

**Good** **Cygnnet Health Care Limited**

# Cygnnet Lodge Brighouse

## 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)
1-130486855	Cygnnet Lodge Brighouse		HD6 3EL

This report describes our judgement of the quality of care provided within this core service by Cygnnet Lodge Brighouse. 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 Cygnnet Lodge Brighouse and these are brought together to inform our overall judgement of Cygnnet Lodge Brighouse.

# 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?

Good 

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 Lodge Brighouse as good because:

- Risks, such as patients absconding or using illicit substances, were mitigated with individual up to date risk assessments and observations as required. Emergency equipment was accessible and checked regularly by staff. Staff knew how to recognise different forms of abuse and how to report it.
- There were enough staff on each shift and this was sufficient to meet the needs of patients. This meant that no activities and escorted were cancelled.
- Detailed assessments of patients' mental and physical health needs were made by staff, and used to inform care plans. Care plans were up to date, holistic and recovery orientated. Patients received physical health checks and could access a GP as required.
- Staff had completed mandatory training, with a 92% completion rate, and some staff had attended additional training to develop their skills.
- Patients had access to psychological therapies and a good substance misuse programme. A strong multidisciplinary team worked well together.
- Patients had access to therapeutic and social activities and benefited from active community integration work.
- We saw positive, kind, and caring interactions between staff and patients. Staff knew patients and understood their individual needs. Patients were routinely involved in their care planning and reviews. Patients had their rights under the Mental Health Act explained to them on admission and at regular intervals.
- Families and carers were welcomed in the hospital and involved in care planning and decision-making where appropriate. Staff treated patients respectfully. Hospital facilities were good and were used effectively to meet the individual needs of patients. The food was of good quality, and patients were satisfied with the menu.
- Staff recorded complaints and we saw that they were responded to appropriately. People were encouraged to complain if they were not satisfied.
- Staff understood and shared the values of the organisation; they were committed and passionate about the work they did. We saw examples of innovative practice such as each patient been allocated £1000 on admittance to personalise their bedrooms.
- The culture of the hospital was open and transparent. There was good leadership at a local level and a culture of and commitment to continual improvement.

# Summary of findings

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

### Are services safe?

We rated safe as good because:-

- The environment was visibly clean and well maintained. Ligature points were risk assessed. A ligature point is anything that can be used to attach a cord, rope or other material for the purpose of self-harm.
- The hospital had good staffing levels to meet patients' needs and mandatory staff training was up to date.
- There was evidence of good individualised risk assessments. Staff carried out an assessment of patients' potential risks promptly on admission. Staff used least restrictive practices.
- Staff recognised and reported safeguarding concerns.
- All incidents were reported to the manager. Incidents were logged on the provider incident reporting system. Some incidents were included on the risk register and actions taken to mitigate further issues.
- Staff checked emergency equipment regularly to make sure it was working and was easily accessible.

Good



### Are services effective?

We rated effective as good because

- Comprehensive assessments of patients' needs were carried out on admission and revised as needed.
- Care plans were in place to address patients' needs, and these were reviewed regularly. These included good oversight of patients' physical health.
- Staff received appropriate induction, training, and appraisal.
- Patients had good access to psychological therapies, and a substance misuse programme.
- There was a strong multi-disciplinary staff team who worked together to support patients.

Good



### Are services caring?

We rated caring as good because;

- Staff were kind and compassionate and had a good understanding of patients' individual needs.
- Patients received a good introduction to the hospital, and were involved in planning their own care and treatment. Patients were able to contribute to the development of the hospital, and were involved in making decisions about improvements and recruitment.

Good



# Summary of findings

- There were excellent examples of patient involvement in the hospital, and patients' views were listened to and responded to appropriately.
- There was evidence of family involvement, and patients had good access to advocacy services.

## Are services responsive to people's needs?

We rated responsive as good because;

- The hospital environment was pleasant with good facilities, patients were able to personalise their bedrooms, and were given financial assistance to do this.
- Patients had access to a good and varied range of activities in the hospital, including internet access and a well-maintained garden area.
- There were excellent links into the wider community, including the recovery college, and staff were aware of the diverse needs of patients.
- Information on complaints was available to patients and complaints were dealt with accordingly.

Good



## Are services well-led?

We rated well led as good because;

- Staff understood and shared the values of the organisation and were passionate about the work they did.
- There were clear governance structures in place, which supported quality monitoring and assurance and facilitated improvements.
- The involvement coordinator had ensured that patients had the opportunity to talk about the hospital and give feedback about their care and treatment, in a variety of innovative ways. Senior managers were very responsive to feedback from patients and staff.
- There was a strong culture of patient involvement across the service that was driven by a committed multi-disciplinary team.
- There was excellent leadership at both hospital and senior manager level and a culture of and commitment to continual improvement and innovation.

