Good

Cygnet Learning Disabilities Midlands Limited

Cygnet Manor

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-169587897	Cygnet Manor	Cygnet Manor	NG20NBA

This report describes our judgement of the quality of care provided within this core service by Cygnet Manor. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cygnet Manor and these are brought together to inform our overall judgement of Cygnet Manor.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Cygnet Manor overall as good because:

- Managers were qualified for their roles and had a good understanding of all aspects of the hospital. Staff told us managers supported, respected valued them. Managers encouraged staff to be involved in changes and quality improvement.
- There was a good two-way communication between senior managers and staff so that information was shared effectively. There was a robust audit cycle and staff took actions where required.
- Managers managed staffing well and there were enough staff to run the hospital safely and effectively. Managers ensured staff were suitably trained and supervised; 90% of staff were up to date with their supervision and training.
- Staff managed patients' risk effectively. Patients had thorough up to date risk assessments. Staff discussed patients' risk daily and patients had positive behaviour support plans that followed best practice. Staff understood how to safeguard patients and worked with professionals external to the service to do so.
- Care plans were holistic, person centred and focused on achievable recovery goals, they were individualised and focused on skill building required for discharge. Patients were genuinely involved care planning.
- Staff offered a range of treatment interventions recommended by the National Institute for Health and Care Excellence. They followed best practice in medicines management and patients engaged in individually tailored activity programmes. Staff ensured that patients had good access to physical health care. Patients had heath action plans and staff promoted healthy life styles.
- Patients were happy with the way staff treated them. Patients were positive about staff attitudes and patients and staff demonstrated mutual respect. Staff showed in depth understanding of patients' individual needs and preferences. Staff ensured that patients had access to appropriate spiritual support.
- Staff communicated with patients in the way that suited patients' needs best. The speech and language therapist worked to ensure all information was accessible to all patients. Patients were involved in decisions about the service and staff consulted them and asked for feedback at meetings.
- The service worked to deliver on strategy set out in NHS England's 'Transforming Care programme.' Staff and patients started to plan discharge soon after admission and patients were at the centre of discharge planning

However:

- Staff completed observations in line with care plans and policy and recorded when they had completed these. However; staff recorded their observations on pre-populated forms. They did not record the actual time they had completed the observation. This was not in line with organisational policy.
- Not all staff had received an appraisal; 74% of staff were up to date with their appraisal. The hospital manager was aware of this and had booked outstanding appraisals to take place.
- Staff did not record all aspects of handover meetings. Staff did not record conversations when information about learning from complaints and incidents and daily business was discussed. This meant that there was not a record of these conversations.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as good because:

- Staffing was managed well and there were enough staff to run the hospital safely and effectively. There were no vacancies for staff and extra staff had been recruited to cover staff holidays and training, the service did not use agency staff.
- Staff completed a range of mandatory training suitable for their role, 90% of staff had completed this.
- Staff managed patients' risks. All patients had an up to date and detailed risk assessment and staff met daily to discuss risk and handover and in the daily multidisciplinary team meeting. Patients had positive behaviour support plans and followed best practice in supporting patients with challenging behaviour.
- Staff understood how to protect patients from abuse and all staff had completed training in safeguarding and knew how to raise a safeguarding alert. Staff worked with other agencies to safeguard patients and the hospital manager was the lead for safeguarding in the hospital.
- Staff followed best practice in medicines management, prescribing and administering medication was in line with national guidance. Staff had implemented the STOMP (stopping over medication of people with a learning disability) This is a national initiative that aims to stop the overuse of psychotropic medication.
- Staff reported incidents and met to discuss feedback from incidents at team meetings, handovers and daily multidisciplinary meetings There was an email bulletin for staff informing them of incidents outside their service. Managers debriefed staff and patients after incidents.

However:

- Staff completed observations in line with care plans and policy and recorded when they had completed these. However; staff recorded their observations on pre-populated forms. They did not record the actual time they had completed the observation. This was not in line with organisational policy.

Are services effective?

Good

We rated effective as good because:

Summary of findings

- Care plans were holistic, person centred and focused on achievable recovery goals. Care plans were individualised and focused on building skills and independence, ready for discharge. Staff reviewed care plans regularly and those we reviewed were up to date
- The multidisciplinary team had a range of skills, provided a range of treatment interventions recommended by the National Institute for Health and Care Excellence for this patient group including psychological therapies, medication, activities and training. Each activity programme was tailored for each patient and data demonstrated patients nearly always achieved 25 hours of activity week.
- Staff ensured that patients had good access to physical health care. Each patient had a health action plan and saw specialists where required. There was a monthly well man's clinic that patients attended. Staff supported patients to attend annual physical health reviews through their GP.
- We saw evidence that staff supported patients to live healthier lives and provided health promotion information in an accessible format. There was a gym and patients were encouraged to stay active.
- Staff were supervised and 90% of staff had received regular supervision. Professional staff attended peer supervision and received supervision from staff within their specific discipline.

However:

- Not all staff had received an appraisal; 74% of staff were up to date with their appraisal. The hospital manager was aware of this and had booked outstanding appraisals to take place.
- Ward handover meetings took place and staff discussed issues raised at the multidisciplinary morning. However, staff did not record this part of the handover, this meant there was not a record of these conversations.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- There was a person-centred culture in the hospital. Staff went the extra mile to work with patients in a way that suited their individual needs. Staff respected patients' privacy and dignity and showed warmth and care towards patients. They spoke about patients respectfully and we saw they were responsive and gave good emotional support.

Summary of findings

- Staff supported patients to understand and manage their care, treatment and condition. Staff encouraged patients to genuinely participate in their care and used personalised accessible communication tools to help them to do so.
- All five patients we spoke to were consistently positive about the way staff treated them. Patients were positive about staff attitudes towards them and said staff were accessible and supportive. Patients and staff demonstrated mutual respect.
- Staff showed in depth understanding of patients' personal, cultural, social and religious needs. We saw a holistic approach to care; staff treated patients as individuals. Staff were innovative in supporting patients to do the things they wanted and understood and prioritised the individual preferences of patients.
- Patients were genuinely involved in their care planning and took responsibility for their care. The voice of the patient was clear in care plans and patients were active partners in their care. Care plans were in a format that was accessible for all patients. Multi-disciplinary ward round was an opportunity for patients to talk about their care in the way they wanted and they were an equal party in this process.
- Staff communicated with patients in a way that suited the individual patient's needs best. Each patient worked with the speech and language therapist to identify their preferred communication style. Staff demonstrated a detailed understanding of patient's individual style of communication and ensured patients had the right communication aids to improve their communication with others.
- Patients were fully involved in decisions about the service. There many opportunities for patients' involvement. There was a people's council, regular community meetings and a daily planning meeting that patients attended. Staff consulted patients and empowered them to give feedback and ensured there were opportunities to do this. Feedback was actively encouraged for all patients and staff listened to this feedback and implemented it.
- Staff recognised the importance of advocacy. There was accessible information about local advocacy and the Mental Health Advocate spent 12 hours a week on the ward. The ward worked with the Independent Mental Capacity Advocate regarding significant decisions for patients who did not have capacity. All patients worked with the independent advocate.

