Cygnet Health Care Limited

Cygnet Hospital Harrogate

Inspection report

23 Ripon Road
Harrogate
HG1 2JL
Tel: 01423500599
www.cygnethealth.co.uk

Date of inspection visit: Wednesday 30 and Thursday 31 August 2023
Date of publication: 13/10/2023

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

- Staff developed collaborative, holistic and recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

- Feedback from patients about the care they received was consistently good and exceeded their expectations. Patients we spoke with said this was the best hospital they had been too and that all staff, including housekeepers and catering staff contributed to a positive inpatient stay.

- The last patient satisfaction survey data indicated that 96% of 118 patients who completed the survey said staff were caring and supportive.

- Patients were treated as individuals and different approaches were taken, when needed, to support them in the most appropriate way. Patient's individual needs, cultures and backgrounds were supported by staff and adjustments were made to accommodate their needs.

- The service managed beds well and patients were discharged promptly once their condition warranted this. The service had positive working relationships with commissioners, referring authorities and other external agencies.

- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Hospital Harrogate

Cygnet Hospital Harrogate is a 36 bedded independent hospital which provides in-patient care for people over the age of 18 years who are experiencing mental health problems. Patients are admitted from Lancashire and South Cumbria and Bradford. The hospital provides care and treatment for informal patients and patients who are detained under the Mental Health Act 1983.

The hospital had a registered manager and a controlled drugs accountable officer in place at the time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have the legal responsibility for the service meeting the requirements of the Health and Social Care Act 2008 and associated regulations. An accountable officer is a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse as required by law.

The hospital had two wards:

- Haven Ward, a 19-bed acute admission ward for men.
- Sanctuary Ward, a 17-bed acute admission ward for women.

Cygnet Hospital Harrogate has been registered with the Care Quality Commission since 15 November 2010. It is registered to carry out two regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment, for persons detained under the Mental Health Act (1983).

The hospital has been inspected on six previous occasions. The last inspection took place in October 2019, the hospital was rated good overall, the safe domain was rated as requires improvement; the effective, caring, responsive and well led domains were rated as good. The hospital did not meet one regulation of the Health and Social Care Act (Regulated Activities) 2014:

Regulation 12, Safe care and treatment. Care and treatment was not provided in a safe way for patients as staff did not consistently demonstrate the proper and safe management of medicine or post rapid tranquilisation physical health monitoring.

What people who use the service say

We spoke with 16 patients, reviewed a patient survey completed by 118 patients between January and December 2022 and 120 compliments received between September 2022 and August 2023. Feedback from patients was consistently positive about the way staff treated them. Patients said staff were positive, helpful, and polite. The last patient satisfaction survey data for January to December 2022 indicated that 96% of patients who completed the survey said staff were caring and supportive.

Summary of this inspection

All patients we spoke with told us they were actively involved in planning their care, their personal cultural, social and religious needs were taken into account and they were given a copy of their care plan. Patients we spoke with told us that they felt they were given ownership of their illness and encouraged to take responsibility for themselves.

Patients we spoke with told us the food was of a high standard, said there was lots of choice and were positive about the catering staff.

Patients told us that there was a good range of activities and that these were not cancelled. The provider had engaged patients in a quality improvement project to increase and improve the activities offered to patients.

How we carried out this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environment and the clinic rooms on both Haven and Sanctuary Ward
- spoke with the registered manager
- spoke with 15 other members of staff including the general manager, the clinical lead, medical lead, occupational therapist, psychologist, ward managers, nurses and health care support workers.
- spoke with 16 patients who were using the service on Haven and Sanctuary Wards
- spoke with 3 relatives or carers
- looked at 11 care and treatment records across Haven and Sanctuary Wards
- looked at 15 prescription charts across Haven and Sanctuary Wards
- looked at 11 records of post rapid tranquilisation observations and 12 serious incident reports
- attended a morning ward round meeting on Haven and Sanctuary Wards
- attended 4 multidisciplinary team meetings
- received feedback from three external agencies
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that it continues to improve awareness of networks and develop forums to promote equality, diversity and inclusion for both patients and staff.

Our findings

Overview of ratings

Our ratings for this location are:

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

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

Good

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

Is the service safe?

Good

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

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas. A health and safety audit was completed in June 2023 and rated the risk to personal safety low. The service removed or reduced any risks they identified.

Due to the layout of the ward, there were blind spots on both wards. However, the provider told us this was mitigated by staff presence on the ward, a minimum of hourly observations of all patients and the use of closed-circuit television which the service monitored.

The ward complied with guidance and there was no mixed sex accommodation. Haven ward had been a mixed sex ward in the past so there was a separate female only lounge on this ward which the service was planning to repurpose.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. As a result of an incident at another service, the service had put a new system in place for ligature cutters (ligature cutters are used to cut ligatures, which are materials used to tie or bind things together). The service kept these in a sealed bag in the staff office and had a log in place which indicated when these were checked, used and sharpened.

Staff had easy access to alarms however, the service had recently had a new alarm system installed and had identified an issue with 'false' alarms and incorrect sensor displays. This was being actioned and control measures were in place to enable the use of the alarms. This had been added the services risk register. Patients had easy access to nurse call systems.