Good



# Summary of findings

## Information about the service

Cygnnet Lodge Brighthouse is an intensive community rehabilitation unit providing patient care, support and therapy in a relaxed, homely environment. It accommodates up to 24 male and female patients with mental health needs.

The hospital takes referrals from acute, psychiatric intensive care units, low secure, medium secure and other related services. The hospital has close links with local amenities such as colleges, sports centres, and other community services.

The CQC inspected Cygnnet Lodge Brighthouse in January 2014. At that time, the hospital was not compliant with one regulation. The breach in regulation was in assessing and monitoring the quality of service provision. During this inspection, we checked to see if improvements had been made and found that the hospital was compliant.

The last Mental Health Act review was in August 2015, and recommendations were made. Cygnnet Lodge Brighthouse responded with an action plan and we found that improvements had been made.

## Our inspection team

Our inspection team was led by:

**Team Leader:** Jonathan Hepworth, CQC hospital inspection manager (Mental Health)

The inspection team included CQC inspectors, mental health nurses with experience of long-stay rehabilitation,

a psychologist, two experts by experience, and a Mental Health Act reviewer. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them.

## Why we carried out this inspection

We inspected this hospital 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' experience of care, 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?

Prior to the inspection, we reviewed a range of information we held about Cygnnet Lodge Brighthouse and asked other organisations to share what they knew.

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment

- spoke with 11 patients and reviewed 15 patient comment cards about the service
- spoke with the ward manager and the clinical manager
- spoke with nine staff members, including a doctor, healthcare assistants, nurses, an occupational therapist, a psychologist and a substance misuse worker
- attended a weekly multidisciplinary meeting
- looked at six patients' care records
- looked at Mental Health Act (MHA) documentation to check if staff had followed the MHA Code of Practice

looked at policies, procedures and other documents relating to the running of the service.

# Summary of findings

## What people who use the provider's services say

The 11 patients we spoke with were positive about the hospital and their experience of care and treatment. They said that staff treated them with dignity and respect.

Patients said they had the opportunity to be involved in discussions about their care and felt involved in their care planning. They told us they were aware of their medications and potential side effects.

Patients told us they had escorted and unescorted leave. They were involved in developing information about the hospital in welcome booklets and we saw this taking

place as a group activity. Patients we spoke with confirmed that they knew the process to make a complaint and felt confident that issues would be dealt with.

We received 15 written comment cards about patients' experiences at Cygnet Lodge Brighouse, although nine were from the same person. The responses were mixed, with some stating that the hospital was good and others raising issues with doctors.

## Good practice

Patients were allocated £1000, when they were admitted into the hospital. This was to buy goods, which would ease their transition into the hospital, and enable them to personalise their bedrooms.

## Areas for improvement

### Action the provider **SHOULD** take to improve

How Cygnet Lodge Brighouse should improve:

- The provider should review the policy for searching patients, visitors, property, and the environment. The policy should be in line with the current Mental Health Act Code of practice guidance, and should differentiate between informal and detained patients.

## Cygnnet Health Care Limited

# Cygnnet Lodge Brighthouse

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cygnnet Lodge Brighthouse	Cygnnet Lodge Brighthouse

#### Mental Health Act responsibilities

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

We found most staff had a good understanding of the Mental Health Act (MHA) Code of Practice and how it affected their daily work. Staff attendance for MHA training was good with a compliance rate of 86%, with a further training session planned for May 2015.

Patients had access to an independent mental health advocate (IMHA) to support them should they choose to appeal against their detention. There were notices about the availability of an IMHA in the hospital.

A review of four patients' records showed that there was good assessment and recording of capacity, revisiting of patients' rights and section 17 leave paperwork. However, in two patients' files there were no copies of initial statutory detention forms. This was raised and resolved by the ward manager during our visit.

Patients at Cygnnet Brighthouse were being assessed and treated in line with the Mental Health Act 1983. MHA documentation was clearly recorded and up to date and records showed that patients' rights and status under the Act were explained to them.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Health Act training incorporated the Mental Capacity Act training and compliance was good at 86%.

We saw from records that patients were involved in making decisions about their care and treatment. This involved

making decisions about improving life skills, such as budgeting for meals. The ward manager told us that had been no applications to restrict the liberty of patients, to which safeguards would apply, in the last six months.