Summary of findings

- Staff supported carers to attend meetings and visit the hospital. They supported them with transport and collected them from the local railway station. Staff encouraged carers to use video and phone conferencing where they were unable to attend meetings.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The service worked to deliver on strategy set out in NHS England's 'Transforming Care programme.' This service was a high dependency rehabilitation unit. Many of its patients were admitted from forensic services. Staff were discharged focused and did all in their power to support people on their journey to life outside of hospital. They developed individualised care to support patients to live more independently in the community. Patients were at the centre of discharge planning, staff and patients started this shortly after admission to achieve successful discharge.
- Patients had their own bedroom with an ensuite shower and toilet, they could personalise their rooms and could lock their bedrooms to keep their possessions safely. There was a wide range of rooms for patients and staff to use and patients had access to outdoor space.
- Patients had access to education and meaningful occupation. They could attend English and maths courses at the hospital and there were opportunities for patients to complete paid therapeutic work at the hospital.
- Staff supported patients to have contact with their families and carers and to develop relationships both in and out of the hospital. Staff supported patients with home visits and accessing community activities.
- Patient information was in easy read format. There was accessible information available to patients covering a wide range of topics. The speech and language therapist worked to ensure all information was accessible to all patients.
- Staff ensured that patients had access to appropriate spiritual support and this included attending local places of worship. There was a faith room with faith related literature.

Are services well-led?

Good

We rated well led as good because:

Summary of findings

- Managers were suitably qualified for their roles and had a good understanding of all aspects of the hospital and the transforming care agenda to ensure that the hospital was working in the right way to support patients.
- Managers were visible, accessible to staff and were actively involved in the team and with patients. The regional manager visited the service regularly and senior managers in the organisation visited the hospital annually.
- All staff felt supported and valued, they felt respected by staff and managers and described a high level of satisfaction with the team. They were consistently positive about their experience of working for the team.
- The hospital demonstrated that they were committed to equality and diversity, staff supported the individual identity of patients to ensure they could be themselves and kept them safe.
- There was a clear framework of what should be discussed at meetings at ward, hospital and regional level. There was a clear pathway from the ward to the top of the organisation for sharing information. Best practice and updates from senior meetings were shared with front line staff.
- Staff took part in the organisational audit cycle. Audits were effective and we saw staff completed actions at audit.
- Managers encouraged staff to be involved in change and quality improvement. There was evidence that changes had been made following staff suggestions and that staff were at the centre of making improvements.

Summary of findings

Information about the service

Cygnet Manor is a high dependency rehabilitation hospital that provides a service for up to 20 men with learning disabilities, behaviour that challenges and mental health needs. The provider is Cygnet Healthcare. Some patients there are detained under the Mental Health Act. The hospital is in Shirebrook close to a range of community facilities and services.

At the time of our inspection there were 19 patients using the service; there were 17 patients detained under the Mental Health Act, one patient who was subject to Deprivation of Liberty Safeguards and one voluntary patient. At least half of patients at Cygnet Manor were patients on a forensic pathway and were detained under the Mental Health Act with Ministry of Justice restrictions in place.

The service had a registered manager who was the hospital manager.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983.

Treatment of disease, disorder or injury.

The hospital was inspected in 2017 and was rated as Good overall.

The Mental Health Act team has visited in March 2014, December 2015 and there were no concerns raised. When the team visited in November 2018 some patients told us they dissatisfied with the standard of food.

At this inspection we saw that the hospital manager and cook had reviewed menus to improve lunch time food.

Our inspection team

Team leader: Liz Millet

The team that inspected the service comprised two CQC inspectors, a specialist advisor who was a nurse and an expert by experience; who had experience of using services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

We reviewed information that we held about the location and asked a range of organisations for information.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients and two carers of patients who were using the service

Summary of findings

- spoke with the registered manager and the head of care
- spoke with 13 other staff members; including doctors, support workers, a therapy coordinator, nurses, occupational therapists, a psychologist, a speech and language therapist, cook and domestic.
- received feedback about the service from two care co-ordinators or commissioners;
- attended and observed a morning meeting, a patient meeting and a multi-disciplinary ward round meeting.
- looked at six care and treatment records of patients
- carried out a specific check of the medication management and looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Patients told us that they were happy with the service. They said there were enough staff and that they felt safe. Patients knew how to make a complaint and had an advocate to support them.

Patients were positive about the staff that worked in the service. They thought staff were polite and kind. They said that staff were respectful of their privacy and gave them choices including time alone if they needed this. Staff provided information to patients in a way that aided their understanding and communication including information about their care in easy read format.

Patients liked the environment and told us that the hospital was comfortable with space for visitors or being quiet. They could personalise their rooms and had their own bathrooms. They told us that they could make drinks and snacks and that food was of good quality. They went on outings and there was a choice of activities for them to take part in.

We spoke to two carers, both carers were happy with the service and the care provided for their family member. One carer's son had recently been admitted, the other carer's son had been recently discharged. They said they were invited to meetings and were involved in their family member's care. They were happy with the ward environment and activities on offer.

We spoke to two commissioners who were positive about all aspects of the service, including regular communication from the hospital, good progress for patients, a high standard of care and a strong multidisciplinary approach.

Good practice

The multidisciplinary team supported patients to participate in the hospital and improvement. Two patients had delivered training for staff. One patient talked about what it is like to have a learning disability. Another patient talked about diabetes and healthy living. They wanted to share their first-hand experience. The patients' developed and delivered the training with the support of staff to patients and staff using a power point. This was an empowering experience for patients who shared their knowledge and experience with others.

