Cygnet Health Care Limited

Cygnet Hospital Beckton

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Hooper Ward at Cygnet Hospital Beckton provides psychiatric intensive care for adults of working age. Our rating of this service improved. We rated it as good.

- The service provided safe care. The ward environments were safe and clean. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. This included prescribing oral antipsychotic medication in conjunction with psychosocial interventions. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards, including nurses, doctors, a clinical psychologist, an occupational therapist and a social work assistant. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged most of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Some patients said that the care and treatment they received was good and that staff behaved kindly towards them, although others patients found it difficult to express their views about the quality of care.
- The service managed access to beds well and patients were discharged promptly once their condition warranted this.
- The service was well-led and the governance processes ensured that ward procedures ran smoothly. Leaders had clear oversight of the safety and quality of care provided.
- Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

However:

- The service did not have enough permanent registered nurses but was in the process of recruiting to vacancies.
- Staff did not dispose of all out-of-date dressings and saline solutions in accordance with manufacturer's instructions
- Documents relating to patients' care and treatment are were stored in different places and on different systems. The meant it could be difficult to access essential information quickly.
- Assessments of patients' mental capacity were not complete on all the records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	Our rating of this service improved. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Page

Background to Cygnet Hospital Beckton 5

Information about Cygnet Hospital Beckton 5

Our findings from this inspection

Overview of ratings 7

Our findings by main service 8

Summary of this inspection

Background to Cygnet Hospital Beckton

We undertook this unannounced, focused inspection of Hooper Ward at Cygnet Hospital Beckton to follow up on whether improvements had been made since our inspection in March 2021.

The inspection in March 2021 was of the learning disability ward and Hooper Ward. At the time of that inspection, Hooper Ward was a psychiatric intensive care unit. We found instances of unjustified restraint, use of unauthorised restraint techniques and the physical abuse of a patient. The ward was rated as inadequate overall, and inadequate in the key questions, 'are services safe, caring and well led'.

We served a Notice of Decision under section 31 of the Health and Social Care Act 2008, which placed a number of conditions on the provider's registration, including that the hospital could not admit any more patients until further notice. The Chief Inspector of Hospitals also put the hospital into special measures.

In October 2021, CQC granted permission to admit further patients to the hospital. This permission was withdrawn in December 2021, following concerns and whistleblowing reports about staffing on the wards.

In March 2022, the CQC gave permission for the hospital to reopen Hooper Ward for up to six patients requiring care and treatment for acute episodes of mental illness. The ward reopened on 28 March 2022.

Cygnet Hospital Beckton is registered to provide treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983. There was a registered manager in post at the time of the inspection.

What people who use the service say

Some patients said that the care and treatment they received was good and that staff behaved kindly towards them. Other patients found it difficult to express their views about the quality of care.

How we carried out this inspection

During this inspection, the inspection team:

- attended the ward during both day shift and a night shift
- spoke with three patients
- conducted a review of the ward environment and observed staff supporting patients
- spoke with the registered manager
- spoke with the ward manager
- spoke with 15 other staff members across the two wards including registered nurses, non-registered nurses and member of the multidisciplinary team.
- reviewed three patients care records, and six medical charts and physical observation records.
- reviewed other documents concerning the operation of the service
- attended a multi-disciplinary handover meeting and a handover for nursing staff

The inspection team included two inspectors and two inspection managers.

Summary of this inspection

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

Outstanding practice

There were no areas of outstanding practice

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that all out of date dressing and saline solutions are disposed of.
- The service should continue to make every effort to recruit permanent registered nurses.
- The service should ensure that patient records are entirely consistent with records of ward round and other meetings.
- The service should ensure that assessments of mental capacity to consent to medication are completed for all patients.
- The service should consider the location of the clinic room

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Good

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

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

Good

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

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. A member of staff completed an environmental check of the ward, including a check of fire safety equipment, during each shift.