# 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

## Summary of findings

We rated safe as good because:-

- The environment was visibly clean and well maintained. Ligature points were risk assessed. A ligature point is anything that can be used to attach a cord, rope or other material for the purpose of self-harm.
- The hospital had good staffing levels to meet patients' needs and mandatory staff training was up to date.
- There was evidence of good individualised risk assessments. Staff carried out an assessment of patients' potential risks promptly on admission. Staff used least restrictive practices.
- Staff recognised and reported safeguarding concerns.
- All incidents were reported to the manager. Incidents were logged on the provider incident reporting system. Some incidents were included on the risk register and actions taken to mitigate further issues.
- Staff checked emergency equipment regularly to make sure it was working and was easily accessible.

The hospital met the Department of Health's guidance on eliminating mixed sex accommodation. Fobs were used for access to the separate men and women's bedroom areas. A recent check of the key fobs had found that they allowed access to all areas. Staff had put things right and bedroom areas were now restricted to those who were sleeping there. Patients could lock their own bedroom doors using their own key.

There were no blind spots in the main communal rooms; however, the hospital was over three floors, with narrow staircases, which meant that staff could not always see what was happening in all areas of the building. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks.

There had been no incidents where patients had attempted self-harm by hanging in the previous six months. Ligature points, which include, anything that could be used to attach a cord, rope or other material for the purpose of self-harm, were risk assessed and control measures put in place to minimise the risk to patients. The hospital had ligature cutters available and accessible in case of an emergency. Ligatures points were identified on the environmental risk register, which was updated when necessary.

The fire exit door to the top floor flat was not alarmed, which could cause issues with patients absconded or allowing people into the hospital. The clinical manager said an alarm would be fitted. There was no CCTV, the corporate team was discussing the benefits of installing it; this was confirmed in meeting minutes.

Staff followed infection control practices and had access to protective personal equipment, such as gloves and aprons. The hospital was clean and tidy, had cleaning schedules in place using color coding, and hand hygiene gel was available. Training records showed that 89% of staff had received training in infection prevention and control. Staff checked daily to monitor hygiene and tidiness in the hospital, which was visibly clean and tidy. However, the kitchen in the flat was dirty and tea towels were being used rather than paper towels.

## Our findings

### Safe and clean environment

The hospital environment was clean and tidy, in a good state of repair, and offered an environment conducive for mental health recovery.

The hospital provided accommodation for both male and female patients. The accommodation comprised 24 bedrooms all with en-suite facilities. The top floor had a separate three-bedroom flat with a communal lounge and kitchen. Women's bedrooms were on the top floor and men's bedrooms on the middle floor. The bottom floor was used for therapy rooms, kitchens, communal facilities, an internet café and access to a private garden area. A seven-foot anti-climb wall surrounded the garden area. This prevented patients absconding and protected them from the thirty-foot drop on the other side.

# Are services safe?

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

Call bells were available in all bedrooms and in all corridors for patients to attract the attention of staff. Staff carried personal attack alarms to keep them and patients safe. All staff reported that they had access to alarms.

There was a fully equipped clinical room, although staff carried out some clinical activity in bedrooms. The clinic room had a damaged couch against the wall, which needed replacing.

The hospital had resuscitation equipment that staff checked daily.

## Safe staffing

There were enough staff on duty to meet the needs of the patients. The 11 patients we spoke with confirmed that there were a sufficient number of staff on duty, and there were always staff available in the communal areas. Information from the provider told us that the hospital had 10 full time qualified nurses and 14 full time nursing assistants. There were currently two vacancies for nursing assistants at the time of the inspection.

The provider set a staffing matrix that was used by the hospital, however, staffing levels could be adjusted to take into account increased clinical needs. This included, for example, increased level of observation or patient escort. From the information provided, we saw the average staff vacancy rate between June 2014 and May 2015 was 7.8%.

Bank or agency staff had filled 165 qualified and unqualified shifts in the last 3 months. The provider used the same agency for these shifts, which provided some consistency to the care provided. Bank and agency staff underwent a basic induction, including orientation to the hospital, emergency procedures such as fire, health and safety, and a handover about patients and current risks. A corporate recruitment team had been looking at staffing issues, to reduce the use of agency workers. An overtime rate had been introduced, for permanent staff and there was an ongoing campaign to increase the number of bank workers.

Some agency shifts had been due to one qualified staff member on long-term sick leave and two qualified staff had commenced maternity leave. Cover for staff training had also been required. No escorted leave had been

cancelled in the last six months or activities due to a shortage of staff. Patients told us that they had escorted and unescorted leave and were able to access a range of activities in the community.