The hospital used 'talking tiles' on notice boards so that patients who wished to could press the tile to listen to information.The speech and language therapist used the 'talking tiles' to record the minutes from the people's council. This gave patients who preferred to listen rather than read an opportunity to find out what had been discussed at the meeting.

Summary of findings

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all staff are up to date with their appraisal.
- The provider should ensure that all aspects of handover meetings are recorded, so that there is a record of what has be discussed.
- The provider should ensure that when staff complete observations staff record the actual time that this occurs and that these are completed in line with organisational policy.

Cygnet Learning Disabilities Midlands Limited

Cygnet Manor

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cygnet Manor	Cygnet Manor

Mental Health Act responsibilities

- All staff were trained and understood their roles and responsibilities under the Mental Health Act and the Code of Practice.
- Staff had access to up to date policies and procedures and support from the Mental Health Act administrator.
- Staff explained patient's rights to them. They ensured patients could take section 17 leave and that patients had information about and access to advocacy. All information about patient rights and advocacy was in an accessible format.
- Consent to treatment forms and capacity assessments were attached to medication cards and stored correctly.
- There were regular audits of the Mental Health Act paperwork to ensure staff applied the Act correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were trained in the Mental Capacity Act and deprivation of liberty safeguards. Staff understood the Act and guiding principles.
- Staff demonstrated how they used the Act in their work with patients.
- Staff had access to an up to date policy about the Mental Capacity Act, they had suitable support if they had questions or queries about its application.
- Staff supported patients to make decisions for themselves. Where patients lacked the capacity to do this staff made sure decisions were made in the patient's best interests and sought the opinions and advice of families and other professionals.
- Staff reviewed capacity assessments regularly to ensure they were completed correctly.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Staff completed monthly risk assessments of the care environment. Staff carried out a general risk assessment of the building annually. We reviewed this and saw staff had completed necessary actions.
- The ward was spread across two floors, so staff could not see all areas. However, there was a nursing station on the ground floor so staff could see patients. Patients who were lower risk were located on the second floor. There were convex mirrors to aid staff's view on the stairways.
- The ward had reduced ligature fittings. However, there were some ligature points. A ligature point is anything that patients could attach a cord, rope or other material for hanging or strangulation. Staff had competed an up to date ligature risk assessment that identified these risks and clearly stated how to reduce risk. For example; locking communal bathrooms. The hospital did not regularly admit patients who were at risk from ligature tying.
- The ward was for male patients only.
- All staff had personal alarms that they carried with them. Patients had nurse call alarms in their rooms to summon assistance if required.

Maintenance, cleanliness and infection control

- The ward was visibly clean, and furniture was in good repair. Records showed housekeepers cleaned all areas regularly. Patients cleaned their own rooms if they wished. There was ripped wallpaper that needed to be replaced in the faith room and this was due to be repaired.
- Staff complied with infection control principles, there were posters up demonstrating good hand washing techniques and hand sanitisers.

Clinic room and equipment

- There were two clinic rooms and a well-equipped treatment room. There was accessible resuscitation equipment and emergency drugs. Records showed staff checked these regularly. Staff carried out a monthly emergency drill using the resuscitation dummy to ensure they were skilled and able.
- We saw portable equipment including weighing scales and a blood pressure machine. Staff ensured these were clean and they checked these in line with policy to ensure they were working correctly.

Safe staffing

- The establishment figures were for eight whole time equivalent nurses and 24 whole time equivalent nursing assistants and no vacancies. The hospital manager over staffed the hospital to ensure that there were sufficient staff to cover annual leave and training. There were 9.5 whole time equivalent nurses and 27 whole time equivalent support workers.
- The ward had not used bank or agency staff in the two months prior to our inspection. Occasionally the ward used bank staff. The ward did not use agency staff.
- Staff sickness was at 3.7%. This was slightly above the organisational average of 3.5%, but below the NHS average of 5.7%.
- There had been 12 staff leave for different reasons in the year prior to our inspection. There were no staff exit interviews available for us to review.
- There were two nurses on each shift. Shifts were 12 hours long. If required, a third nurse also worked. Six support workers worked on each shift. If there was more than one requirement for enhanced observations then staffing was increased. Staff could take regular breaks.
- The hospital used the guidance from the Royal College of Psychiatrists inform them about suitable staffing levels.
- Most bank staff only worked at this hospital. When other bank staff worked they worked only for Cygnet. These staff completed a suitable induction.
- There was a qualified nurse on the ward at all times.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Records showed staffing levels allowed patients to have regular one-to-one time with their named nurse. Staff audited this every three months to ensure it took place.
- Patients and staff told us that leave, and activities were not cancelled due to staffing issues.
- There were enough staff to carry out physical interventions, both enhanced observations and restraint. All staff completed Management of Actual or Potential Aggression training and staff were up to date with this.

Medical staff

- There was adequate medical cover and staff could access a doctor day or night in an emergency. At the time of inspection there was a consultant psychiatrist and a registrar doctor. They worked at the hospital three days a week. On the other two days the doctors were contactable by telephone and could reach the hospital if required within half an hour. Out of hours a doctor could attend the service within 45 minutes, the regional consultant provided this service. Staff gave us an example of when this had happened. For physical health concerns and emergencies, staff contacted the GP or 999.

Mandatory Training

- The hospital's mandatory training was appropriate and included; management of violence and aggression, safeguarding adults and children, immediate life support, infection control and information governance.
- Staff compliance with mandatory training was at 90%. There were no areas where training compliance had fallen below this.

Assessing and managing risk to patients and staff

- Our inspection team reviewed six care records in detail on the day of our inspection.
- Staff completed a risk assessment of every patient before the patient was admitted to the ward and they updated these regularly and after incidents.
- Staff used nationally recognised risk assessment tools such as, the Short Term Assessment of Risks and Treatability (START) risk assessment. Staff had completed historical clinical risk management – 20 (HCR 20) risk assessments in some patients' care records, for the assessment and management of violence risk..