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

Good

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. The service employed 2 maintenance staff who worked an on-call rota and were available 24/7 to respond to any repairs required. The service also employed 4.5 whole time equivalent housekeeping staff who cleaned bedrooms, bathrooms and communal areas throughout the week. We saw cleaning taking place during the inspection. Patients we spoke with told us the environment was always clean.

Staff made sure cleaning records were up-to-date and the premises were clean. The service had recently implemented the NHS new cleaning standards successfully.

Staff followed infection control policy, including handwashing. Hand gel was available for use throughout the building.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. We saw evidence that all clinic room checks were completed, including fridge and room temperatures, the grab bag containing emergency equipment was checked daily and no gaps were identified in any paperwork. Staff checked, maintained, and cleaned equipment.

Both ward clinic rooms were small, so there was an examination room based on the second floor. This room contained an examination bed and electrocardiogram machine which had been calibrated and both were clean. The service had an operating lift for those patients or staff who required it.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe.

The service had low vacancy rates. At the time of inspection, the service was not carrying any vacancies and had over recruited by 3.2 whole time equivalent nurses.

The service had low rates of bank and agency nurses and nursing assistants. Following a successful recruitment drive the use of bank and agency staff had decreased. Bank and agency were used to cover staff absences and managers always requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. The ward managers told us they only used agency staff that had completed all the relevant training through the agency.

The service had reducing turnover rates. The turnover rate in the last 12 months, August 2022 to July 2023 was 22% and in the last 3 months of this time was 6%.

Levels of sickness were low and reducing, the average sickness rate between August 2022 and July 2023 was 5.6%. Managers supported staff who needed time off for ill health.

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

Good

Managers accurately calculated and reviewed the number and grade of nurses, and healthcare support workers for each shift. The wards typically ran with 2 registered mental health nurses and 4 health care support workers during a day shift and 2 registered mental health nurses and 3 health care support workers during a night shift. The ward manager could adjust staffing levels according to the needs of the patients.

The patients we spoke with told us they had regular one to one sessions with their named nurse and we saw evidence of this in the 11 patient records we viewed.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients leave arrangements and any appointments were discussed in the morning ward round meeting. Patients we spoke with told us that activities and leave were never cancelled and that activities were good. Most patients told us there were things to do every day.

The service had enough staff on each shift to carry out any physical interventions safely. All staff were trained in prevention and management of violence and aggression and 100% of staff were up to date with this training.

Staff shared key information to keep patients safe when handing over their care to others. The service recognised the importance of relationships with external and community teams due to the admission of out of area patients. Discharge planning involved external services as early as possible.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. The service had 2 responsible clinicians which included a medical lead, a locum consultant and 2 speciality doctors.

Managers could call locums when they needed additional medical cover and the service currently had one locum consultant.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. On 31 August 2023, the service was 98% compliant with 12 statutory training courses including basic life support, immediate life support, infection, prevention and control, and prevention and management of violence and aggression training. The service was also overall 96% compliant with 29 mandatory training courses such as learning disability and autism, relational security, incident reporting, and self-harm and suicide.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff followed the provider's reducing restrictive practice policy.

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

Good

Assessment of patient risk

Staff completed an admission assessment for each patient on admission to the service.

The referring authority were responsible for sending copies of all relevant information prior to admission to the service. The service had the opportunity to ask any questions and if relevant information was missing, there was a good line of communication with the referring authorities. The service did not have access to the referring authority's electronic patient records system. The clinical lead informed us that there were ongoing discussions with the bed hub manager and director of operations regarding read only access to the electronic patient record system and the information governance regarding this, but no start date had been agreed.

Risk assessments, which were combined within the providers electronic patient system, were completed for each patient and reviewed regularly, including after any incident.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. The provider's policy had levels of supportive observations, which included general, intermittent and continuous observations, to support service users at risk to themselves and others by ensuring the least restrictive option and maximising independence. This level of support was reviewed daily in the morning ward meeting.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The service had recently implemented new actions following a trend of serious incidents where concealed items had been brought into the service. These actions included a face-to-face training session for staff on carrying out pat down searches, property and room searches following assessment of risk and updated documentation to clearly record the search and rationale. We saw evidence of this when reviewing care and treatment records and discussion during morning ward meetings.

The service had a blanket restrictions audit for both wards, it was completed in July 2022 and reviewed monthly. The only blanket restriction on the wards was access to the laundry room due to the control of substances hazardous to health. The audits indicated other restrictions which would have to be imposed in the event of an outbreak, such as COVID-19.

Use of restrictive interventions

Levels of restrictive interventions were reducing. Between 01 August 2022 and 31 July 2023, the service had recorded 105 uses of restrictive interventions relating to 56 patients. Evidence in incident reports indicated staff used verbal de-escalation and other primary level interventions before moving to secondary level interventions. The provider reviewed these interventions as part of their clinical governance meetings. Staff followed the provider's reducing restrictive practice policy, which met best practice standards.