Patients were receiving regular one to one sessions with their named nurse and we saw evidence of this throughout the care records that we reviewed.

The hospital had good medical cover with two part-time associate specialist doctors and two part-time consultant. Staff were on call outside normal working hours to deal with emergencies. The hospital also had a full time occupational therapist, a substance misuse worker, a psychologist and an involvement officer one day per week.

Training records showed that, staff were up to date with mandatory training and staff told us that mandatory training was of a good standard. A training plan was in place and further courses were scheduled. Training included equality and diversity 93%, food hygiene 100%, health and safety awareness 96.7%, information governance 89.7%, and physical intervention 81%. The Mental Health Act training incorporated the Mental Capacity act training and compliance was 86% with a further training session planned for later in the year.

## Assessing and managing risk to patients and staff

The six care records we reviewed had individualised risk assessments. These contained detailed information that enabled staff to care for the patients safely. Staff told us that where particular risks were identified, such as a risk to self or to others; measures were put in place to ensure that the potential risks were managed. The individualised risk assessments had taken into account the patient's previous history as well as their current mental state. In addition, they covered aspects of their health including medication, psychological therapies, physical health, and activities. These were updated at reviews, care programme approach (CPA) meetings or after an incident. A recent audit of risk assessments had shown an 83% completion rate for risk assessments; this had been added to the local risk register to improve the standards of completion.

There had been five incidents of staff using restraint between January 2015 and May 2015. Of these, three were total forearm hold standing and one was a total thumbs wristlock. Four of the incidents of restraint lasted under five minutes, while one was between six and eight minutes. Patients told us that staff responded to problems in a calm

# Are services safe?

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

manner, and we were able to see that staff used de-escalation in most cases. The provider reported that prone restraint, which is when someone is pinned face down (prone) on the floor and is physically prevented from moving out of this position, had not been used in the last six months.

Staff in the hospital placed restrictions upon patients dependent upon their risk and their needs. For example, some patients had access to unescorted leave and went into the grounds when they wanted but others had to be escorted and staff supported them to access the grounds at night.

We found that 88% of staff had completed safeguarding vulnerable adults training and 96% of staff had completed safeguarding vulnerable children training. Staff were able to describe what actions could amount to abuse. They were able to apply this knowledge to the patients and described in detail what actions they were required to take in response to any concerns. Potential safeguarding concerns were discussed at the team meetings.

The provider had comprehensive and up to date policies and procedures in place in relation to safeguarding adults and children and the ward manager told us that they had good links with the local safeguarding teams.

Medicines were stored securely and records showed that room and fridge temperatures were recorded daily, with the temperatures within the required range.

## Track record on safety

Between March and December 2014, staff had classified 14 incidents as serious. Two of the incidents related to allegations or incidents of physical abuse, sexual assault or abuse and 12 of the incidents related to substance misuse, patients absconding and issues with key fobs.

Staff collated the number and type of serious incidents and managers reviewed them at local risk management and

governance meetings. Managers shared any lessons learnt from the incidents at team meetings. Staff followed the NHS England patient safety domain serious incident framework, when deciding upon when an incident was deemed as serious,

The corporate risk manager had implemented a corporate lessons learnt. This looked at serious untoward incidents in relation to both external agencies, such as coroner's findings and 20-day executive summary recommendations across all independent hospitals in the organisation. It recorded the nature of the incident, the recommendations from the investigation into what happened (route cause analysis) and a rating of each hospital compliance with these recommendations. We noted that Cygnet Lodge Brighthouse was found by the provider to be compliant with these recommendations.

## Reporting incidents and learning from when things go wrong

Staff knew how to report incidents. They were encouraged to do so by the ward manager and clinical manager. The provider used an electronic recording system

A lessons learnt log was shared at quarterly clinical governance meetings and then shared with staff by the clinical manager. The ward manager told us that they provided feedback in relation to learning from incidents to their teams and we saw that incident logs were kept in the manager's office. The clinical manager dealt with serious Incidents, and would arrange a full investigation, reporting the findings at staff meetings.

Hospital managers had an awareness of the need to report under duty of candour. This had been a topic at their managers meetings. (The duty of candour is a legal duty on hospitals to inform and apologise to patients if there have been mistakes in their care, which could have led to significant harm.)

# 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.

## Summary of findings

We rated effective as good because

- Comprehensive assessments of patients' needs were carried out on admission and revised as needed.
- Care plans were in place to address patients' needs, and these were reviewed regularly. These included good oversight of patients' physical health.
- Staff received appropriate induction, training, and appraisal.
- Patients had good access to psychological therapies, and a substance misuse programme.
- There was a strong multi-disciplinary staff team who worked together to support patients.