Staff could observe patients in all parts of the wards. Closed circuit television (CCTV) was installed in all areas of the ward except for patient's bedrooms and bathrooms. However, the layout of the ward meant that the nurses' office and clinic room were close together at a junction of two corridors. This meant that patients often gathered in a small space on the corridor. This area could become congested and a potential area for incidents to occur. This could also distract the nurse administering medicines from the hatch.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. A map of the ward highlighting ligature anchor points was displayed in the nurses' office. Staff kept ligature cutters on a shelf in the nurses' office.

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff carried alarms. Call buttons were installed throughout the ward.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. The ward was clean.

Staff followed infection control policy, including handwashing. The hospital completed an infection control audit of each ward once a month.

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

Good

Seclusion room

The seclusion room allowed clear observation and two-way communication. It had a toilet and a clock. These facilities had not been used since the ward reopened in March 2022.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff carried out and recorded weekly checks of emergency equipment. This included checking that the contents of the emergency response bag were complete and in date. Staff also carried out a daily check of the automated external defibrillator. Ligature cutters were stored in the emergency response bag and in the nurses' office.

Staff checked, maintained, and cleaned equipment. Staff checked the temperature of refrigerators each day. Records showed that staff had cleaned the clinic room each day. This included cleaning clinic room doors, handles and the floor. The service labelled specific items to show the last date on which they had been cleaned. Staff disposed of waste in designated bins. These bins were labelled showing the date on which they had been opened. Staff had calibrated the weighing scales, oximeter and blood pressure machine. However, some dressing and saline solutions had passed their expiry date. We raised this with staff during the inspection. Staff disposed of these items and reordered new supplies.

Safe staffing

The service had nursing and medical staff who knew the patients and received basic training to keep people safe from avoidable harm. However, there was a high number of vacancies for registered nurses.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Although the ward had facilities for up to 12 patients, admissions were limited to a capacity of six patients at the time of the inspection. The hospital assigned six members of staff to the ward during the day. This included two registered nurses and four support workers. This reduced to two registered nurses and two support workers at night. The service would need to review the allocation of nurses and support workers if the capacity were to increase above six patients.

The service had high vacancy rates for registered nurses. The ward had 2.4 whole time equivalent vacancies (WTE) for registered nurses out of an establishment of 6.4 WTE post, amounting to a vacancy rate of 37.5%. The service was recruiting to these posts. The ward employed 21.4 WTE support workers, well above the establishment level of 9.4.

The service had low rates of bank and agency staff. Between 28 March and 14 April 2022, the ward had used agency staff to cover 12% of staff hours.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Staff said that the number of permanent staff and regular agency staff had increased in the past year. They noted that both patients and staff liked to see staff they knew on the ward.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All staff working on the ward completed an induction check list. Staff signed the checklist to confirm they had received and understood information about the layout of the ward, ward routines, keys and alarms, policies (including the policies on observations and engagement with patients), emergency services and incident reporting. These checklists were also signed by the supervising nurse.

The service had low turnover rates. At the time of the inspection, the ward had been open for two weeks. No staff had left the service during this time.

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

Good

Managers supported staff who needed time off for ill health. For example, the hospital referred a member of staff for counselling when they needed specific support.

Levels of sickness were low. The sickness rate for the ward was 1.9%.

The ward manager could adjust staffing levels according to the needs of the patients. For example, managers assigned additional staff to the ward when more than one patient required enhanced observations.

Patients had regular one-to-one sessions with their named nurse. Patients used their one-to-one sessions with nurses to talk about their concerns, feelings and personal history.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff told us they were able to facilitate patients' escorted leave. Leave was planned at the beginning of each shift.

The service had enough staff on each shift to carry out any physical interventions safely. Staff felt that there were enough staff to manage the ward appropriately. Staff said that most of their colleagues were experienced and they had confidence in the colleagues they were working with.