We spoke with 16 staff who told us they made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We spoke with patients about safety on the wards and most patients had not been restrained or witnessed restraint. Some patients told us that staff managed incidents well and appreciated their responsiveness.

Staff understood the Mental Capacity Act definition of restraint and worked within it. At the time of inspection, 98% staff had completed training in Mental Capacity Act and Deprivation of Liberty Safeguards in principle and in practice.

Staff followed NICE (National Institute for Clinical Excellence) guidance when using rapid tranquilisation. Between August 2022 and July 2023, the service recorded 31 uses of rapid tranquilisation. Evidence in incident reports showed that staff attempted and encouraged oral medication before using intramuscular medication on all occasions. We reviewed 11 post rapid tranquilisation observation records and found that staff followed NICE guidance.

The service recorded 5 instances, from 01 August 2022 to 31 July 2023, when a patient was placed in seclusion. All these incidents were on Haven ward. The service did not have a designated seclusion room but had a seclusion and long-term segregation policy which referenced the Mental Health Act Code of Practice (2015) and indicated that seclusion must be used as a last resort and as an emergency response where there is an immediate risk of significant harm to others. If an individual required seclusion in an area which was not a designated seclusion area, the provider had provided staff with steps to follow to end the seclusion as early as possible. When a patient was placed in seclusion, staff kept clear records and followed the provider's policy.

In the 12 months leading up to inspection there had been no instances of long-term segregation.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. Staff were 96% compliant with safeguarding individuals at risk, intermediate, training which the providers policy outlined was equivalent to level 3 intercollegiate documents (which provide a clear framework identifying the competencies required for all healthcare staff). The organisation had introduced a safeguarding virtual classroom session in June 2023 as an add on to the e-learning and the service were currently 46% compliant with this training. Staff could only complete this training when their e-learning session came up for renewal so on 31 August 2023, 39% of staff were waiting to be allocated to a virtual classroom session.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. The service had rooms that could be used for meeting visitors and family.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Between 01 August 2022 and 31 July 2023, the service had made 26 safeguarding referrals. We received feedback from the local safeguarding team who told us that most of these referrals were for low level harm which also corresponded with the statutory notifications received by the CQC.

Managers took part in serious case reviews and made changes based on the outcomes. The service had reported 12 serious incidents within the last 12 months between 01 August 2022 and 31 July 2023.

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

Good

Staff access to essential information

Staff had easy access to clinical information and they maintained high quality clinical records.

Patient notes were comprehensive and all staff could access them easily. Although the service used a combination of electronic systems staff made sure documents were up-to-date and complete. The provider was in the process of creating an update on the current electronic system, but staff told us the launch of this had been delayed. The updated system planned to integrate all patient care and treatment documents. There was no impact on record keeping, however this could be time consuming for staff.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Information Governance Awareness e-learning was a statutory training course and 99% of staff had completed it.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. The service provided training courses relevant to job role and responsibility and medication competency for nursing staff.

Staff completed medicines records accurately and kept them up to date. We looked at 25 prescription charts. All were signed and dated correctly with evidence of consent to treatment being assessed. Staff reviewed each patient's medicines regularly. The service had difference levels of assurance regarding monitoring of medication from daily prescription audits by the doctor in case of overnight changes, nurse's daily audits and an external pharmacy carried out weekly checks. Advice and information leaflets were provided to patients and carers about their medicines.

We inspected the medicines facilities on both Haven and Sanctuary wards and found that staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted. Staff confirmed with the patient's GP what medication was prescribed and physical health checks were carried out on admission. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Staff learned from safety alerts and incidents to improve practice. The service received central alert system alerts, reviewed these alerts and cascaded any relevant alerts to staff, indicating if a change of practice or guidance was required.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. We found the service had a limited use of pro re nata (PRN) medication (meaning as required and usually used to treat occasional or intermittent conditions). The doctor also explained that if high dose antipsychotic medication was used the rationale would be recorded in patient notes and high dose antipsychotic monitoring applied. No patients were on medication above the maximum recommended limit in the British National Formulary at the time of inspection.

Track record on safety

The service had a good track record on safety.

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

Good

Managers took part in serious incident reviews and all serious incidents were subject to an internal investigation which highlighted any areas for improvement and informed changes within the hospital. As a result of a serious incident in September 2022 managers identified that observations had not been carried out according to policy and immediate actions were taken. An investigation completed in January 2023 led to a range of recommendations and lessons learnt which we found were embedded. Some changes implemented included further training for staff, the nurse in charge of the ward ensured that all staff had the required competency levels before completing observations and completed an hourly check of the observation sheets. Management reviewed closed circuit television audits.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Reporting an incident training was available and 91% staff were compliant. Managers also completed reviewing an incident training and records showed 100% compliance with this training.

Staff we spoke with told us they raised concerns and reported incidents and near misses in line with provider policy. A recent staff survey in April 2023 showed that 96% of staff who completed the survey said they were encouraged to report errors, near misses or incidents.

Staff reported serious incidents clearly and in line with provider policy. We looked through 12 serious incident reports which showed that managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Within the serious incident factual reports, it indicated if the duty of candour was followed and where applicable, in line with policy, the service applied this regulation.

