staff said that they regularly visited the wards.

Culture

- All staff we spoke with felt respected, supported, and valued in their work. They commented about the support they received from their ward manager. Staff were proud to be working for the organisation.
- Staff morale was good and the staff we spoke with had a clear commitment to their roles.
- All the ward staff we spoke with, without exception, were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers.
- All staff we spoke with said that they knew how to raise concerns under the whistleblowing policy and most told us that they would feel comfortable to raise their concerns without fear of victimisation.
- The ward manager dealt with poor staff performance appropriately and in a timely manner.
- Staff had yearly appraisals that were objective and development based, contained specific, measurable, agreed upon, realistic and time-based (SMART) goals and action plans. Key skills and development areas were identified and plans to meet these objectives were clear and agreed upon by the manager and the staff member.
- Staff had access to physical and emotional support. The psychology team was open to all staff members and joined for debrief sessions after serious incidents. There was a designated occupational health program, known as the employee assist program, where managers can refer staff or staff can use self-referral. This provided psychological, emotional, physical and financial support to staff members.

Wards for older people with mental health problems

Governance

- Effective systems and processes were in place to ensure the safe and effective running of the ward. There were clear responsibilities, roles, processes and systems of accountability.
- The provider had a clear governance framework at ward level, which local managers oversaw and fed into the providers overarching governance structure and assurance framework.
- Staff carried out checks to ensure the ward was clean, well-maintained and safe for patients. Incidents were reported, investigated, monitored and any learning shared. The manager ensured staffing levels were appropriate to meet the needs of patients.
- Overall, staff were trained and supported to carry out their roles and provided with opportunities for professional development. The multi-disciplinary team worked in collaboration with patients, carers and external stakeholders to provide effective, holistic, care planning, risk management and discharge planning. Staff ensured that legal requirements were met in relation to the Mental Health Act and the Mental Capacity Act.
- The ward manager was clear about the process for highlighting any significant risks. The hospital manager included these on the hospital risk register as there was no ward risk register.
- We saw the system for undertaking clinical audits, reporting on management data including training, absences, supervision and appraisal rates, data on incidents and complaints. This information was summarised and presented monthly in a key performance indicator dashboard. Examples of audits carried out included, patient engagement, physical health checks, and standard of care plans.
- The ward was reliant on the continued use of locum agency staff. The provider had ongoing recruitment campaigns to bring in more staff. All locum staff were familiar with the ward, having worked there before. All locum staff had the same induction and training as permanent and wore the same uniform.
- Regular team meetings were held allowing staff discuss concerns, participate in educational or clinical supervision, debrief following incidents and to learn from the issues. There was a clear framework for team meetings. This was seen on the standard agenda template, that included items such as incidents, lessons learnt, challenges, physical health and supervision.

Management of risk, issues and performance

- The wards did not have an individual ward risk register. The manager would take risks to the situation report meetings daily that would be looked at provider level and could be added to the hospital risk register. Staff at ward level could escalate concerns to the ward manager. The hospital risk register was reviewed at the monthly hospital governance meeting attended by the senior management team.
- The hospital had protocols in place for major incidents and business continuity in the event of emergencies.
- Staff did not raise any examples of financial pressures compromising patients care.

Information management

- Staff had access to the equipment and technology to do their work. There had been some problems with the change over from paper to electronic records, and this work is still ongoing. However, the manager had received specialised training that allowed her to support staff in the best possible way through the transition. The paper records were at times cumbersome, with care plans, risk assessments, mental health act paperwork, physical health assessments, admission and orientation checklists, observation checklists. Whilst all these were important information, the volume of information made the paper records cumbersome and hard to navigate.
- Information governance systems ensured confidentiality of patients records on the ward.
- The ward managers had access to information that allowed them to safely and effectively run the ward. This included staffing figures and budgets, agency staff profiles to ensure that agency staff requested had the necessary skills. The manager kept records of staff training and supervision to keep track of what and who was due for updates. The manager held a spreadsheet with all patient paperwork that requires regular updating. This allowed her to keep track of when items needed updating and could have an oversight to ensure that updates happened.

Engagement

Wards for older people with mental health problems

- Staff, patients and carers had up-to-date information about the ward and the services provided. This information was disseminated through the intranet, newsletters and team meetings. Patients could access information through staff members and the bulletin boards in the ward.