Management of patient risk

- Staff assessed specific issues including falls and choking risks. Staff were aware of the risks of sepsis and could tell us about this. There was information throughout the unit for staff about signs of sepsis and the actions they should take.
- Staff met daily and discussed patient risk at the two staff handovers. In addition, there was a multidisciplinary team morning meeting where the professionals from the multidisciplinary team met and reviewed risk assessments using a RAG rated system (red, amber, green).
- Staff completed observations in line with care plans and policy and recorded when they had completed these. However; staff recorded their observations on pre-populated forms. They did not record the actual time they had completed the observation and this was not in line with policy. We spoke to the hospital manager about this and they explained that managers had already identified this as an issue. The organisation was reviewing how staff should record observations. Locally the hospital planned to change the way they recorded observations so that staff recorded the actual time they had seen the patient. We checked staff had implemented this after our inspection.
- Staff followed the provider's policy regarding searches. Staff only searched patients and bedrooms if they identified a specific risk. Staff only used blanket restrictions when justified. The hospital and wider organisation did not allow plastic bags. This was due to a request in a Prevention of Future Deaths report from the coroner following an incident that had previously taken place. Staff locked the hospital telephone. Patients had to request to use the phone. This was because some patients had restrictions on their telephone use. However, most patients had access to a mobile phone and staff gave patients access to the phone when they asked.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Patients could smoke in the garden. Staff offered smoking cessation referrals to patients and staff gave us examples of patients who had engaged in smoking cessation.
- Informal patients could leave at will. There was information about how they could do this and an informal patient had a fob so that he could leave and enter the ward when he chose to.

Use of restrictive interventions

- The ward did not use seclusion or long-term segregation.
- Staff had used restraint on 65 occasions for six patients between April 2018 and October 2018. On 33 of these occasions staff had used restraint for one patient. There had been a reduction in incidents concerning this patient. There had been one occasion of prone restraint in the last six months and this had occurred when a patient had put themselves into this position when staff were carrying out a restraint.
- Staff rarely administered rapid tranquillisation to patients. In the year prior to our inspection staff had used rapid tranquillisation on eight occasions for four patients. Staff followed the provider's policy which was in line with National Institute of Health and Care Excellence guidelines. Staff monitored patients after using rapid tranquilisation and carried out physical health observations.
- The organisation had a reducing restrictive interventions programme. Staff audited blanket restrictions with patients every six months. worked to reduce restrictive interventions and ensured they assessed patients' risk individually.
- Staff developed and implemented good positive behaviour support plans (PBS) and followed best practice in anticipating, de-escalation and managing challenging behaviour. As a result, staff only used restraint after attempts at de-escalation had failed. We saw PBS plans documented the use of sensory equipment such as weighted blankets with patients.
- When staff used de-escalation and this did not develop into an incident they recorded this and considered what had triggered the patient's behaviour. Staff recorded this on an incident log. This incident log formed part of the START risk assessment forms.
- Staff understood the Mental Capacity Act definition of restraint.

Safeguarding

- Staff understood how to protect patients from abuse and exploitation and all staff had completed training in safeguarding. All staff were up to date with safeguarding of adults and children training. The hospital manager was the safeguarding lead. Staff knew how to raise a safeguarding alert and did so when required.
- Staff gave examples of how they had protected patients from discrimination and harassment. Staff talked about patients with protected characteristics that they had worked to keep safe and had protected from discrimination.
- Staff were aware of the sexual safety of patients and ensured there were enough staff to manage sexual safety on the ward. Staff also ensured that they worked with patients to understand healthy sexual relationships and keep safe in the community.
- Staff knew how to identify adults and children at risk of significant harm. They gave us examples of how they had protected adults and kept them safe. Staff worked in partnership with other agencies. The hospital met with local authority safeguarding team once every three months to ensure good communication and information sharing.
- Children did not regularly visit patients. However, there was a room off the ward for this. This only took place after staff had completed a full risk assessment.

Staff access to essential information

- Staff had easy access to clinical information. All staff, including bank staff could access and record on both paper and electronic records. The hospital used a secure electronic record system. Staff printed off key documents and kept these in well organised up to date files and stored them securely. Paper copies were easily accessible for staff and external professionals.

Medicines management

- Staff followed best practice in medicines management. We looked at nine medication charts and prescribing and administering medication was in line with national guidance. We found one gap in recording in the medication charts. This related to a missing signature

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

for medication and allergy status and this was corrected when we raised this with the manager. Where appropriate staff supported patients' independence and to self-administer their medication.

- The hospital implemented the STOMP project. STOMP is a national initiative that aims to stop the overuse of psychotropic medication. It stands for 'stopping over medication of people with a learning disability'. The doctor regularly reviewed medication and staff worked with patients to reduce medication where possible. There was evidence in the reduction of the hospital medicines budget that STOMP was helping to reduce the amount of medication patients were prescribed.
- Records showed staff regularly reviewed the effects of medication on patients' physical health in line with relevant National Institute of Health and Care Excellence guidelines. Staff ensured that they monitored patients prescribed anti-psychotics appropriately; with regular blood tests. They carried out electrocardiograms to monitor cardiac health. Where patients were prescribed a high level of anti-psychotic medication staff used the Glasgow Anti-Psychotic Side-effect Rating Scale to monitor side effects.

Track record on safety

- There had been no serious incidents take place in the year prior to our inspection.

Reporting incidents and learning from when things go wrong

- Staff recognised incidents and reported them appropriately. There had been 223 incidents reported in the six months prior to our inspection. 133 of these incidents were for violence or verbal aggression from patients towards staff. There were other incidents reported including safeguarding concerns, information governance errors, medication errors and self- harm.
- Staff understood duty of candour. They described how they shared information with patients and commissioners when incidents happened. For example, when medication errors took place staff discussed them with patients. The hospital manager gave us an example when they had followed duty of candour and apologised to a parent for an incident that affected their son.
- Staff met to discuss feedback from incidents at team meetings, handovers and daily multidisciplinary meetings. Staff recorded discussions at meetings apart from at handovers, this meant there was not a record of some of the discussions that took place. There was an email bulletin for staff which outlined learning from incidents from across the organisation. There was evidence that changes took place after incidents.
- Nurses and managers were debriefed and received support after significant incidents. Staff also debriefed patients following an incident where appropriate. They reviewed how the incident had taken place and whether there was any learning for the patient and staff that they could use in the future.