Managers debriefed and supported staff after any serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. The service had daily ward meetings, regular multi-disciplinary meetings, team meetings and clinical governance meetings. All staff told us they had monthly supervisions but could also give feedback and raise concerns at any time.

There was evidence that changes had been made as a result of feedback, such as ensuring anti-ligature clothing was always accessible on site following an incident when this was required.

Is the service effective?

Good

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

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

Good

Assessment of needs and planning of care

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

Staff completed a comprehensive admission assessment of each patient.

Patients had their physical health assessed within 4 hours of admission and regularly reviewed during their time on the ward. National early warning scores (for assessing the patient at risk of deterioration) were undertaken by the service daily and escalated appropriately when required.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. The service had a collaborative care planning process. Forms were given to patients so they could give personal feedback. All 16 patients we spoke with told us that they were involved in their care planning and offered a copy of their care plans. We saw evidence in the 11 care and treatment records we looked at that staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery-orientated considering a multi-disciplinary approach including nursing, occupational therapy, psychology, and medication. Care plans also had a focus on discharge and any identified obstacles to discharge.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. The service employed consultants and speciality doctors, a psychologist and assistant psychologist, a social worker and social work assistant, occupational therapists, activity co-ordinators, registered mental health nurses, health care support workers and a range of administrators, housekeeping, maintenance, and catering staff.

Staff delivered care in line with best practice and national guidance from relevant bodies. The providers' policies and procedures referenced the National Institute for Health and Care Excellence and this guidance was shared in monthly clinical governance meetings. We saw evidence of a recognised side effects monitoring scale being completed and a recognised scale to review the extent of impaired consciousness in a patient following an incident of self-harm.

Staff identified patients' physical health needs and recorded them in their care plans. Patients' physical health was assessed on admission and captured on the admission checklist. Physical health risks were captured within the patient's risk assessment. Also, we observed if any physical needs changed or became apparent the staff would act on these and a deteriorating patient would be escorted to the general hospital, if necessary.

Staff made sure patients had access to physical health care, including specialists as required. We looked at 11 care and treatment records and saw evidence of referral to external services when patients had needs that could not be met by the service. A patient was also being supported to an emergency dental appointment whilst we were on inspection.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff undertook training in choking awareness and dysphagia and were 97% and 100% compliant, respectively. Patients could be referred to specialist services.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The occupational therapy team assessed daily living skills and supported patients with cooking and domestic tasks.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The occupational therapy service undertook multifactorial falls assessments, activities of daily living assessments and risk assessments for activity in the home and in the community and risk assessed if any adaptive equipment was required.

Staff we spoke with told us that there was a current project at provider level looking at the introduction of electronic prescribing.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service evaluated outcomes using a range of methods. The occupational therapy team completed outcome scales for patients around functioning and required support to ensure this was in place at the point of discharge and completed before and after assessments with patients to show improvements. The psychology team evaluated feedback from patients attending the recovery skills group to improve and develop it further to meet the needs of the patients.

Managers used results from audits to make improvements. The service undertook a range of audits including a weekly quality audit of care plans and risk assessments. Managers reviewed outcomes from audits and discussed findings in the monthly clinical governance meetings.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. The service had a vacancy for a full-time psychologist; however, this was being covered by a 0.4 whole time equivalent locum psychologist and a psychology assistant, whilst the service tried to recruit to this post.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. All staff completed an induction and statutory and mandatory training. We spoke with the clinical lead who told us that induction of new nurses can be a challenge due to size of the service, this is being explored to ensure nurses received an effective induction and support. For the new intake of nurses, the clinical lead had planned a one-week structured induction of workshops based on the model of care including referral through to discharge paperwork, processes, systems, collaborative working, medication and carers involvement. Newly qualified nurses had the opportunity to start in a health care support worker role before receiving their nursing and midwifery council personal identification number so they could become acquainted with the service and then supported through preceptorship, providing support, guidance, and development.

Managers supported staff to develop through yearly, constructive appraisals of their work and on 30 August 2023 90% of staff had received an appraisal.

Managers supported all staff through regular, constructive clinical and managerial supervision of their work and on 30 August 2023 compliance rates were 93% and 90% respectively.

Managers held monthly staff team meetings and planned them to include both day and night staff. For those staff that could not attend minutes were provided.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Continued professional development was discussed during annual appraisals and we saw evidence and staff told us that training needs could be identified at any time following learning from incidents and feedback from staff.

Managers made sure staff received any specialist training for their role. The provider had an extensive course list and staff were encouraged to attend training to meet the requirements of their role which included further education.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We attended 4 multidisciplinary meetings during inspection with doctors, nursing and therapy staff present. The patient also attended this meeting and external services were also invited especially when decisions were being made regarding safe discharge from the service. Ward teams told us they had effective working relationships with external teams and organisations, and we spoke with 3 external agencies who confirmed positive working relationships with the service.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. All patients were discussed during the morning ward round which covered the patient's current section, supportive observation levels, leave status and search status. The current presentation of each patient was discussed.