- Patients and carers had opportunities to give feedback on the service. This could be done directly to staff members, meetings arranged by the ward manager or anonymously through email and comment cards. Although patients and carers are not currently involved in ward based decisions, the People`s Council is being implemented which aims to include patients in ward decisions such as staff interviews. There were quarterly patient surveys and a carers survey.

- Senior managers of the hospital engaged with external stakeholders, such as commissioners and the local safeguarding teams.

Learning, continuous improvement and innovation

- During our visit we were told about an initiative to reduce falls on the Swift, Mulberry and Nightingale. This had been led by the clinical manager and had resulted in a reduction in the percentage of falls. Within the last 12 months there had been no falls resulting in significant injury. Staff had completed this as it had been identified through incident reports and investigation there had been an increase number of falls resulting in injury.

Wards for people with learning disabilities or autism

Good ●

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

Are wards for people with learning disabilities or autism safe?

Good ●

Safe and clean environment

- The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose. There were blind spots across the ward, however the risks were mitigated through staff presence and minimum hourly observation checks. There was a corridor to an adjoining ward which was used by other patients to leave the hospital, which could present a risk to the patients on Redwood ward. Staff mitigated risks through presence and CCTV cameras in the communal areas which were routinely monitored.
- The ward only admitted male patients and so complied with single sex guidance.
- Staff did regular risk assessments of the care environment. We saw the evidence of the monthly environmental risk audit conducted by the nursing staff. This identified any issues and the remedial action taken by the estates team. There was an annual ligature audit which was comprehensive and we did not identify any ligature points that were not included. However, there was an electrical appliance in one of the patient's bedroom, which had not been risk assessed for the patient to use.
- All rooms, except the bathroom, had observations panels. When open, these allowed staff to observe the patient but when closed ensured patient privacy. CCTV

was in operation in communal areas and was recorded for review purposes, in case of an incident. Patients were informed on admission and signed consent forms acknowledging this.

- Staff were all issued with personal alarms linked to a hospital emergency call system which would summon immediate assistance. There were also nurse call buttons on the ward in every room, including bedrooms. We observed staff responding immediately when alarms sounded.
- The ward clinic room was fully equipped with accessible resuscitation equipment and emergency drugs that staff checked weekly. Staff completed a checklist of items in the emergency bag each week. Fridges storing medication were temperature monitored daily. However, fridge temperatures were not being monitored for fridges storing patient food in the occupational therapy kitchen. This meant that food could have been stored outside of its temperature range for preservation.
- Cleaning records were up to date and demonstrated that the ward was cleaned regularly. Cleaning records included a list of tasks to be completed each shift. Housekeeping staff signed the form to confirm that these tasks had been completed. Renovation work had been completed on the ward in December 2018 and was very well decorated and furnished.
- Staff adhered to infection control principles, including handwashing techniques. Alcohol gels were located on the ward and hand washing signs in easy read format were also visible throughout the ward. An infection control audit was carried out annually which reviewed infection control compliance across all patient areas.

Safe staffing

Wards for people with learning disabilities or autism

- At the time of inspection there were two registered nurse vacancies and two healthcare assistant vacancies. The two nurse vacancies were covered by long term agency workers who had been working on the ward for a long period and were actively involved in the ward.

- Although the ward used bank and agency staff to cover shifts, the ward manager ensured they were regular staff and had the relevant training for the patient group. All agency and bank staff were fully inducted, had familiarisation information and a list of competencies to be signed off before working on the ward. New employees were assigned a buddy whilst they settled into their role.

- The manager of the ward had autonomy over bringing in additional staff as needed. The manager had access to the staff budget to determine staffing capacity and could bring in additional staff in order to maintain safety, activities or leave. The ward was well staffed and a nurse was always present on the ward. If group activities were arranged the manager had the autonomy to increase staff numbers to allow this, for example when staff took patients out on trips.

- There was medical cover 24 hours a day, with an on-call psychiatrist available for the entire hospital at night. Staff were aware of where the details of the on-call rota and contact details were kept.

- Staff were up to date with mandatory training, the manager had a matrix showing when staff were required to complete training. Notifications were sent to both the manager and the staff when training was due to expire.