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Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- Our inspection team reviewed six care records in detail on the day of our inspection.
- Staff completed a comprehensive mental health assessment prior to admission as part of the assessment process.
- The doctor carried out a physical health assessment of each patient after admission. This physical health assessment was thorough and informed future physical health care planning.
- Care plans reflected the patient's needs identified at assessment. Each patient had an 'All about me' booklet. There was information that described the functions of patient's behaviours and environmental factors or triggers that may impact the behaviour. This booklet was taken to external appointments so that other people could understand the patient's needs.
- Care plans were holistic, person centred and focused on achievable recovery goals. They were in line with the care model identified in Transforming Care. This model aims to improve the lives of people with learning disabilities and to support people to live in their local communities. Staff reviewed care plans at multidisciplinary ward round once a month. Care plans we reviewed were up to date. Care plans were individualised and focused on building skills and independence ready for discharge.

Best practice in treatment and care

- The hospital provided a range of treatment interventions recommended by National Institute for Health and Care Excellence for this patient group. These included; psychological therapies, medication, group, leisure and skills building activities and training and work opportunities to help patients develop independent living skills.
- There were a wide range of interventions and activities that patients could access. The speech and language therapist, psychologist and occupational therapists worked together to provide these. Staff specifically adapted interventions for each patient's needs. Each activity programme was tailored for each patient. This helped patients to develop in a range of ways including managing emotions, managing mental health symptoms, staying safe, developing life and social skills and preparing for discharge. We reviewed data that demonstrated that patients nearly always achieved 25 hours of activity week.
- Staff ensured that patients had good access to physical health care. Each patient had a physical health care folder where staff stored physical health information. All patients had a health action plan and when required accessed specialists; including diabetes specialists. There was a monthly well man's clinic that patients attended. Staff used a specific tool to measure patient's distress and pain; the Disability distress assessment tool (DISDAT). Staff supported patients to attend annual physical health reviews through their GP.
- Care records demonstrated that patients' nutrition and hydration needs were well managed. The speech and language therapist and the occupational therapists supported patients with swallowing difficulties.
- Staff supported patients to live healthier lives. There was information around the importance of being active and eating a balanced diet on notice boards in the communal areas. There was a notice board that had information on about men's health in a way the patients could understand. Two patients had been engaged with smoking cessation. The hospital had a gym and encouraged patients to stay active, Patients used the local swimming pool. Care records demonstrated that staff supported patients to see opticians and dentists.
- Staff used a variety of rating scales to assess and support patients' progress. These included the Health of the Nation Outcome Scale for learning disabilities Model of Occupation screening tool Behaviour Problems Inventory Assessment of Motor and Process Skills.
- There was an organisational audit cycle that staff worked on and this included health and safety, restrictive practices, information governance, and physical health care. The commissioned pharmacist completed weekly medicines audits. One of the organisational quality leads audited care records and verified whether care and treatment was in line with National Institute of Health and Care Excellence guidance.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff were involved in quality improvements including the leadership forum and developing a patient led discharge pathway.

Skilled staff to deliver care

- Staff who worked with patients were from a range of disciplines including occupational therapists, a counselling psychologist and assistant psychologists, a speech and language therapist and art therapist. Staff included support workers, a therapy coordinator, nurses and a consultant psychiatrist and junior doctor. In addition to this, the service commissioned a pharmacist.
- Staff were experienced and qualified. Nurses came from a range of professional backgrounds including learning disabilities, mental health and physical health.
- New staff received an induction. Staff told us that this was a good experience and that this helped them to feel prepared for the job. Induction included mandatory training and Managing Actual and Potential Aggression training. All new support workers completed the care certificate.
- Staff received supervision; 90% of staff had received regular supervision. Supervision took place every six weeks. Professional staff all received supervision from staff within their specific discipline and attended peer support sessions.
- Team meetings and nurses' meetings took place and we reviewed minutes from these saw that these were an open and supportive forum to discuss daily activities, reflect on how to make improvements and review incidents and issues.
- Not all staff had received an appraisal; 74% of staff were up to date with their appraisal. The hospital manager was aware of this and had booked outstanding appraisals to take place. The organisation's human resources department monitored appraisal completion levels at bi-monthly meetings.
- A high level of staff had completed a range of training that was specific to patients with learning disabilities. This training included autism, epilepsy, dysphagia, diabetes and monitoring physical health. Managers supported the multidisciplinary team professionals to access specialist training for their roles to improve their knowledge and skills in specialist areas.
- Managers dealt with poor staff performance and absence effectively and the hospital manager discussed examples of this having taken place.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team and managers attended a meeting each morning on Monday to Friday. At this meeting they reviewed a range of subjects including patients, levels of observations, risk and other matters for the day including reviewing incidents and complaints. We observed this meeting and saw that it was well attended, that there was through discussion and minutes were recorded.
- There was a multidisciplinary ward round meeting every week and each patient was reviewed at least once a month in this meeting. We observed a ward round meeting. There was a good representation from each of the professional disciplines. The ward round was holistic and there was a thorough review of the care plan. The patient was fully involved in this process and there was a full multidisciplinary input into the patient's care
- Ward handover meetings took place twice a day. Staff reviewed patients and recorded this. An occupational therapist attended the handover and led a review of one patient each morning. Staff told us that this helped them to understand patients better. Staff also discussed issues raised at the multidisciplinary morning meeting including complaints and incidents but staff did not record this part of the handover.
- The hospital had good working relationships with professionals external to the organisation including commissioners and those that provided aftercare services. The staff worked with external professionals to achieve good outcomes for their patients. Staff from the multidisciplinary team attended the Autism Partnership board meeting in Sheffield and shared the best practice from this with the team. This helped to develop the service and improve the care of patients with autism.

Adherence to the MHA and the MHA Code of Practice

- Staff understood their roles and responsibilities under the Mental Health Act and the Code of Practice. At the time of inspection, 100% of staff had completed training in the Mental Health Act and its Code of Practice.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff knew where to get administrative support and legal advice around the Act. The Mental Health Act administrator was based at the hospital.
- The hospital had up to date policies and procedures that reflected the most recent guidance and staff had easy access to these.
- Staff displayed information about independent mental health advocacy services on patient noticeboards. This information was accessible for patients.
- Staff explained patient's rights to them. They revisited these at least three-monthly. Staff gave these to patients in an accessible format and this activity was monitored by the Mental Health Act administrator.
- Staff ensured that patients could take section 17 leave and there was evidence of staff supporting patients to take leave regularly. Staff offered patients and carers a copy of leave forms.
- The ward had notices explaining to informal patients how they could leave the ward. This was in an accessible format.
- Staff were aware when a request for a second opinion appointed doctor was necessary.
- All treatment cards had the correct consent to treatment forms and capacity assessments stored with them.
- Staff stored Mental Health Act paperwork correctly and this was available to all staff.
- The Mental Health Act administrator completed regular audits of the Mental Health Act paperwork to ensure staff applied the Act correctly.