Ward teams had effective working relationships with other teams in the organisation, managers attended away days with their peers which provided an opportunity to share lessons learnt and good practice.

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

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

Staff were 97% compliant with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The service had a Mental Health Act administrator on site.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

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

Good

Patients had easy access to information about independent mental health advocacy, we saw information posters displayed and evidence within patient care and treatment records that patients who lacked capacity were automatically referred to the service. Advocates attended the wards 3 times per week. It had been identified that the independent advocacy service in place 2 days per week was not completely independent as it was commissioned by the provider. As a result, the local council advocacy service had recently started providing a drop in once per week, so patients had a choice. We spoke with the local council advocate during inspection and received feedback from the other advocacy service who both told us the service was responsive and receptive to feedback. Both told us they were welcomed on to the wards and given information in relation to risks and safety.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time and we saw evidence of this in the 10 patient records we viewed. We also saw evidence of mental health tribunals taking place (a panel which patients have a right to apply to, so that they can be discharged from their section).

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. We observed discussions in the morning ward meeting regarding patients leave and all patients we spoke with were able to take their leave when section 17 leave was granted.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. All documents were uploaded to the patient's electronic care and treatment record.

Informal patients knew that they could leave the ward freely, however patients would be risk assessed before leaving the ward and we saw evidence of the use of Section 5(2) which is the power under the Mental Health Act, 1983 that allows a responsible doctor or approved clinician to detain a patient for a maximum period of up to 72 hours.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

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

Staff were 98% compliant with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There were no deprivations of liberty safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

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

Good

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Managers told us the service included the patients family or carers and external teams in the decision making process and this was evident in the multi-disciplinary meetings that we observed.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw evidence that all patients were assessed for capacity to consent to treatment. We also saw evidence of capacity assessments for specific decisions such as where to live and staff explained that capacity would also be assessed if patients declined medication, for financial decisions or physical health investigations.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. In a multidisciplinary meeting we attended discussion regarding a patient's decision of where to live was held and the patient's home community mental health team was invited. We also saw within patient notes that relatives or carers were consulted.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve. Staff undertook refresher training every 3 years to renew their knowledge in Mental Capacity Act and deprivation of liberty safeguards in principle and in practice and had opportunities to discuss professional development in monthly supervision and annual appraisals.

Is the service caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

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

We spoke with 16 patients and 15 patients told us staff were discreet, respectful, and responsive when caring for them. At the time of inspection, 31 out of 35 patients were detained under the Mental Health Act and from out of area yet feedback from patients was extremely positive which indicated that staff proactively built positive relationships with patients in a short space of time. Some patients said this was one of the best hospitals they had stayed in, and that staff were positive, helpful and polite. The last patient satisfaction survey data for January to December 2022 indicated that 96% of 118 patients who completed the survey said staff were caring and supportive.

Staff gave patients help, emotional support and advice when they needed it. The psychology team offered a recovery skills group which incorporated mindfulness, cognitive behavioural therapy and dialectical behaviour therapy skills. The team also offered educational sessions such as managing feelings of anger and patients could be referred for a one-to-one session which focussed on assessment and formulation or to provide up to 4 sessions on a specific issue.

Staff supported patients to understand and manage their own care treatment or condition. All patients we spoke with told us they were involved in planning their care. Patients we spoke with told us that they felt they were given ownership of their mental health and encouraged to take responsibility for themselves. We observed patients attending their ward rounds and being empowered as partners in their care.

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

Good

Feedback from patients evidenced that patients valued their relationships with the staff team. The patient satisfaction survey data indicated that 91% of patients felt the care and treatment they received was very high and it was helping them progress towards discharge.

Staff directed patients to other services and supported them to access those services if they needed help. In the care and treatment records we viewed, we saw evidence of patients being referred for a Care Act assessment (an assessment under the Care Act to understand an individual's needs and how they may be affecting their ability to achieve their personal outcomes). The service also supported patients with housing, benefits, and referral to other support services such as substance misuse services. Advocates we spoke with reported that there was a positive energy and atmosphere on the wards. They said there was a strong person-centred culture, staff prioritised patients' needs and went to great lengths to ensure they did their best for every individual.

Patients said staff treated them well and behaved kindly. Patients we spoke with told us that they felt listened to and that the staff helped them to improve their mental health. We observed staff providing support to distressed patients which they did in a calm and patient manner. The service had received 120 compliments and between 01 September 2022 and 30 August 2023. Many of these compliments related to the quality of care provided by staff. Patients said that staff were compassionate, patient and went out of their way to accommodate their needs. Patients also received timely resolutions to concerns and complaints and could feedback via different routes.

Staff understood and respected the individual needs of each patient. The provider offered numerous training courses for staff which included autism awareness, epilepsy awareness, diabetes awareness, deaf awareness, working with personality disorders and post-traumatic stress disorder. The knowledge and skills of staff ensured patient's personal, cultural, social and religious needs were considered and adjustments could be made, or additional support arranged prior to admission. Patients felt genuinely listened to in terms of their individual requirements, dietary, communication or neurodiversity needs. One patient told us that due to her communication difficulties there was a member of staff who was able to communicate with her using a language they could both understand and staff had provided some nightwear as they did not have any.