- New staff received an induction and there was an induction checklist that staff had to work through. The manager ensured that staff were ready before signing them off the induction.

- Staff had team training opportunities to refresh or learn new things. For example, the psychiatrist would deliver sessions once a month on awareness of different aspects of mental health, such as eating disorders and personality disorders.

Assessing and managing risk to patients and staff

- We reviewed four patient care records. There was evidence in the care records that staff performed a risk assessment on admission using a recognised risk assessment tool – Short-Term Assessment of Risk and Treatability (START). The risk assessments were updated every six months and as needed, for example after an incident or increased risk. These risk assessments were well written and there was evidence of patient involvement with the risk assessments, for example potential triggers were noted.

- Staff identified and responded to changes in risk, through de-escalation techniques, changing the observation level or increasing the level of support. Care plans showed that staff had individually assessed each patient and the best approach to dealing with difficult situations for that person.

- Observations were proportionate and risk based. For example, if there was an increased risk of self-injury then observations would be increased. Every patient was observed hourly and more often as necessary.

- All staff were aware of and dealt with any specific risk issues such as falls and pressure ulcers. Staff documented all patient specific risk issues in patient care plans with a clear intervention plan in place.

- The service did not use blanket restrictions.

- Staff rarely had to use physical restraint or rapid tranquilisation. Where these interventions had to be used this was logged in specific log books, as well as incident forms filled in electronically. This allowed for tracking and monitoring of restrictive practices.

- Staff used both paper and electronic records. The hospital had recently converted to electronic records for progress notes, and was still in the process of embedding quality of these records.

- There was a daily handover document that had all the relevant information for staff coming onto shift. This included any recent incidents, current and past risks, diagnosis and detention, physical and mental presentation. This handover sheet was printed off for agency staff new to the ward to allow them to get to know the patients prior to going onto the ward floor.

- The ward had a designated security nurse on all shifts who was responsible for the safety and security of the ward.

- Physical health was monitored by staff on the ward and patients had access to a GP who visited the ward once a week. Staff supported patients to go to the GP surgery if required.

Safeguarding

- Staff understood their responsibilities under safeguarding. Staff received mandatory Safeguarding Individuals at Risk E-Learning which was equivalent to Safeguarding Training Level 2. Ninety five percent of staff

Wards for people with learning disabilities or autism

were trained in safeguarding. Staff knew how to apply this knowledge and were aware of how to report a safeguarding. This process was explained clearly and how the escalation process worked. There was one manager responsible for referring safeguarding to the local authority, who would give feedback to staff. There were arrangements in place when this manager was not available. Staff could give examples of times that they have raised safeguarding concerns to their managers and what the outcomes were. However, the provider had identified that the level of training available to staff was not adequate and had enrolled staff on safeguarding training Level 3 including safeguarding children.

Medicines management

- We reviewed six medical records. We saw good practice of auditing the records and addressing any mistakes.
- Staff followed good practice for medicines management. A community pharmacy provided pharmaceutical support to the ward. This included visiting the ward once a week to undertake duties such as audits and stock control. Staff had training in medicines management and followed good practice in controlled drugs management.
- The fridge storing medication was clean and temperatures were monitored regularly to ensure efficacy of the medication.
- The drug trolley was too small to store medication for the number of patients on the ward. We found that staff were using baskets to store individual patient's medicines, with no patient identifiable information on them. We mentioned this to the staff and this was rectified by attaching name labels on the patient's baskets. Staff told us that the limited space in the trolley made it difficult to take medication out easily and it increased the chances of medication errors. We did not see any medication errors as a direct result of the size of the trolley.

Track record on safety

- There were no serious incidents since the ward opened in June 2018.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them. There was an incident log book, and electronic

incident forms. There was also a separate physical intervention log book. Staff received feedback following incidents, and met as a staff group to discuss the incident. Staff told us managers were good at offering reflective sessions where they asked if anything could be done differently and what was learnt from the incident.

- Learning was shared through these meetings and through supervisions. An example of this was following an incident where an unsettled patient was posing a safety risk to another patient. The ward manager has now ensured that if patients become unsettled in communal areas, in addition to that patient receiving support, staff should use distraction techniques for the other patients in the area to keep them safe.