## Our findings

### Assessment of needs and planning of care

The ward manager told us that they worked closely with home teams when a referral was made to the hospital. Information was gathered about the patients in order to make an assessment. The team would then meet with the patient regularly to build up a relationship before the patient was transferred to the hospital.

We reviewed six care records for patients receiving care and treatment, these contained up to date care plans that ensured that staff knew how to meet patient's needs. We found the care plans to be detailed and individualised to the patient's needs. In addition, they demonstrated that the patients were involved in the care planning process.

Patients' physical health needs were identified. Patients confirmed, and records sampled showed, that patients had a physical healthcare check completed by the doctor on admission. Medical staff, following the patient's admission to the hospital, documented physical health examinations and assessments. Ongoing monitoring of physical health problems was taking place. The records we saw included a care plan that provided staff with clear details of how to meet patients' physical needs.

### Best practice in treatment and care

To respond to the continuing physical health needs of patients, the hospital had an agreement for specific appointments at local GP practices. Access was good with

patients feeling listened to and conditions managed appropriately. The GP's would visit the hospital if patients were too unwell to leave. In addition, where any patients needed urgent attention, care staff would accompany them to the local accident and emergency department or out of hour's doctor service.

The provider was following a recovery pathway, and 100% of staff were trained in a recovery approach using the mental health recovery tool.

Patients had access to psychological therapies and were offered individual support. Therapy staff delivered a rolling programme, which looked at risk taking behaviors and was well attended. We saw from the notes and by speaking to staff that therapies were widely used in the hospital.

There was a dedicated full time substance misuse worker and assistant who used evidence based interventions with patients. The substance misuse workers provided, Cognitive Behavioral Therapy, motivation techniques and a pathway into community drug and alcohol services. Links had been established with a peer based recovery support group in the community, who deliver SMART, (self-management and recovery training) a science-based programme to help people manage their recovery from any type of addictive behavior.

The occupational therapists assessed patients using the model of human occupation screening tool (MoHOST). They provided group and individual sessions to patients, based upon their assessed need. Staff completed Health of the Nation Outcome Scales (HoNOS). These outcome measures helped to establish the progress and improvement of the patient.

Bi-monthly governance meetings included a review of national guidance. The hospital and clinical managers, and all doctors from Cygnet Lodge Brighthouse, attended the medical advisory committee; this meeting included a review of clinical audits.

### Skilled staff to deliver care

The team included a range of mental health disciplines required to care for the patients. This included an experienced manager and a consultant psychiatrist who had both been with the service for several years. In addition to medical and nursing staff, there were psychologists, an occupational therapist, healthcare support workers,

# 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.

substance misuse workers and a social worker. All new staff underwent a formal induction period, this involved attending a corporate induction and learning about the hospital.

Staff had an understanding of the patients and this was seen during the multidisciplinary team meetings. The consultant psychiatrist told us, that they look at what works for different patients, and if one therapy does not work, they will try another to engage the patient.

The occupational therapists worked as part of the team. We saw that they worked closely with patients, assessing their needs and being involved in the care and therapies offered. Patients spoke positively about this.

The consultant psychiatrist and other medical staff were a regular presence in the hospital and were present at times during our inspection. We observed good interaction between the staff and medical teams.

The manager told us that bank and agency staff underwent a basic induction, including orientation to the hospital, emergency procedures such as fire and a handover about patients and current risks.

We saw 88% of non-medical staff and 100% of medical staff, had an up to date annual appraisal and personal development plan in place, at the time of our inspection.

Regular team meetings took place and staff told us that they felt supported by their peers and immediate managers. Staff also told us they enjoyed good team working as a positive aspect of their work.

Additional opportunities for staff to develop were offered and encouraged. An example was of the mentorship training through Huddersfield, Bradford and Leeds universities, with the provider allowing study time to staff to complete this. The clinical management team was supportive of the progression of staff.

## Multi-disciplinary and inter-agency team work

A multi-disciplinary team (MDT) is a group of health care and social care professionals who provide different services for patients in a coordinated way. Members of the team may vary and will depend on the patient's needs and the condition or disorder being treated.

The hospital followed a multidisciplinary collaborative approach to care and treatment. Nursing staff, a consultant

psychiatrist, specialist doctor, social workers, occupational therapists, advocates and substance misuse workers attended the meetings. There was regular attendance from the independent pharmacist.