The service provided a good choice of food and could cater for all dietary requirements. The service had a multi-faith room which had religious texts and prayer mats available. Staff would support patients' attendance at religious services and could arrange a member of the clergy to visit if required.

Staff spent time with patients to understand their needs and goals and spoke with families and carers to understand a patient's history and personal needs. As part of a quality improvement initiative the occupational therapy team had introduced an activity checklist to complete with patients looking at their own strengths and usual coping mechanisms. This checklist looked at activities to be offered before considering the use of PRN medication and staff spent time with patients to support this.

Staff we spoke with felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us that being open and honest was very important.

Staff followed policy to keep patient information confidential in terms of a patients care and treatment records and obtained consent to share information.

Involvement in care

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

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

Good

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. The service had a welcome booklet available for patients and they were orientated to the ward as part of their admission. Patients we spoke with told us that they had received this information and were positive about the facilities.

Staff involved patients and gave them access to their care planning and risk assessments. We spoke with 16 patients who told us they were involved in their care plans and offered a copy. The 10 care plans that we viewed contained patient views and the occupational therapy assessments included patient views balanced with clinical opinion and observation. Patients were also given forms to complete to give their own personal feedback which would feed into support planning and multi-disciplinary meetings.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties, for example interpreters would be used for patients who spoke another language. The service described supporting a patient with a visual impairment, the service used braille and spoken audio for documents. Staff told us they would also review information with patients to make sure they have a clear understanding of their treatment.

Staff involved patients in decisions about the service, when appropriate. The service held community meetings on the wards to gain feedback from patients and completed patient surveys. The occupational therapy service also held a weekly group for patients to plan their week which looked at activities available and supported the creation of individual timetables. The last patient satisfaction survey data for January to December 2022 indicated that 93% of patients who completed the survey felt they were involved in decisions about their care and treatment. Based on feedback regarding activities, the service undertook a quality improvement project to fully understand patient feedback regarding increased and improved activities.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients could complete a discharge survey and review the service on social media. The service had a QR code on the communal notice board linked to providing feedback or through a contact page on the providers website. Managers told us when patients complained the service aimed to respond and investigate as soon as possible, in the 28 complaints we viewed it took 1 day on average to acknowledge the complaint and an average of 6 days to resolve the complaint. Patients were given verbal and written feedback. The response was always considerate of patients views and feelings which was reflected in the number of partially upheld complaints.

Staff supported patients to be involved in positive behaviour support planning to guide staff with a range of responses if an incident occurred and work with the patient to develop and establish new coping strategies. Patients, families and carers gave feedback on how the service supported them with finance, daily living skills and support to access education and employment which the service ensured was relevant and maintainable due to patients being admitted from out of area.

Staff made sure patients could access advocacy services and advocates were visible on the wards. Advocates we spoke with told us that patients were encouraged to take advantage of the support available to them.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. The service contacted families and carers soon after admission. The assistant social worker would make an initial call, provide an overview of the hospital and gain any

relevant information regarding the patient and we saw this documented in-patient notes. The 3 family members we spoke with confirmed this and said that communication with them had been positive. One family member had contacted the service to feedback her gratitude that the doctor had considered a different approach which did not just focus on medication. The service also had a family, friends & carer information leaflet which included contact details, information on how families could give feedback on the service and gave carers information on how to find the carer's assessment.

The service had a quality improvement initiative focusing on carer involvement, improving communication and engagement with families and carers and gaining feedback to make service improvements. Managers told us that communication had improved over the past year after the introduction of admission phone calls and encouraging staff to engage with carers throughout a patients stay. The service was organising a carers online networking event to give carers the opportunity to join, ask questions and feedback.

Is the service responsive?

Good

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

Access and discharge

Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

All patients in the service were from out of the area. The hospital provided 36 beds of which 30 beds, 16 male and 14 female, were commissioned for use by one trust and 6 beds, 3 male and 3 female, were commissioned for use by another trust.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Discharge planning started after the patients first multi-disciplinary meeting.

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

When patients went on leave there was always a bed available when they returned.

Patients were moved when there were clear clinical reasons or it was in the best interest of the patient. Staff tried not to move or discharge patients at night or early in the morning, however if a psychiatric intensive care unit bed (because a patient needed more intensive care) was required then a patient would be moved as soon as this became available.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. At the time of inspection there were 2 patients whose discharge was delayed due to accommodation needs and arrangements. However, the multi-disciplinary team worked together to avoid discharges being delayed and endeavoured to make any adjustments required prior to the planned discharge date.

Patients did not have to stay in hospital when they were well enough to leave. The service considered a range of views, including the patients, relatives, carers and community teams.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We attended 4 multi-disciplinary team meetings whilst on inspection and 3 of these meetings had care co-ordinators invited from the patient's home area.

Staff supported patients when they were referred or transferred between services. We saw evidence in patient's care records that various discharge options were considered, and referrals were made to other services within the providers portfolio, such as rehabilitation services, if the patient was assessed as requiring this level of support.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own ensuite bedroom, which they could personalise.