Are wards for people with learning disabilities or autism effective?
(for example, treatment is effective)

Good ●

Assessment of needs and planning of care

- Staff completed a timely mental and physical health assessment on admission. We reviewed four care records. This included risk assessments, brief psychiatric rating scales and general mental health state.
- Care plans were holistic and goal orientated with specific, measurable, attainable, relevant and timely Short-Term Assessment of Risk and Treatability (SMART) goals and patient-decided outcome measures included. These were created by nursing staff, occupational therapists, psychologists and doctors. These care plans were based on identified needs during assessments and were updated as needs changed or according to the patient's wishes. The care plans reviewed showed that the patients were actively involved and led the development of the care plans. Care plans were offered to patients and it was documented if patients accepted or declined. All the records we reviewed had Positive Behaviour Support (PBS) plans and easy read care plans to accompany these. However, in one patient record we saw that the care plan stated they were to be supported to have a shower on specific days of the week. The electronic progress notes did not show evidence of the

patient being asked on those days, and the patient had been asked on a different day. The impact of this on the patient was evidenced through them refusing to have a shower on that occasion.

Best practice in treatment and care

- Patients were supported to leave the service as much as possible to access the community. Staff worked on a needs basis for each patient and worked within their abilities.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Patients had access to occupational therapy and speech and language therapists located on site to support mobility and dysphagia.
- Staff assessed and met patients' need for food and drink and for specialist nutrition and hydration. Staff monitored food and fluid intake and we observed food and hydration charts in patients' care records. There was one patient who had diabetes and this was thoroughly detailed in their care plan.
- Staff supported patients to live healthier lives, through healthy eating advice and promoting exercise.
- The ward had a designated speech and language therapist (SALT) who specialised in learning disabilities. The SALT worked closely with the patients and had formulated easy read care plans and trained staff to use a software package for easy read materials. The SALT delivered weekly sessions to staff on signs that were patient specific on the ward to promote better communication between staff and patients.
- The ward had recently appointed a psychologist. Therefore, the ward had good access to psychological services at the time of this inspection.
- Staff used Health of the nation outcome measures (HONOS) to plot patients' progress. Staff also carried out clinical audits. The manager had a list of audits and their due dates and sent the results and action plans to the compliance officer monthly.
- Staff adhered to best practice in implementing a smoke free policy.

Skilled staff to deliver care

- The ward had access to a multi-disciplinary team (MDT) that included a full range of skilled staff. This included nurses, psychiatric consultants, clinical psychologists, occupational therapists (OT), a speech and language therapist (SALT) and social worker. Patients could access

these services when they needed. We were told that patients rarely had to wait for services, and never more than two weeks. Staff were experienced and had the necessary qualifications and skills to meet the needs of the patients. However, at the time of this inspection the clinical psychologist was new in post and there was no occupational therapist in post. An occupational therapist had left and a new appointee was due to start at the end of April. We saw one patient needed an occupational therapy kitchen assessment in January 2019 and had not yet been assessed because there was no occupational therapist in post. This impacted on the patient's ability to prepare snacks independently.

- New staff were inducted onto the ward and given the required training. This prepared them for the client group on the ward, as well as the broader organisational values and vision.
- Staff received regular supervision from senior staff in their discipline. The ward manager kept track of supervision and supervisors signed these records off. Supervisions were in depth and individualised. Annual appraisals had been completed for staff but were not individualised for each staff member. The ward manager was new in post and had completed appraisals for all the staff. We saw one record contained two staff members names' in the same record.

Multi-disciplinary and inter-agency team work

- The ward held weekly multidisciplinary team meetings (MDT) to discuss individual patients on the ward. These were well attended by members of the team. Where the named therapist for that patient could not attend due to leave or other commitments, a representative was sent to ensure that no information was missed.
- Care coordinators were invited to MDT meetings. At the time of inspection all of the patients were out of county patients, so care coordinators were unable to attend MDT meetings. Staff ensured that care coordinators were sent all relevant information after the meetings and as necessary.
- Staff shared information about patients at effective handover meetings. These meetings discussed relevant information for those staff coming onto shift, including diagnosis, mental health act status, history, medication, medical and physical presentation and any incidents or changes in risk.