Good practice in applying the Mental Capacity Act

- At the time of inspection, 100% of staff had completed training in the Mental Capacity Act.
- Staff demonstrated that they understood the Mental Capacity Act and its five guiding principles. Staff gave good examples of how they applied this in their daily work with patients.
- There had been one deprivation of liberty safeguarding application made in the last year and staff monitored this appropriately.
- There was an up to date policy on the Mental Capacity Act and staff knew how to access it. Staff asked for advice from the regarding the Mental Capacity Act from the multidisciplinary team, the hospital manager and Mental Health Act administrator.
- Records showed staff supported patients to make a specific decision for themselves before they questioned whether the patient lacked the mental capacity. For patients who did lack the mental capacity to make a specific decision, staff discussed the best interests of the patient with carers and other professionals when required.
- Nurses and the Mental Health Act administrator reviewed capacity assessments regularly to ensure staff completed them correctly.

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- All staff showed warmth towards patients when communicating with them. They respected patients' privacy and dignity in their daily work. They spoke about patients in a caring manner and we observed staff giving patients appropriate emotional support. Staff were respectful of patients and responsive to their needs. Staff went the extra mile to work with patients in a way that suited their individual needs and demonstrated that there was a person-centred culture in the hospital.
- Staff supported patients to understand and manage their care, treatment and condition. They did this in a genuine and wholly participatory way engaging patients in way which they could understand using personalised accessible communication tools to do so. This was evident in care records and from the conversations we had with staff and patients.
- Staff supported patients to access services in the community both for health and meaningful activity and leisure. For example; some patients visited local swimming pools or helped with forest management. Staff supported patients to attend a local GP's surgery and other health facilities where staff were skilled in working with the patients who had learning disabilities. Staff and patients went on days out to local places of interest including National Trust venues.
- All five patients we spoke to were consistently positive about the way staff interacted with them. They said the staff were kind and caring. Patients said staff behaved appropriately, were very respectful and behaved well towards them. They were positive about the support they had received and said staff were always available for them. Patients demonstrated respect for the staff too.
- Staff showed an in depth understanding and commitment to patient's personal, cultural, social and religious needs. We saw a holistic approach to care that really treated patients as individuals. This was evident in all our conversations with staff and in care records. We saw that staff understood patient's individual needs and really understood their preferences and worked to facilitate these. Staff were innovative in supporting patients to do the things they wanted to. Patients gave us examples of this and told us they felt valued by staff.
- Staff were confident they could raise concerns about discriminatory behaviour and that they would be supported with these concerns. Staff were alert to patients who were at a higher risk of discrimination and worked to ensure they were safe.
- Staff ensured that they maintained the confidentiality of patients by keeping written information about them securely and by ensuring that they had permission to share information about patients with their family.

Involvement in care

Involvement of patients

- When patients were admitted to the ward staff supported them understand and orient themselves to the ward. The information that staff gave to patients was in an accessible format that suited their communication needs.
- Patients were genuinely involved in care planning; they were active partners in their care and took responsibility in their future. Staff were fully focused on patients being as independent as they could be. The voice of the patient was clear in care plans. Care plans in easy read format were a record of the full care plan and were accessible for patients. At multidisciplinary ward round patients were actively encouraged to talked about the parts of the care plan that were most important to them. Patients were a core part of this meeting and very much an equal party. Staff offered all patients a copy of their care plan.
- Staff communicated with patients in the way that suited the individual patient's needs best. The speech and language therapist assessed each patient's preferred communication style and developed and supported staff to communicate effectively with patients. Staff demonstrated a detailed understanding of patients' individual ways of using signs and their body language to describe how they felt. Staff reflected on how they could support patients better with their communication and ensured patients had the right communication aids such as emotional symbol key rings to patients communicate their feelings better.

Are services caring?

Outstanding ☆

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- The occupational therapist and assistant psychologist had recently supported a successful discharge by offering training to professionals external to the hospital who worked with the patient. This training supported other professionals to communicate with the patient effectively. This joint approach involved the patient's Mother who told the hospital how helpful this had been.
- Patients were fully involved in decisions about the service. The staff empowered patients to have a voice. There was a people's council and two patients were representatives at this. These patients were to represent the hospital in clinical governance meetings in the future. The therapy coordinator and a patient were working on a project to decorate the gym, review gym use and change the apparatus. They discussed this at the people's council and this was an opportunity for the patient and staff member to feedback all other patients' feedback about the changes.
- There were many opportunities for patients to give feedback on the service that they received through feedback boxes, at weekly community meetings and in daily planning meetings. Feedback was actively encouraged. We observed a planning meeting and saw that patients fully engaged in the process and that they gave feedback on what their preferences were for activities. The advocate was in the process of carrying out a patient survey. Staff listened to patients' feedback and made changes to daily planning and the service in general because of patients' ideas.
- Patients had good access to advocacy; staff recognised that patients should have regular access to advocacy. All patients worked with the Independent Mental Health Advocate who spent 12 hours a week on the ward. Staff displayed the details of the local advocacy service on the ward. The ward also worked with the Independent Mental Capacity Advocate where patients' families were not involved in their care and patients did not have capacity to make a decision.