Patients had a secure place to store personal possessions and patients told us their possessions were safe.

Staff used a range of equipment to support treatment and care however, rooms were limited on the wards. There was a communal area, open access kitchen, laundry room and a quiet lounge. On the second floor there were additional rooms such as an occupational therapy kitchen, rooms for other therapy sessions and an examination room. The service had environmental improvement plans in place and had recently applied for planning permission to increase the space on the wards, however this was withdrawn due to objections.

The service had quiet areas and there were 2 rooms off the wards that could be used for meeting family or other visitors privately.

Patients could make phone calls in private. Patients had access to their own phones unless there was a care planned reason why they were unable to have one. The service had a mobile office phone that patients could use to make private calls in these situations.

The service had an outside space that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff. The wards had a small kitchen with open access so that patients could do this. Patients could also store their own labelled food in this kitchen.

The service offered a variety of good quality food. Patients we spoke with were highly complementary about the food and stated there was lots of choice. One patient said they wanted to bring the kitchen staff home with them and patients were appreciative that kitchen staff knew their names. The last patient satisfaction survey data for January to December 2022 indicated that 83% of patients who completed the survey said the food was of a high standard.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. Support was provided in terms of benefits, housing and accessing support from other services. The occupational therapy team offered education to patients around training courses, advice and guidance which could be carried on post discharge.

Staff helped patients to stay in contact with families and carers. Patients we spoke with told us that they had daily telephone contact and visits from family members. The last patient satisfaction survey data for January to December 2022 indicated that 95% of patients who completed the survey said they received help to stay in touch with family, friends, and carers.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. The service had directories of social groups for the patient's home communities to support this.

Meeting the needs of all people who use the service

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

The service supported and could make adjustments for those people with communication needs or other specific needs. However, due to the environment the service could not support all disabled people. In the service's inclusion and exclusion criteria wheelchair users would be judged individually based on mobility, functionality and the environment. The wards did not have a disabled access bathroom. Managers also told us that if a patient's needs changed whilst using the service they would seek to repatriate or transfer to a more appropriate service to ensure the patients' needs were met.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. The service ensured they had a directory for groups and services in the areas that patients were referred from. The service recognised the importance of having this information as well as information for the local area. The occupational therapy team offered a vocational hub to support access to social groups in their home community.

The service had access to information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed. This information was included on the initial referral and interpreters would be arranged prior to the patient accessing the service.

The service provided a variety of food to meet the dietary and cultural needs of individual patients and patients we spoke with told us there was lots of choice and the food was excellent.

Patients could have access to spiritual, religious and cultural support. Patients we spoke with did not raise any issues or concerns and staff we spoke with could explain how they would support patients from the LGBT+ community however we observed a lack of information on the wards promoting equality, diversity and inclusion.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. The last patient satisfaction survey data for January to December 2022 indicated that 91% of patients who completed the survey said they were aware of how to

make a complaint. During our inspection 2 patients raised concerns with us. These concerns were brought to the managers attention and confirmation given that these concerns would be investigated. One patient told us that there was no cold water dispenser on the ward, although patients had open access to hot and cold drinks. The service responded to this feedback immediately.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. The service kept a log of complaints and between 01 September 2022 and 30 August 2023 there were 29 complaints. Three of these complaints were fully upheld, 17 partially upheld and 8 not upheld. One of these complaints was still being investigated. The log detailed the investigation findings and identified quality improvement plans and recommendations. Themes and trends were reviewed in clinical governance meetings and managers shared feedback from complaints with staff and learning was used to improve the service.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

We saw evidence in complaint responses that patients received feedback from managers after the investigation into their complaint.

The service kept a log of compliments and between 01 September 2022 and 30 August 2023 there were 120 compliments recorded. Themes of compliments included quality of care, staff, and catering. The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

During our inspection, we spoke with 15 members of staff who all told us the leaders of the service encouraged an open, supportive and honest culture. The leaders had an effective leadership style, all staff had a focus on the service users experience and outcomes which was driven by the manager. The manager ensured the right skill mix of staff to support patients effectively and holistically and supported staff to try different approaches to benefit patients.

Vision and strategy

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

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

Good

The provider had a clear vision and set of values with quality services and making a positive difference as top priorities. The values were visible on posters and on the computer homepages.

The service had positive and proactive leadership which strived to achieve the best outcomes for patients and meet the values of the organisation. The service had clear processes and procedures in place and an open, transparent and person-centred culture. Managers had a commitment to improve the service through feedback, monitoring and review and learning following incidents and complaints.

Culture

Staff felt respected, supported and valued.

Staff spoke positively about communication within the service and described a supportive environment. Staff we spoke with were mostly positive about the provider.

Staff felt invested in and well supported. Clinical and managerial supervision was delivered to staff, who spoke positively about this support. Staff we spoke with told us about the positive changes to the ward environments.

The service had leaders that inspired and motivated staff to succeed in their roles and there was a commitment to provide opportunities for career progression. All staff we spoke with felt valued and appreciated. Staff reported that the service had an open culture, staff were encouraged to speak up and report incidents and raise concerns without fear of retribution and where confident managers would deal with any difficulties appropriately as they arose.