Adherence to the MHA and the MHA Code of Practice

Wards for people with learning disabilities or autism

- All patients on the ward at the time of inspection were detained under the Mental Health Act. All paperwork was clear, valid and in present in patient's records. This included consent to treatment orders, tribunals and leave documentation. Staff supported patients to access section 17 leave with support and to access activities in the community of their choice. Where second opinion doctors were sought, this was well documented. Every week there was a review of Mental Health Act paperwork such as treatment orders to ensure the correct paperwork is in place.
- All staff received training on the Mental Health Act and could demonstrate good understanding of the Act and the code of practice. Access to support was available through the Mental Health Act administrators.
- Patients had easy access to independent mental health advocacy. Advocacy services were advertised on boards in the ward.
- Staff read patients were informed of their rights on admission. Patients were required to sign their understanding of their rights. Where patients were unable or unwilling to sign, staff re-attempted to read a patient their rights at a later date. Re-reading of rights was done as necessary, for example if a patient's situation or mental state changed. We saw evidence of this in patients' care records.

Good practice in applying the MCA

- Staff were aware of the principles of the Mental Capacity Act and applied them well. They could describe the principles and gave examples of when and how they had applied these. Adherence to the Mental Capacity Act was audited monthly. All staff received mandatory training and could seek guidance and advice from senior staff.
- Staff took all practical steps to support patients to make their own decisions, including unwise decisions. Staff encouraged the best decision for the patient, but gave the patient freedom to make their own choice. For example, food choices. Staff would encourage patients to choose healthy options but would allow them to make their food choices themselves.
- Best interest decisions were made in collaboration with family and were well documented. Staff and care plans showed how best interest decisions were made for individual patients, with specific capacity assessments being performed for specific areas of life, such as

finances. We saw evidence of a best interest decision for a patient requiring general anaesthesia for dental treatment was made by appropriate professionals and family, and was clearly documented.

Are wards for people with learning disabilities or autism caring?

Good ●

Kindness, privacy, dignity, respect, compassion and support

- Staff treated patients with kindness, dignity and respect. We saw this during the inspection and patients were very complimentary of the staff. However, staff did not always maintain the confidentiality of patients. During a daily meeting we saw staff discuss a patients' discharge planning and care in the presence of other patients. We also observed staff talking over the patients during a community meeting and talking about a patient, without addressing the patient directly.
- The staff spoke to patients in a way that they could understand. Where patients had difficulties understanding, staff sought to assist them using easy read materials, recorded messages and through individualised communication plans.
- Patients had their treatment and medication explained to them and were able to ask questions of staff. Staff understood the individual needs of patients, and provided person centred care.
- Staff told us that they were confident that any concerns they may have they were able to report to senior staff. Staff could raise concerns over abuse, disrespect or discriminatory behaviour without fear of repercussion.
- Staff maintained the confidentiality of patient's information through password protected computers and locking patient files in offices.
- All patients we spoke with were very complimentary of staff on the ward and told us how staff had been accommodating for their individual needs. For example, one patient told us staff would set up an activity in his room when he did not want to go into communal areas.

Involvement of patients

Wards for people with learning disabilities or autism

- Staff used the admission process to orientate patients to the ward environment, policies of the ward and the way the ward worked. This included, but was not limited to, introduction to staff, information related to CCTV and activities on the ward.
- Staff involved patients in the creation of the patients' care plans and risk assessments. Easy read care plans were written for patients with communication difficulties and were written in the 'first person' narrative. Patients were asked for their opinions on the risk assessments, potential trigger areas and action plans for managing their risk. Care plans were collaborative and patients could give feedback and discuss this with staff prior to the plan being signed by staff and the patient.
- Staff communicated well with patients. They used speech, sign and pictures to communicate with patients who had communication difficulties.
- Patients gave feedback to the ward on the service they received. This was in the form of weekly community meetings. We saw examples of 'you said' and 'we did' on the ward, where staff had listened to patient feedback and made changes where possible.
- Patients had easy access to advocacy, with staff promoting and advising how to get advocacy. There were posters on the ward with advocacy details.
- Patients and staff had a community meal together once a week, the meal choice was set by the patients.
- Patients told us staff facilitated leave as best they could and promoted family visiting. One patient expressed his wishes to visit his home in Ireland, and had been supported by staff to do so.
- Staff were dedicated to patient wellbeing and had group social events for the patients. For example, an inflatable assault course on the grounds, barbeques and firework displays. Patients were supported regularly to access the community for activities such as shopping, bowling and cinema. One patient had an interest in snooker so had joined a local snooker club.