Staff shared key information to keep patients safe when handing over their care to others. Staff shared information about patients' risks during handover meetings at the start of each shift.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The ward employed a specialty doctor and a consultant psychiatrist. Outside office hours, an on-call doctor was rostered for the hospital. The consultant psychiatrists at the hospital arranged their availability outside office hours through an on-call rota.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Ninety four percent of staff had completed mandatory training overall. Each mandatory training course had been completed by over 80% of the staff required to do so.

The mandatory training programme was comprehensive and met the needs of patients and staff. The hospital had a programme of 12 courses that were mandatory for all staff. These were known as compliance courses. These courses included basic life support, immediate life support, using an automated external defibrillator, equality and diversity, infection prevention and control, preventing and managing violence and aggression and safeguarding individuals at risk.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers reviewed data on compliance with mandatory training. This data included the number of staff whose training was due to expire shortly.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The service had not secluded any patients since it reopened in March 2022. The ward staff participated in the provider's restrictive interventions reduction programme.

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

Good

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed a risk assessment of each patient on admission. This included a detailed risk history. The service had introduced a new risk assessment tool that nursing staff found helpful. The risk assessment tool gave a clear score and created a formulation that helped staff to structure care plans. The staff also used a simple red, amber and green risk rating scale at handover and multidisciplinary team meetings. At the time of the inspection, four patients had an amber risk rating. Two patients had been re-rated from amber to green at the ward round on the day before the inspection.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Patients presented risks including self-neglect, non-compliance with medication, acting on delusional ideas, and aggression. The service initially assessed the risks relating to a patient when the hospital received the referral. Managers used this assessment to decide whether to accept the referral and admit the patient.

Staff identified and responded to any changes in risks to, or posed by, patients. The multidisciplinary team reviewed the risks presented by patients each day and set the frequency at which staff check on the patients accordingly. At the time of the inspection, one patient was being nursed on constant eyesight observations. Two patients were on intermittent observations, meaning that staff checked on them four times every hour. Staff told us about the importance of varying the intervals of time between these checks. All staff completed training in observations before they could work on the ward. New staff were given instructions on observations as part of their induction to the wards. Nurses checked that support workers had carried out observations and recorded these correctly. The hospital's compliance officer carried out audits to check that records of observations were consistent with evidence from CCTV records. Staff also talked about the importance of engaging with patients when carrying out observations.

Staff could observe patients in all areas. Staff were on the ward at all times and carried out regular checks of patients. CCTV was installed in all areas of the ward except patients' bedrooms and bathrooms.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The service had a clear policy for searching patients. A member of staff was assigned to the role of security nurse for each shift. This member of staff was responsible for carrying out security checks, including searching patients for prohibited items when they returned from leave. Patients searches took place in a designated room next to the entrance to the ward. Staff used a body scanner to detect metal objects as part of these searches.

Use of restrictive interventions

Levels of restrictive interventions were low. At the time of the inspection, the ward had been open for two weeks. There had been no instances of restraint, seclusion or rapid tranquilisation.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Staff had discussed the least restrictive interventions programme with patients at a community meeting. None of the patients at this meeting had raised any concerns about interventions.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff demonstrated an awareness of the importance of using verbal de-escalation in order to minimise the use of restraint.

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

Good

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. All staff had completed an introductory course on safeguarding. All registered nurses had completed safeguarding training at an intermediate level. The safeguarding lead for the hospital had completed advanced training. Staff said they would report any concerns to the nurse in charge.

Staff kept up-to-date with their safeguarding training. Managers monitored compliance with safeguarding training to ensure that all staff were up-to-date.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff had a good understanding of patients' circumstances when they were not in hospital and were aware of potential risks to themselves or to children. Social workers ensured they kept in touch with patients' families or children's services in the patients' local areas to ensure patients knew how their children were being cared for.

Staff followed clear procedures to keep children visiting the ward safe. The hospital had a designated room where patients could engage in visits from children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The hospital sent safeguarding alerts to the local authority and the team providing care for the patient in their local area. The hospital had systems for monitoring the progress of all investigations being carried out. The hospital director chaired a weekly safeguarding compliance meeting. At this meeting, staff discussed feedback on safeguarding investigations from the police and the local authority. The hospital also sent notifications of safeguarding incidents to the Care Quality Commission.