We attended a multidisciplinary team meeting, which took place weekly. We observed that this provided opportunities, to assess whether the care and treatment had achieved the desired outcome for patients. The multidisciplinary team meeting was patient centered, well organised, and involved all disciplines. The consultant and other staff showed good knowledge of patients and this was reflected in what patients told us.

Two patients told us that they chaired their own multidisciplinary meetings; they felt less intimidated and more empowered about decisions made about their care and treatment.

The hospital held care programme approach meetings (CPA) that involved multi-professionals. A CPA is a way that all inpatient and community services can be assessed, planned, coordinated, and reviewed at least six monthly, for someone with mental health problems or a range of related complex needs.

Handovers took place at the end of each shift.

## Adherence to the MHA and the MHA Code of Practice

We found most staff had a good understanding of the Mental Health Act (MHA) Code of Practice and how it affected their daily work. Patients had access to an independent mental health advocate (IMHA) to support them should they choose to appeal against their detention. There were notices about the availability of IMHA in the hospital.

A review of four patients' records showed that there was good assessment and recording of capacity, revisiting of patient's rights and section 17 leave paperwork. However, in two patients files there were no copies of initial statutory detention forms. This was raised and resolved by the ward manager during our visit.

Patients at Cygnet Brighouse were assessed and treated in line with the Mental Health Act 1983. MHA documentation was clearly recorded and up to date and records showed that patients' rights and status under the Act were explained to them.

# 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.

The policy for searching patients, visitors, property and the environment, reviewed in February 2015, stated that searching should only take place if absolutely necessary to create and maintain the therapeutic environment, the security area and the safety of patients. However, this did not quote from current Mental Health Act Code of Practice guidance. In addition, it did not differentiate between informal and detained patients.

## **Good practice in applying the MCA**

Records showed that patients were involved in making decisions about their care and treatment. This involved making decisions about improving life skills, such as budgeting for meals. The ward manager told us that had been no applications to restrict the liberty of patients, to which safeguards would apply, in the last six months.

# Are services caring?

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

## Summary of findings

We rated caring as good because;

- Staff were kind and compassionate and had a good understanding of patients' individual needs.
- Patients received a good introduction to the hospital, and were involved in planning their own care and treatment. Patients were able to contribute to the development of the hospital, and were involved in making decisions about improvements and recruitment.
- There were excellent examples of patient involvement in the hospital, and patients' views were listened to and responded to appropriately.
- There was evidence of family involvement, and patients had good access to advocacy services.

## Our findings

### Kindness, dignity, respect and support

We observed that staff interacted with patients in a kind and respectful manner throughout the time of our inspection. Staff were visible in the communal areas and were attentive to the needs of the patients they cared for. We observed many examples of staff treating patients with care and compassion.

Patients we spoke with were positive about the staff in relation to the respect and kindness they showed to them. They said that staff knocked before entering patients' bedrooms. Patients said they had the opportunity to be involved in discussions about their care and felt involved in their care planning. Patients were aware of their medications and any potential side effects.

### The involvement of people in the care they receive

Patients visited the hospital prior to admission, so that they could meet the staff and other patients. During this time, staff allocated them a fellow patient, to orientate them to the hospital. They also received a welcome booklet, which had been designed by the user involvement officer with involvement of other patients; this had recently won an award.

Ten patients told us they had been actively involved in planning their care. We saw that patients' views were evident in their care plans and patients were involved in their multi-disciplinary review meetings.

We received good feedback from the 11 patients we spoke with about the quality of the care and treatment they had received.

There was strong evidence of patient involvement, through the dedicated involvement officer who worked across the different hospital sites. There was evidence of 'have your say' meeting dates on information boards and 'You said, we did' boards, which collated feedback from comments boxes, community meetings and therapy groups.

Community meetings took place every morning including at the weekends. Meetings were usually chaired by patients, and attended by, the ward manager, occupational therapist, psychological and medical staff. Minutes were taken and we saw evidence of action being taken in response to concerns that were raised. Patients had worked with the involvement officer to produce a hospital expectations document, which set standards of what was expected in the hospital and this had been shared with staff for comments.

All patients spoken with told us they had opportunities to keep in contact with their family where appropriate. Visiting hours were available to families and friends of patients. We found there was a sufficient amount of dedicated space for patients to see their visitors. A welcome booklet was also available to families, which gave written and pictorial information about the hospital.

Patients had access to a local advocacy service, including an independent mental health advocate (IMHA) and there was information on the notice boards on how to access this service, with a photo and name of the advocate. Feedback from the advocacy service was that this was widely used by patients.