Involvement of carers

- Staff said that involving carers could often be difficult as some families lived a long way away or were not involved in patient's care. However, staff worked well with carers where they could. The hospital invited carers to multi-disciplinary meetings, Care Programme Approach and Community Treatment Review meetings. Staff organised this by teleconference or skype if families could not travel. Staff collected and dropped carers off to local transport links when they visited the hospital. Staff offered carers a carer's assessment.
- Staff enabled families and carers to give feedback. There were feedback boxes and the advocate was in the process of carrying out a family and friends survey. Carers did not attend community meetings although staff had invited a carer to give feedback at the people's council but they had declined.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The hospital had 20 beds and there were 19 patients at the time of our inspection. Most patients were referred to the hospital were from the northern part of England. However, the hospital took referrals from the whole of the country. The hospital supported patients to maintain links with their local teams. There were beds available for patients living in the catchment area.
- The service worked to deliver on strategy set out in NHS England's 'Transforming Care programme.' This service was a high dependency rehabilitation unit. Many of its patients were admitted from forensic services. Patients had individualised programmes of care and treatment with a wide range of activities to prepare them to live more independently in the community, patients had regular care and treatment reviews and staff worked with patients to achieve successful discharges.
- The hospital was discharge orientated. Care was recovery focused and discharge planning started within the month that patients were admitted to the hospital. The patient took the lead in discharge planning and this was supported by the multidisciplinary team. The hospital had started to work closely with learning disability community teams and other relevant professionals from the start of a patient's treatment to ensure that the discharge plan was effective and that the patient was at the centre of this. Staff and patients had designed a 'hopes and wishes' care plan.
- The average length of stay was 26 months but there was one patient who had been at the hospital for longer than this. Most patients stayed at the hospital for 18 months. We spoke to a commissioner about the patient who had been at the hospital for seven years. They told us they were assured the hospital had done everything that they could to support discharge but there were delays outside of the hospital's control.
- Patients had their own room and always had a bed when they returned from leave.
- Staff discharged patients between the hours of 9am and 5pm. Delayed discharges were rare. The hospital manager told us discharges were usually caused by: insufficient community provision to meet the needs of patients, delays caused by funding from or staff changes in community care teams and risk aversion from external organisations and professionals. There had been nine discharges made in the year prior to our inspection,
- Staff supported patients during transfers and discharge. Staff supported patients after discharge if required in their new care provision. Staff gave us an example of doing this for many weeks until the patient was stable and had settled.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own bedroom with and ensuite shower and toilet.
- Patients could personalise their bedrooms and we saw examples where patients had done this.
- All patients had a key to their room and could lock their door unless there was a specific risk issue. They also had a safe in their room where they could keep valuable items.
- There was a wide range of rooms for patients and staff to use including a computer room, two lounges, a dining room, snooker room, faith room, art space, gym, two clinic rooms, a treatment room and an MDT room.
- There was enough space for patients to have quiet space and for visitors to see patients in private.
- There was a private phone booth that patients could make phone call from in privacy.
- Patients had access to an outside garden and there was also a basketball court and greenhouse area.
- Patients did not raise concerns about the quality of the food. When we carried out our Mental Health Act review visit earlier in the month we had identified that there were issues with portions and food choice. The manager and kitchen staff had met to make changes to this and this had improved.
- Patients could make hot drinks and snacks. The kitchen for patients was locked due to risk for some patients. Staff were available in the snooker room where the kitchen hatch opened onto to make drink and snacks. Other patients who had been risk assessed could use the kitchen.

Patients' engagement with the wider community

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

- Patients had access to education and meaningful occupation. There was tutor who attended the service and taught maths and English skills. Patients had the opportunity to complete therapeutic paid work for the hospital. This help patients to develop skills for their discharge. For example, tidying or buying good from local shops. One patient was preparing to work on a local farm and other patients volunteered in forestry management.
- Staff supported patients to have contact with their families and carers. Staff supported home visits for patients.
- Staff encouraged patients to develop relationships with people that mattered to them both in an out of the hospital. Patients engaged in community activities such as dancing, swimming the cinema and bowling.

Meeting the needs of all people who use the service

- The hospital was accessible to wheel chair users, with a lift and an adapted bathroom.
- All information was in easy read format. The speech and language therapist worked to ensure all information was accessible to all patients including patients who preferred to spoken word. The hospital had 'talking tiles' on some of their notice boards.
- There was a wealth of accessible information accessible to patients. All information displayed was accessible for patients with a learning disability. This included patients' rights, health, activities and how to complain and access advocacy or contact the CQC.
- Staff said there was easy access to interpreters and signers when required. If English was not a patient's first language, staff used interpreters and translators to support patients.
- The kitchen staff provided food to meet the dietary needs of patients of faith. Staff gave examples of this for a Muslim and Sikh patient.
- Staff ensured that patients had access to appropriate spiritual support and this included attended local places of worship. There was a faith room with literature about different faiths and this provided patients with a quiet space. The staff gave us examples of how they had supported patients well and facilitated their wishes around faith. There was a plan for a new patient who was a Christian to be supported to attend his usual place of worship every fortnight; this was over 50 miles away. This enabled the patient to maintain the support of his congregation. Another example was of a patient who had his section 17 leave refused and could not attend Diwali. Instead the staff created a Diwali celebration at the hospital for him as an alternative.

Listening to and learning from concerns and complaints

- The hospital had received 14 complaints in the 12 months prior to our inspection. Of these seven were not upheld, five partially upheld and two upheld. In the same period the hospital received five compliments. We reviewed a serious complaint and were satisfied that the hospital had managed this appropriately and supported the carer who made the complaint.
- The hospital encouraged complaints and feedback from patients, patients were offered the opportunity to do this on a daily basis. There was information about how to make a complaint throughout the wards and patients told us they knew how to complain.
- Patients received feedback from complaints and the speech and language therapist supported staff to ensure this was in an accessible format that suited the patient's individual communication style.
- Staff ensured that they protected patients from harassment or abuse if they made a complaint.
- All patients, carers and staff we spoke to knew how to raise a complaint or compliment if they needed to. Information was about making a complaint was on notice boards.
- Staff received feedback from complaints through supervision, handover and team meetings. Complaints were reviewed at local clinical governance meetings and shared with staff. Complaints were discussed at regional governance and escalated to the board if required.

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Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

Leadership

- The hospital manager and head of care were both qualified nurses and had the knowledge and experience to carry out their roles.
- The hospital manager, regional director and head of care had a good understanding of all aspects of the hospital and the transforming care agenda. They ensured that the hospital was working in the right way to support patients. The hospital manager and head of care could clearly explain how they worked with their team to continue to improve care. All managers understood where the challenges were for the service.
- The leaders in the service were visible, approachable and played an active part in the team. Patients did not hesitate in speaking to them informally or to the hospital manager through the patients' council. We spoke to patients who told us they went directly to managers with queries and complaints and we saw patients speaking to the head of care when we carried out our inspection. The regional manager visited the service regularly and senior managers in the organisation visited the hospital annually. Staff told us managers were approachable and supportive.
- There were leadership and development opportunities available for staff. Support workers could become team leaders and a support worker had recently changed role to a therapy coordinator. All managers even those who had already completed a leadership qualification were due to start a new 18-month long leadership course. In the interim the clinical lead occupational therapist had taken the lead in developing a leadership forum. This was open to all staff to attend. There was a range of diverse reading material available to staff about the subject and the forum meetings provided an opportunity for staff to discuss leadership and how they could further improve.