Managers took part in serious case reviews and made changes based on the outcomes. Investigations involved interviewing staff, interviewing patients, reading patients' records and reviewing footage from the CCTV. The local authority escalated investigations when necessary.

Staff access to essential information

Staff had access to clinical information and they could maintain high quality clinical records.

Patient notes were comprehensive and all staff could access them, although it was not always easy to find specific documents. Information about patients' care and treatment was held in different places. The care plans, risk assessments and progress notes were held in the patient's electronic record. However, detailed information from ward rounds, discussions within the multidisciplinary team, records of staff informing patients of their rights, statutory forms relating to the Mental Health Act and other relevant paperwork was kept separately. Although most key information in the separate drive was also reflected in patients' electronic records there was sometimes a discrepancy between ward round discussions and agreed actions in respect of patient care and patients' care plans. For example, a patient's discharge care plan did not reflect actions agreed at a ward round relating to the patient's housing and their future post-discharge. There was a risk that holding important individual patient information in two different places may have resulted in disjointed care or delays.

Records were stored securely. All staff required an individual username and password to access the electronic patient record and other documents.

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

Good

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. An external contractor carried out regular audits of the arrangements for medicines management.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. For example, the multidisciplinary team noted that a patient had gain weight whilst taking their medication. The doctor changed the medication to address the weight gain. This also meant that patient was more willing to take the medicine.

Staff completed medicines records accurately and kept them up-to-date. During the inspection, we reviewed the medicines administration records for all six patients. All the records had been completed accurately.

Staff stored and managed all medicines and prescribing documents safely. All medicines and related documents were stored in the clinic room. The ward had appropriate storage facilities and recording books that would be used if a patient needed controlled drugs to be stored on the ward.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The multidisciplinary team sought to ensure that patients received the optimum dose of medication. For some patients, this had involved reducing the amount of medication they had been taking. No patients were receiving antipsychotic medication above the level recommended in the British National Formulary (BNF).

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance. For example, staff changed a patient's antipsychotic medication when it caused an increase in the patient's weight. Staff also carried out blood tests to check a patient's lithium levels.

Track record on safety

The service had a good track record on safety.

Staff had recorded one incident since the ward had reopened in March 2022. This incident had not resulted in harm to the patient.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. In the two weeks that the ward had been open, one incident had been recorded. This incident was classified as 'swallowing'. Staff had taken appropriate action to ensure the patient's safety.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Investigations routinely involved the review of CCTV footage.

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

Good

Staff received feedback from investigations of incidents, both internal and external to the service. Staff received feedback from safeguarding investigations across all four wards at the hospital. This feedback included any details of lessons learned. Staff received regular bulletins about safety incidents across the Cygnet group of hospital. For example, staff had recently received a bulletin about incidents involving the use of ligature anchor points.

Staff met to discuss the feedback and look at improvements to patient care. The incident that had occurred was discussed at the multidisciplinary team meeting the following day. The clinical psychologist facilitated reflective practice sessions every two weeks.

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

Good

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

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed the care records for three patients. These records showed that staff completed a comprehensive assessment of each patient's mental health on admission. The psychologist completed an assessment and initial formulation of each patient. The occupational therapy assistant also completed an assessment of each patient.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. A physical health assessment was completed on admission. The service carried out blood tests and an electrocardiogram for all patients. Staff reviewed each patient's physical health throughout their admission according to the specific needs of the patients. For example, staff had completed a choking risk screen for one patient and a bowel movement record for another.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. All patients had care plans in place. These were under the headings: Managing my risks; My treatment and support; My discharge plan; and Covid 19. Most care plans were individualised and included patients' views. Care plans covered patients' physical health needs and most included clear actions to address identified needs.

Staff regularly reviewed and updated care plans when patients' needs changed. The multidisciplinary team reviewed each patient once a week and updated patients' records after these reviews.