Staff were rewarded with employee of the month and on occasion the service organised a thank you for the team, such as a coffee van for all staff. Staff we spoke with told us how gestures like this made them feel valued and appreciated.

Staff had access to support for their own physical and emotional health needs through an employee assistance programme and occupational health programme. Managers undertook staff surveys which monitored work and workplace satisfaction, freedom to speak up, diversity, inclusion and equality, health and wellbeing and communication. The most recent staff survey in April 2023 indicated that 98% of staff who completed the survey said they would know how to report a concern, 94% were aware of the Freedom to Speak Up Guardians and 90% of staff said they were treated with respect, supported, and motivated to do their job well. The provider had introduced several networks including multicultural, LGBT+, diversity and inclusion and a women's network to support staff. However, the staff survey showed that under 30% of staff were aware of these networks and 51% of staff did not feel there were equal opportunities for career progression and promotion and 47% of staff did not feel the provider recognised the challenges and inequalities faced by individuals.

Governance

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

Governance systems policies, procedures and protocols were regularly reviewed to reflect best practice. Staff at the service attended a range of meetings to enable information from local level and from board level to be disseminated effectively.

Local governance arrangements supported the delivery of good quality care. The service had systems and processes in place to monitor and manage their objectives and not only meet the required standards but proactively drive

improvements to ensure the best outcome for users of the service. The governance structure was incorporated into the providers governance framework which aimed to ensure the organisation met regulations, best practice and continually improved. The service was focussed on quality improvement, managers made sure that they had strategic and operational input into several internal meetings.

The service used systems and processes to safely prescribe, administer, record and store medicines.

Managers and leaders within the service had committed to recruiting sufficient staff with the range of skills needed to provide high quality care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills, including an apprenticeship pathway.

Improvements had been made to the patient's care and treatment records to ensure that risk information was updated and care records reflected the care provided including physical health care, psychology and occupational therapy input. The care planning and risk assessment was a collaborative approach with patients and family / carer input. The care plans were stored electronically but in a separate place to the risk assessments and client notes. The provider was developing the providers electronic system to upload the care plans so that they were visible, accessible and in the same place as the risk assessments and patient notes. The service had elected to be involved in the testing of this development in September 2023 with the expectation to go operational in October 2023.

Management of risk, issues and performance

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

Staff had easy access to service user information, we reviewed 11 sets of patients care and treatment records during the inspection and found staff were maintaining good records. All patients had an individualised assessment and these were reviewed and updated regularly or as patient needs changed.

The service had systems in place to record all incidents, complaints and compliments which enabled compliance and reporting.

The service had a schedule of audits and assessments in place which were completed by competent persons and were up to date. Learning from these audits was shared and used to improve service provision, performance, and patient outcomes.

The service had a risk register in place which identified 13 current service risks, including COVID-19, ligature risks, completion of supportive observations, review of assessment and documentation of risk related to searches and the alarm system. Controls had been identified and implemented and were reviewed regularly by the management team.

Information management

Staff collected analysed data about outcomes and performance.

The service had effective and efficient systems in place to collect data and used this data to support decision making and make improvements. Staff had access to the equipment and information technology needed to do their work.

Managers had access to information to support them with their management role. The service had an up-to-date risk register, audit schedule, incident reporting system, training plans and completed compliance reports. We saw that this information was in an accessible format, and was timely, accurate and identified areas for improvement.

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

Good

Staff submitted data and notifications to external bodies as needed such as the referring teams, local safeguarding team and Care Quality Commission.

Engagement

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the patients.

Managers engaged with staff on a regular basis and informed them about changes in team meetings and via other methods of communication such as email and the providers intranet. Staff surveys were completed, results analysed and action plans created based on the results. Staff had monthly clinical and managerial supervision and an annual appraisal.

Staff engaged with patients during weekly community meetings and both wards had a 'you said, we did' section on the notice boards in communal areas to inform patients of the action taken. The general manager would attend community meetings to gain feedback on catering, housekeeping and maintenance. Patients, families and carers had opportunities to give feedback on the service through various forms.

Learning, continuous improvement and innovation

The service operated an open culture where staff were supported and encouraged to raise concerns and record incidents, including near misses. Staff were given the time and opportunities to consider improvements for the service and undertake quality improvement initiatives. The service implemented learning from complaints, incidents, and feedback to continually improve the service.

The occupational therapy department were currently moving towards the Vona du Toit Model of Creative Ability (an occupational therapy practice model with a client-centred, ability and recovery focus) as this model was more suited to the patient base.

Managers had recently undertaken a successful recruitment drive to increase the staffing establishment and reduce the use of agency within the service. The occupational therapy team had increased its provision to provide a 7-day service across both wards.

Sanctuary ward had recently undergone some environmental work to improve the layout of the environment and the service had plans to improve the use of the space within the environment to improve patient experience.

The provider was making improvements to the electronic system and the registered manager was involved in a steering group regarding this and had agreed to be part of a pilot. The updated system planned to integrate all patient care and treatment documents to improve efficiency, compliance, and reporting.