A quality windmill toolkit was a method used to receive feedback from patients and recent data collection had improved from 68% to 79%, with improvements in eight out of ten areas. The tool helped the staff assess the quality of the care being provided. The involvement officer collated the patients' responses and comments. Feedback was reviewed and analysed, with the results displayed on the 'You said, we did' board. Feedback from patients at Cygnet Lodge Brighouse had been very positive.

# Are services caring?

Good 

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

Once a month the involvement officer held a patient forum for the provider, two patients attended from this hospital. Where patients had to be accompanied, the officer invited staff to accompany them. If patients had a particular issue such as food, they would invite the kitchen staff.

A patient from Brighthouse assisted in the recruitment days held in April 2015 and feedback on the process was good. They were also asked to attend the National Annual Cygnet conference in Birmingham hosted by Cygnet in May 2015.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

We rated responsive as good because;

- The hospital environment was pleasant with good facilities, patients were able to personalise their bedrooms, and were given financial assistance to do this.
- Patients had access to a good and varied range of activities in the hospital, including internet access and a well-maintained garden area.
- There were excellent links into the wider community, including the recovery college, and staff were aware of the diverse needs of patients.
- Information on complaints was available to patients and complaints were dealt with accordingly.

## Our findings

### Access and discharge

Referrals were made over the phone, and members of the MDT then had five working days within which to go out and assess the patient. Verbal feedback to the referrer was given within 24hrs (during the working week or next working day). A full assessment report was then sent out to the referrer within five working days. Once the referral had been to panel and funding was authorised, admission was arranged.

Patients come to the hospital from different parts of the country; however, the manager told us that most of the patients currently in the hospital were from the local area. There were 17 patients receiving care and treatment at the hospital, with a further seven beds available.

The provider operated a planning appropriate discharge (PAD) process, where each patient had a multi-disciplinary team meeting within seven days of admission. Staff identified all their care and treatment needs and put discharge plans in place. We looked at six patient records; we saw this included a recovery plan, clinical progress report, evaluation of welfare benefits, assessment of community leave, and occupational therapy assessment but no specific discharge plans.

However, staff told us that they supported people to recover and move back into the community by

encouraging them to engage in more day-to-day living. There had been no delayed discharges and the ward manager told us they had good links with community teams.

### The facilities promote recovery, comfort, dignity and confidentiality

The environment was spacious, pleasantly decorated and calming with rooms available for therapies and activities. The hospital had a lounge and dining areas, bedrooms with en-suite facilities, quiet areas, interview rooms, meeting rooms, and offices.

Patients personalised their bedrooms with their own belongings such as posters, pictures of families, bedding and television. Each patient was allocated £1000 on admission to buy items needed in order to make their stay more comfortable.

Patients had internet access, and were able to do banking and receive/send emails, after risk assessments were put in place. They were able to keep in touch with friends and family through Skype, and we saw that patients were able to make private telephone calls, using either their own mobile telephone or the hospital telephone.

Patients had access to outside space, which was a well-maintained garden. Patients told us that they were encouraged to take an interest in the garden, and one patient was now responsible for maintaining the plants and pots. We saw that there was a range of menu choices, and a recent patient survey showed satisfaction with the food. Patients could make hot drinks and snacks and the therapy team had opened a local tuck shop.

There was a good range of activities available in the hospital. We saw evidence that a health promotion event had recently taken place. Staff and patients had been looking at health and wellbeing and had taken part in a Sumba class. The hospital had daily community meetings, wellness and recovery groups, cardio-fitness, arts and crafts, and cooking groups. We observed a number of activities and saw a calm and happy atmosphere, patients were engaged and enjoying the activities. Patients told us that they felt there were sufficient activities available in the hospital.

There was good access to community services and patients could access the local gym and swimming pool. We also

# Are services responsive to people's needs?

Good 

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

saw good links with local colleges including the recovery college, one patient was attending IT classes while another was attending a local music studio to learn to play the guitar.

## **Meeting the needs of all people who use the service**

There were facilities available for patients with mobility difficulties who required disabled access, with assisted bathroom space, wide corridors and ramped access.

Spiritual care and chaplaincy were available when requested, with good links into the community. Patients were provided with all the materials and escorted leave to achieve their religious needs. We saw a range of information leaflets available, some of which were written in languages, other than English, spoken by patients.

Interpreters were available, using a local interpreting service or language line. These services had been used previously to assist in assessing patients' needs and explaining their care and treatment.