Care plans were personalised, holistic and recovery-orientated. However, discharge plans in the electronic record were generic in nature for each patient with little or no information on future plans. The notes did not reflect the plans for each patient's discharge that were discussed at multidisciplinary team meetings.

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

Good

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. The ward admitted patients for the treatment of mental illness including bi-polar affective disorder, delusional disorders, schizo-affective disorder and emotional dysregulation. Assessment and treatment of patients involved prescribing medicines, providing psychology sessions to individuals and in groups and facilitating creative, educational and therapeutic activities. Staff described the ethos of the ward as being focused on preventing further admission, rather than focusing entirely on the immediate crisis.

Staff delivered care in line with best practice and national guidance. The ward prescribed oral antipsychotic medication in conjunction with psychosocial interventions in accordance with guidance by the National Institute of Health and Care Excellence. Psychosocial interventions were informed by cognitive behavioural therapy, including sessions on reframing negative beliefs.

Staff identified patients' physical health needs and recorded them in their care plans. Patients' records included clear evidence of involvement from the lead nurse for physical health, especially where patients had physical health concerns. The lead nurse for physical health had completed specific assessments, such as a Waterlow assessment for risk of pressure damage and malnutrition universal screening tool where this was indicated. Staff had received training in taking patients' vital signs. Staff agreed a schedule of physical health checks for patients each day. For example, the notes of a multidisciplinary team meeting had a list of 'actions' for the day that included arranging blood tests for one patient and urine tests for another. Staff could also refer patients to a dietician who worked across the hospital.

Staff made sure patients had access to physical health care, including specialists as required. The hospital employed a lead nurse for physical healthcare. They provided examinations and treatment for patients' physical health. The ward doctors carried out physical examinations and blood tests.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. For example, staff had identified that one patient engaged in 'comfort eating' of high sugar foods when they were experiencing stress. Staff were supporting the patient to adopt different ways of managing their stress through distraction techniques and other activities. Another patient was admitted with malnutrition following a period of self-neglect. Staff monitored the patient's food intake and provided vitamin supplements. Staff could refer patients to a dietician who worked across the hospital

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The occupational therapy assistant facilitated groups on healthy living and smoking cessation. Patients also attended the hospital gym and participated in yoga sessions.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff recorded patients' pulse, blood pressure, respiration and oxygen saturation on a specific form that enabled them to calculate an overall score. If a patient's score was above two, staff would escalate the matter to the doctor. Scores from physical observations were discussed in multidisciplinary team meetings.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, the lead nurse for physical health had completed audits of charts used for recording physical observations. The infection control lead had completed an audit of mattresses. The results of these audits were presented to the clinical governance meeting. Staff were carrying out quality improvement initiatives on staff well-being and enabling patients from different wards to mix in a social setting.

Skilled staff to deliver care

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 the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. The ward employed a ward manager, consultant psychiatrist, speciality doctor, psychologist, nurses and support worker. A social work assistant and occupational therapy assistant were assigned to the ward. They were supervised and supported by the head of social work and head of occupational therapy for the hospital. The ward could also access a dietician and speech and language therapist who worked on other wards at the hospital.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. The hospital had introduced a specific training programme for international nurses. Support workers had a range of experience. For example, one health care assistant had experience in working with patients with attention deficit hyperactivity disorder. Another health care assistant had a degree in psychology.

Managers gave each new member of staff a full induction to the service before they started work. New staff completed their mandatory training as part of their induction programme. New staff also spent two weeks shadowing more experienced members of staff as part of their induction. This included opportunities to shadow psychologists and occupational therapists.

Managers supported staff through regular, constructive appraisals of their work. Appraisals were completed on a standard form. During each appraisal, staff talked with their manager about their achievements, strengths, challenges, training and development and objectives for the following year.