Involvement of families and carers

- Families and carers received information where appropriate, and were invited to ward rounds and Care Plan Approach meetings.
- Staff maintained and respected patients' choice for confidentiality and sharing of information.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Requires improvement ●

Access and discharge

- At the time of inspection, the service had six patients.
- The ward opened in June 2018 and had slowly increased its number of patients. Therefore, the facility did not have any figures for average occupancy, length of stay or delayed discharge.
- There was a clear process in place to admit and discharge patients from the ward. A referral criteria was used to assess patients from external services who may be suitable for the ward. This enabled ward staff to assess if they could meet a patient's needs. Managers could refuse patient admissions if they felt the ward was not the correct environment for the patient or they could not meet their needs.
- Assessments of new referrals to the ward were undertaken by an appropriate selection of staff, which could include ward manager, consultant and other senior staff. The hospital admitted patients from all areas of the country.
- Staff planned for patients' discharge, including good liaison with care managers/co-ordinators, commissioners and community mental health teams. Care and treatment records showed that discharge planning was discussed at the ward round. There was always a bed available when patients returned from leave.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward was located on the ground floor of the hospital. Entry was via the main hospital reception and there was a secure airlock. All rooms, except the bathroom, had observation panels (a panel in the doors that could be opened to allow staff to observe a patient or closed to maintain privacy or windows in the doors that allow staff to view inside the room).
- Patients had their own en-suite bedrooms fitted with a shower. There was a bathroom available for patients to

access, which compromised patient privacy and dignity while in use. When a patient was bathing, staff left the door ajar and checked on the patient from outside which allowed other patients and staff to also see inside. We also saw bins containing soiled incontinence pads in the bathroom.

- Patients were able to decorate and personalise their rooms. Patients' valuables were kept in their rooms, or they could ask staff to keep these in a locked cupboard. However, we saw some bedrooms had clear glass windows allowing people in the grounds to see into those bedrooms. Staff told us that frosted glass had been ordered for these rooms and were awaiting delivery and installation.
- The ward had one lounge with furnishings that were comfortable and allowed the patients to relax.
- Patients had access to a secure garden space, shared with other patients at the hospital.
- There was a room where patients could meet visitors, which had toys and books for children.
- Patients were able to make telephone calls from the office. A mobile handset was due to become available for patients in the next month, for them to make telephone calls in their rooms.
- The food was of a good quality and cooked on-site. All patients had their meals in a bright and well-presented dining room.
- Patients had access to hot and cold drinks, and healthy snacks during the day and night.
- The patients had lockable cupboards in the lounge/ kitchen. They c store their own food items in these.
- All noticeboards had talking tiles which, when pressed, described the noticeboard to the patient in a clear audio message.
- There was an activity schedule with activities on offer seven days a week, for example arts and crafts, film club and weekend plans. There were often group excursions planned for patients, for example a trip to the local sea front.
- Patients had access to healthy snacks and hot and cold drinks throughout the day and night.
- Patients were allowed to smoke in the designated smoking areas in the garden.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with their families. Visits from families and carers were facilitated in a family room, off the ward. Patients had been supported by staff to visit their family home.
- Staff organised community trips for patients. This was often done to integrate into community living by going to the cinema, shopping or going out for a meal.

Meeting the needs of all people who use the service

- The ward was located on the ground floor and had facilities for people with physical disabilities.
- Easy read information was available for people with communication difficulties and the speech and language therapist (SALT) was able to communicate with patients through Makaton. Makaton is a communication technique using signs and symbols to support spoken language.
- Patients could access all the necessary information. For example, information on treatment, advocacy services and patients' rights. There were posters describing the independent mental health advocacy services and how to access this.
- Patients had access to a dietician and had food choices that met their specific dietary requirements, such as gluten-free or Kosher meals.
- There was a multi-faith room where patients could practice their religious beliefs, which had religious scriptures from different faiths such as the Bible and Quran.