Vision and strategy

- Staff knew the vision and values of the organisation. These were updated in April 2018 when the hospital and staff had been transferred from their previous employer to Cygnet. The doctor was the team champion for values in the team.
- The values and vision of the organisation formed the structure of appraisal documents and the staff were able to talk about how they incorporated values. Staff throughout the organisation had been involved in designing the new values.
- The hospital had held team strategy meetings. These took place once every three months and gave staff an opportunity to discuss strategic matters. Staff were consulted where changes took place and they received email updates from senior managers about organisational changes.
- Managers could explain how they delivered the service within the budget available and how they ensured they were staffed properly. Managers were able to explain how they complied with the national Transforming Care programme aim of reducing hospital admissions for people with learning disabilities or autism.

Culture

- All staff told us that they felt well supported and valued in their roles. They felt respected by staff and managers.
- Staff were happy and proud to work for the organisation and demonstrated a high level of satisfaction with the team. They said that the team culture had improved with new leadership and were consistently positive about their experiences working at the hospital.
- Staff were happy to raise concerns without fear of retribution. They could speak out and felt listened to. There were bullying and harassment officers who worked across the organisation if staff needed to talk to them.
- Staff knew how to whistle blow and where to find the policy for this online.
- There was evidence that managers managed poor staff performance effectively. The hospital manager gave examples of this.
- The team worked well together. Staff told us that there were good relationships throughout the team across the different roles. We observed this during our inspection.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Some staff had not completed an appraisal. At the time of our inspection 74% of staff were up to date with their appraisal. Those staff who were due an appraisal did have these booked in. Appraisals included conversations about personal development and careers. Staff gave examples of how they were being supported to develop in areas where they had less experience or wanted to develop further.
- The hospital displayed the rainbow flag throughout the service and had recently offered staff face to face training facilitated by a lesbian, gay bisexual and transgender (LGBT) group. Staff told us the organisation offered equality of opportunity. We staff work with a transgender patient appropriately and sensitively. There was the LGBT symbol of the rainbow flag displayed throughout the hospital. The hospital had a zero-tolerance approach to racism; staff reported any racism to the police. The hospital had recently celebrated black history month.
- The service's sickness level was 3.7% this was slightly above the organisational average of 3.5%.
- There was an occupational health service for staff and a free phone line where staff could access support and counselling.
- The organisation had staff awards called Acts of Random Kindness (ARK). Staff could put forward colleagues for this. The organisation also gave patients and staff a Christmas present and there were financial incentives and rewards for staff in long service.

Good Governance

- There was a clear framework of what should be discussed at meetings; at ward, hospital and regional level. Staff shared information effectively and learning from incidents and complaints took place. There was a clear pathway from the ward to the top of the organisation for sharing information. Senior managers and hospital managers met regularly to discuss bed availability, blockages, patient progress, governance and best practice and updates from these meetings were shared with front line staff.
- We saw that staff had made changes following incidents and a significant complaint. The staff were responsive and there was a culture of learning from incidents. Changes made were recorded so that these could be monitored by senior managers.
- Local audits took place as part of an organisational audit cycle. Audits were effective and we saw examples of actions from audits that staff had completed in the required time frame. Staff who worked as Quality Leads also carried out audits of the care environment.
- Staff worked well with other teams to ensure that patients were safe and that they progressed successfully in their recovery. We spoke to professionals who worked with the service, they were happy with how the hospital communicated with them.

Management of risk, issues and performance

- The hospital manager had access to the risk register and staff could raise issues in team meetings if they had concerns. The items on the risk register related to environmental risk and risk to patients.
- The service had a business continuity plan. The plan outlined what actions the staff and service should take in the case of emergency.
- Staff told us there were no cost improvement programmes in place and that there were no issues for them to access funds for what they required.

Information management

- Staff had access to computer systems and a suitable patient information system
- The information governance systems ensured patient records were confidential.
- The hospital manager had the information that they required for their role. Data about quality of care, staffing and performance was accessible and the hospital manager monitored the hospital's performance and reported weekly to the regional manager.
- The dashboard system that the hospital manager used to manage, monitor and improve performance was clear and accessible to other managers and staff. A wide range of performance issues were reported on the system. This included staff supervision and training, restraints, patient activity and care plan progress.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff made notifications to the Care Quality Commission. Staff completed notifications effectively and promptly.

Leadership, Morale and Staff Engagement

- Staff received up to date information about the organisation and the service from their managers. The most senior managers in the organisation communicated with staff regularly by email and information from managers meetings was shared with staff at team meetings and handover and daily multidisciplinary team meeting.
- We saw evidence that staff shared up to date information about the service at patients' community meetings. Updates were shared with carers at Cygnet forums. Cygnet had an up to date website with information about their services.
- Patients and carers could give feedback about the service and they could do this in a way that met their needs. Patients and carers could feedback via surveys and directly to senior managers by email if they wished.
- Staff had access to feedback from patients and carers and there was evidence that staff had listened to this and considered the feedback patients had given.
- Patients and carers views were considered when changes were made to the service. Patients were fully involved in the changes made to the discharge process and had been asked to review how successful the approach was.
- Patients were able to meet with the regional operations director when they visited the hospital. The regional director visited the hospital at least once a fortnight.
- Cygnet had a Commissioning lead who liaised with commissioners. In addition to this the hospital manager had good quality, regular communication with commissioners

Commitment to quality improvement and innovation

- Staff were encouraged to be involved in change and quality improvement. Managers valued their work and ideas. There had been recent changes made to the multidisciplinary ward so that it was more patient centred following a suggestion from staff.
- The occupational therapist was due to present a paper at an autism conference and the occupational therapists were attending 'autism dialogue.' a conference led by people with lived experience of autism.
- There were innovations taking place in the hospital including developing effective plans about how the ward could improve discharge and put the patient at the centre of the process.
- Staff did not take part in national audits.
- The hospital manager talked about their plans to start an accreditation scheme with the Accreditation for Inpatient Mental Health Services.