Managers supported staff through regular, constructive clinical supervision of their work. Managers used a standard form to record supervision meetings. Records of supervision included information about health and well-being, reviews of work, clinical practice and training and development. Some staff said that, at times, the work could be very demanding and they found regular supervision a useful opportunity to receive support and reassurance. All staff were supervised by a manager from the same professional discipline. For example, the senior social worker supervised the social work assistants.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The ward had not held a team meeting during the two weeks that it had been open. However, nursing staff had held handover meetings at the start of each shift. The multidisciplinary team had held a meeting each day. The ward administrator made a written record of these meetings.

Managers made sure staff received any specialist training for their role. For example, some staff said they had received specialist training in cognitive behavioural therapy.

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

Good

Multi-disciplinary and interagency team work

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 had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The multidisciplinary team meet each day. Meetings involved a daily review of each patient's presentation including clinical risk, legal issues, daily risk assessments and observation levels. Meetings were attended by the ward manager, doctors, psychologist, occupational therapy assistant, social work assistant and a nurse.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. During handovers, nurses and support workers discussed patients in detail. We observed one nursing handover. All staff were engaged in the discussions and showed a good knowledge of the patients.

Ward teams had effective working relationships with other teams in the organisation. The ward manager attended a daily meeting for all senior staff at the hospital.

Ward teams had effective working relationships with external teams and organisations. For example, the social work assistant had regular contact with patients' care co-ordinators to arrange patients' discharge.

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

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

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. All staff had completed training on Mental Health Act Awareness.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff explained to detained patients their rights. Staff repeated explanations until the patient was able to understand and repeated the rights regularly after that. Staff provided evidence that two patients had been explained their rights on admission. However, one patients' rights record could not be located on the day.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. The Responsible Clinician had authorised leave for five of the six patients on the ward. When patients needed a member of staff to escort them on leave, plans for allocating a member of staff were agreed at the handover meeting.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Statutory documents relating to the Mental Health Act were held by the hospital's Mental Health Act administrator. Documents were uploaded to the electronic patient record where they could be accessed by staff.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. A notice was displayed at the exit to the ward informing informal patients of their right to leave.

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

Good

Good practice in applying the Mental Capacity Act

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

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff assessed each patient's capacity to consent to treatment. However, on one record, this assessment was incomplete.

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

Good

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. Staff understood professional boundaries and described good relationships with the patients. During the inspection, we observed that staff clearly had good relationships with patients and interacted with them in a kind and caring way. Staff introduced themselves to patients when they first met them. Staff explained that getting to know patients, and understanding their needs, likes and dislikes, was an essential part of their work. Staff provided personal care in a sensitive and respectful manner.

Staff gave patients help, emotional support and advice when they needed it. For example, during a handover meeting staff talked about the importance of giving reassurance to a patient who was particularly anxious.

Staff supported patients to understand and manage their own care, treatment or condition. The multidisciplinary team met with each patient every week to discuss their care and treatment.

Patients said staff treated them well and behaved kindly. Patients said that staff on the ward were very good. They also said they felt safe on the ward.

Staff understood and respected the individual needs of each patient. All staff had a very good understanding of patients' needs, family circumstances and plans for discharge.

Involvement in care

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

Involvement of patients

Staff involved patients and gave them access to their care planning and risk assessments. All patients met with the multidisciplinary team once a week to discuss their care, treatment, leave and plans for discharge.

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

Good

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. The ward could access support from a speech and language therapist, based on an adjacent ward, to support patients with communication difficulties.

Staff involved patients in decisions about the service, when appropriate. The ward held a community meeting each week. Five patients had attended a community meeting a few days before the inspection. At this meeting patients reported maintenance issues, said the food was very good and spoke positively about recent occupational therapy activities. Occupational therapists sought feedback from patients at the end of group sessions.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff sought feedback from patients at community meetings. For example, at one community meeting, a patient said that staff had been nice to her and very helpful in supporting her to contact her family.

Staff made sure patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Social work assistants contacted patients' families to ensure there was regular communication. Family members could attend ward rounds, either in person or using video-conferencing facilities.