Listening to and learning from concerns and complaints

- Patients knew how to complain or raise complaints and had confidence in staff listening to their concerns. Patient meetings were held weekly were patients could raise any concerns.
- When patients complained or raised a concern they received feedback from the ward manager. This was often done through the weekly community meetings. The meetings discussed 'you said, we did' section, and remedial actions were displayed on the ward notice boards.
- The ward had received no complaints since it opened in June 2018.

Are wards for people with learning disabilities or autism well-led?

Wards for people with learning disabilities or autism

Good ●

Leadership

- Leaders had the necessary skills, knowledge and experience to perform their roles. The ward manager had recently appointed to position and was working hard to maintain a settled environment amongst the patient and staff group.

- The manager and senior leaders on the ward had a good understanding of the service and the patients they were treating. They could tell us about the different patients and how the teams were working to give them high quality care.

Vision and strategy

- The provider had recently changed their values. Staff and leaders were still learning these values, but displayed an eagerness to learn them. The values were displayed around the ward and staff could demonstrate how they were giving care in line with these. There was a weekly newsletter sent by the director of nursing which promoted the new values.

- The manager had access to the staffing budget and therefore could make decisions autonomously about the ward in order to maintain safety and quality of care on the ward.

Culture

- Staff felt respected and supported on the ward. Staff praised the manager and senior team. Staff explained that morale had previously been low following the relocation of the ward. However, the ward manager had been very supportive and staff morale had started to improve.

- Staff on the ward felt positive and proud of the work they did. Staff also felt proud of how involved patients were in their care.

- Staff were confident about raising concerns and complaints to the manager and to senior managers of the provider without fear of retribution. Staff knew of the whistle-blowing process.

- The staff team worked well together. The ward manager was new in post and had completed appraisals for all the staff. However, appraisals were not individualised for each staff member and one record contained two staff members names' in the same record.

- Staff had access to physical and emotional support. The psychology team was open to all staff members and joined for debrief sessions. There was a designated occupational health program, known as the employee assist program, where managers could refer staff or staff could self-refer. This provided psychological, emotional, physical and financial support to staff members.

- Staff felt that they were unable to take their breaks if patients were on section 17 leave, as this meant the ward had less staff. To maintain patient safety on the ward, staff would forfeit breaks they were entitled to. This posed a risk of staff being overworked and not being able to provide optimum care to patients.

Governance

- There was a clear framework for team meetings. This was seen on the standard agenda, that included items such as incidents, lessons learnt, challenges, physical health and supervision.

- Staff completed several audits on the ward. These included the restrictive practices audit where staff and patients discussed the current restrictions, medications and environmental audits.

Management of risk, issues and performance

- Staff at ward level could escalate concerns to the ward manager. These would also be addressed in the team meetings and the ward manager would then discuss these concerns at provider level.

Information management

- Staff had access to the equipment and technology to do their work. The hospital had a new electronic system for recording daily progress notes. The quality of these notes varied in the four records we reviewed. The ward manager was aware that the staff were in the process of learning how to record information accurately and had plans to work with staff to improve the contextual accuracy and quality. Although the paper records were lengthy, they were organised and easy to navigate.

- The ward manager had access to information that allowed them to safely and effectively run the ward. This included staffing figures and budgets, agency staff

Wards for people with learning disabilities or autism

profiles to ensure that agency staff requested had the necessary skills. The ward manager kept records of staff training and supervision to keep track of when staff needed to book onto training.

Engagement

• Staff, patients and carers had up to date information about the ward and the services provided. This information was disseminated through the intranet, newsletters and team meetings. Patients could access information through staff members and the bulletin boards in the ward.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that privacy and dignity is maintained at all times.

Action the provider SHOULD take to improve

- The provider should ensure that appraisals are individualised for each staff member.

- The provider should ensure that care is delivered according to patient care plans.
- The provider should ensure that all staff have access to and have completed appropriate safeguarding training.
- The provider should ensure that important documents such "Do Not Attempt Resuscitation" (DNAR) forms are easily and readily accessible.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Patients were not being protected against the compromise of their dignity and respect. Some patients' rooms and belongings were clearly on display and could be seen from the outside. We observed patients in their beds from the outside and whilst walking in the ward corridors. Patients dignity were not being protected whilst they received personal care in the bath rooms. This was in breach of Regulation 10 (1)(2)(a)