## **Listening to and learning from concerns and complaints**

There had been three complaints between 1 January and 27 February 2015 with one of these being upheld. The

hospital followed the provider's complaints procedure. This had three stages; complaints were dealt with by the ward manager in the first instance, and escalated to stages two and three, if not resolved locally. Either the hospital or registered manager responded to complaints and concerns of a more serious nature. The clinical manager was also the registered manager and had an oversight of all complaints, and these were an agenda item at governance meetings. Information about the complaints process, was displayed on posters and was available in the patient welcome booklet. Patients we spoke with knew how to make a complaint and felt confident that any complaints made were dealt with appropriately.

Staff told us how they responded to patients complaints, and what support was available for patients should they have any concerns, such as access to the advocate. Staff knew whom they would seek guidance from within the provider in relation to complaints.

Complaints were recorded using the providers' electronic recording system. The ward manager told us they shared learning from complaints amongst their staff via staff meetings and communications.

# 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.

## Summary of findings

We rated well led as good because;

- Staff understood and shared the values of the organisation and were passionate about the work they did.
- There were clear governance structures in place, which supported quality monitoring and assurance and facilitated improvements.
- The involvement coordinator had ensured that patients had the opportunity to talk about the hospital and give feedback about their care and treatment, in a variety of innovative ways. Senior managers were very responsive to feedback from patients and staff.
- There was a strong culture of patient involvement across the service that was driven by a committed multi-disciplinary team.
- There was excellent leadership at both hospital and senior manager level and a culture of and commitment to continual improvement and innovation.

## Our findings

### Vision and values

Staff were aware of the provider's visions and these were displayed around the hospital. Staff knew the names of senior managers and saw them regularly. They felt that they could raise issues and a recent staff survey showed that 80% of staff felt valued by managers.

### Good governance

Governance committees and mechanisms were in place that supported the safe delivery of the service. The lines of communication, from the board and senior managers, to the frontline services were clear. Clinical governance meetings took place bi-monthly, and the medical advisory minutes showed that there was representation from Cygnet Lodge Brighthouse, who provided clinical audit and governance feedback.

We saw evidence that incidents were reported, and that lessons learnt were shared at governance meetings and with staff in order to change practice.

We found that staff received annual appraisals and regular supervision. Staff completed mandatory training and received support to access additional training. A recent staff survey showed that 78% of staff felt that they received training to do their job well.

The ward manager confirmed that they have sufficient authority to manage the hospital, and received administrative support from the central team. They told us that they received a good level of support from the clinical manager.

The hospital had good clinical audit and governance systems and processes in place. Clinical audit meetings took place every two months. They included clinical and ward managers and doctors. Discussions and topics included prescribing practices, communication, paperwork, NICE guidance, and presentation of clinical topics. Staff held clinical governance meetings every two months with the same attendees as the clinical audit meetings and in addition, the quality assurance manager (north), the involvement co-ordinator, the senior occupational therapist, and the advocate. Agenda items included advocacy, medications, management, safeguarding, complaints, risk management, restraint, seclusion, audit and clinical effectiveness, statutory compliance, national guidance and patient involvement topics.

The ward manager had worked with staff, to review the hospital risk register. Risks had been included on the corporate risk register, which had recommendations and timescales.

### Leadership, morale and staff engagement

The hospital was well managed on a day-to-day basis. Staff we spoke to told us that they felt part of a team and received support from each other and that management were responsive and supportive. Staff understood the management structure and saw it as supportive. All the staff reported they liked working at the hospital.

The 2014 staff survey showed an improvement in the overall score of staff satisfaction; however, 16% of those who completed the survey at Cygnet Lodge Brighthouse felt that they have experienced bullying, harassment or abuse from managers or peers. Other areas of concern were in relation to staff feeling unwell due to work related stress. These were discussed at the management team meeting, and actions were in place to explore the issues further.

# 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.

We were impressed with the morale of the staff we spoke with during our inspection and found that the team was cohesive and enthusiastic.

## **Commitment to quality improvement and innovation**

Staff looked at innovative ways to work with patients; this included a proactive multi-disciplinary team who identified new ways to work with patient who were not engaging. We saw patients views were gathered through feedback and displayed on board around the hospital.

Cygnnet Lodge Brighthouse was the first independent hospital to achieve accreditation for Inpatient Mental Health

Services in April 2012. This is a Royal College of Psychiatry review of services against standards, and Cygnnet Lodge Brighthouse were one of the test units three years ago. A review took place in July 2014 and reaccreditation was achieved at a level of 97%.

The ward manager and clinical manager were able to provide us with information on how the hospital was performing, and had a good understanding of where improvements were required to improve the quality of the service.