Staff gave carers information on how to find the carer's assessment. Social work assistants provided information and support to carers in relation to carer's assessments.

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

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

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

Bed management

The ward had clear criteria for admissions. Hooper Ward had previously been a psychiatric intensive care unit. When the ward reopened in March 2022, it was designated as an acute ward. This meant the ward did not admit patients who required seclusion or whose mental state was very unsettled. A manager assessed all referrals. Since it had reopened, the ward had not accepted referrals for two patients requiring high levels of observations and one patient with a high level of physical health need.

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

When patients went on leave there was always a bed available when they returned. At the time of the inspection, one patient was on leave to their home for seven days. The hospital did not admit another patient to their room during that time. This meant the patient could return at any time if there were problems whilst they were on leave.

Staff did not move or discharge patients at night or very early in the morning. All discharges were carefully planned and took place during the day.

Discharge and transfers of care

Patients did not have to stay in hospital when they were well enough to leave. At the time of the inspection, all the patients were in hospital because they needed inpatient care and treatment. None of the patients had experienced delays to their discharge.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The social work assistant supported patients to make arrangements for patients' discharge. For example, the social work assistant had contacted one patient's care co-ordinator to discuss plans for the patient to move to more appropriate accommodation. Staff were in contact with another patient's care co-ordinator to arrange a care package for domestic support.

Staff supported patients when they were referred or transferred between services. For example, staff made regular calls to a patient on leave to check they were managing well and in contact with their local care team.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. Patients displayed personal belongings and family photographs in their bedrooms. One patient had fresh flowers in their room.

Patients had a secure place to store personal possessions. Each patient room was assigned a locker in the designated locker room when they were admitted to the ward. The ward provided additional storage space for larger items in a separate room, near the nurses' office.

Staff used a full range of rooms and equipment to support treatment and care. For example, there was a fully equipped clinic room, meeting rooms and rooms for individual therapy. The quiet room had sensory lighting.

The service had quiet areas and a room where patients could meet with visitors in private. A family room in the hospital could be booked for visitors. A patient went out with a visitor on the day of inspection.

Patients could make phone calls in private. Patients made calls in their bedrooms.

The service had an outside space that patients could access easily. Patients had unrestricted access to the garden. The garden contained outdoor gym equipment, a bench and an area for patients to play basketball.

Patients could make their own hot drinks and snacks. However, staff supervised some patients and locked away items that could be used for self-harm in order to reduce risks.

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

Good

The service offered a variety of good quality food. Patients said the quality of food was good.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. The ward offered a weekly programme of activities provided by the occupational therapist. This included a gardening group, arts and crafts groups, relaxation and a creative writing group. Nurses facilitated activities in the evenings, such as a movie night, board games and pampering sessions.

Staff helped patients to stay in contact with families and carers. Staff supported all the patients to maintain regular contact with their families. This included patients having regular visits from family members, staff escorting patients on visits to their families and regular phone calls to family and friends. The arrangements for contact with families was discussed each day at the multidisciplinary team meeting.

Meeting the needs of all people who use the service

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

The service could support and make some adjustments for disabled people and those with communication needs or other specific needs. The ward could access a speech and language therapist based on another ward within the hospital to support patients with specific communication needs. However, the ward did not admit people needing disabled access.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service could access signers and interpreters.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Staff were able to order specific meals for patients. A dietician worked within the hospital to assist with menu planning. None of the patients needed a specific diet.

Patients had access to spiritual, religious and cultural support. For example, staff were supporting a patient to observe Ramadan.

Listening to and learning from concerns and complaints

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

The service clearly displayed information about how to raise a concern in patient areas. This information was clearly displayed on a notice board in the main area of the ward.

Staff understood the policy on complaints and knew how to handle them. There had been no complaints about the service since it had reopened in March 2022. We reviewed two complaints submitted in March 2021 when the ward was a psychiatric intensive care unit. The hospital's response to these complaints followed a structured process, in accordance with the hospital's policy.

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

Good

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The hospital sent an initial acknowledgement for each complaint. A manager carried out a thorough investigation. The complainant received a thorough response from the hospital director within six weeks.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good

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

Leadership

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

The manager of the ward had extensive experience of working in acute inpatient mental health services. The manager was present on the ward and had a good understanding of all the patients' needs and circumstances. They were supported by an experienced management team at the hospital. Staff said they found their managers to be very supportive. The service had offered leadership training to some nurses.

Vision and strategy

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

Staff explained that the aim of the ward was to provide assessment and treatment for patients, and to discharge patients to their local services as soon as it was appropriate to do so.

Managers had agreed the hospital's objectives. These objectives would be achieved through a programme of work lasting three years. Objectives included enhancing staff well-being, achieving excellence through professional development, coaching and improving technology.

Culture

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

Staff said they were motivated and they found the hospital to be a good place to work. Staff described the atmosphere on the ward as being friendly and patient centred. Staff also said their team worked well together. New staff said they had felt welcomed to the ward by the multidisciplinary team.

Staff said they felt there had been improvements at the hospital. They said that the ward had recruited more staff and that staff levels had improved. This meant the ward used fewer agency staff. Improvements had been made to ensure that all staff had completed their necessary training. This had improved confidence within the staff team. The hospital had conducted a review of staff salaries and introduced a retention benefit to encourage staff to stay at the hospital.

The psychologist provided reflective practice sessions for staff, as well as offering additional individual support.

Staff said there were frequent events to celebrate colleague's achievements. For example, there were celebrations when staff passed their probationary period and when staff received the employee of the month award. Staff said they felt valued and that their work was recognised through these celebrations.

Most staff felt that Cygnet Beckton was a hospital where you could make mistakes and learn from it. However, one member of staff said that although managers said there was a no-blame culture, they had felt blamed when something had gone wrong.

Information about the Freedom to Speak Up Guardian was displayed in the nurses' office. The hospital had employed a welfare co-ordinator who ensured staff were supported. The welfare co-ordinator held weekly sessions at which staff could talk about any concerns. Staff said that if they had any concerns, they would speak to their manager. Staff gave examples of when they had raised concerns about care that was given to patients. Staff said they felt managers acted fairly when investigating incidents and when taking action in response to concerns identified during investigations.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Managers held a clinical governance meeting each month. At this meeting, managers reviewed hospital performance, audits and any specific concerns. For example, at the meeting in March 2022, managers reviewed an investigation into staff observations of patients presenting a heightened level of risk. The meeting agreed to improve the induction and training that staff received.

Staff commented that significant improvements had been made since the previous CQC inspection in March 2021. The ward had identified key areas of concern such as security awareness and patient searches. To address this, staff had received training, a designated room had been allocated for patient searches and the role of security lead for each shift had been introduced.

Management of risk, issues and performance

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

The hospital collected and analysed data relating to care, treatment and performance. This data was reviewed at monthly clinical governance meetings. This included data about incidents, restrictive interventions, training compliance, meaningful activity, clinical audits and complaints. The hospital's risk register was also reviewed at these meetings.

Information management

Staff collected analysed data about outcomes and performance.

For example, the staff completed regular audits of care plans to ensure they were completed in accordance with the hospital's policy. The results of these audits were reviewed at clinical governance meetings.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

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

Good

The hospital provided national services and accepted patients from across England. At the time of the inspection, most patients on Hooper Ward were from London and the South East. The clinical commissioning group (CCG) for the hospital's local area acted as the lead commissioners for the hospital. The local CCG held quality oversight meetings with managers of the service to monitor the performance of the hospital and raise any concerns.

Learning, continuous improvement and innovation

The hospital had begun to introduce quality improvement (QI) projects. One project had been set up to improve staff well-being. This included a review of communication with staff and an assessment of how staff managed workloads. Another project was set up to provide opportunities for patients from different wards to mix with each other in a social setting.