

Cygnets Storthfield House

Quality Report

Storthfield House
Storth Lane
South Normanton
Alfreton
DE55 3AA
Tel: 01773 515600

Website: <https://www.cygnethealth.co.uk/locations/storthfield-house> Date of inspection visit: 3 and 4 December 2018
Date of publication: 18/01/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

Summary of findings

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

Overall summary

We rated Cygnet Storthfield House 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 holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national best practice guidance. 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 staff received training, supervision and appraisal in line with the providers policy. The ward staff worked well together as a multi-disciplinary 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.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured ward procedures ran smoothly.

However:

- Staff had not completed intermittent observations of patients as per the Mental Health Act Code of Practice and the Cygnet policy and procedure.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cygnet Storthfield House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	26
Areas for improvement	26

Good 

Cygnets Storthfield House

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to Cygnet Storthfield House

Storthfield House is a longer term high dependency rehabilitation mental health hospital. It is registered to provide the following regulated activities: treatment of disease, disorder or injury and assessment, or medical treatment of persons detained under the Mental Health Act 1983 for up to 22 male only patients, under the age of 65 years. The hospital is part of Cygnet Behavioural Health Limited. The registered manager is Rachel Fottles-Smith. At the time of the inspection 19 patients were at the hospital, two were informal and 17 were detained under the Mental Health Act.

The CQC inspected this hospital in October 2012, February 2014 and September 2016. There had been no breaches to the regulations on any of these inspections.

Storthfield House hospital had received two Mental Health Act monitoring visits, one in May 2015 and the second in June 2016. On the last visit the issue found was the doctor had completed the wrong medication capacity form. This issue was not present on this visit.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor in rehabilitation.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we held about the location. We also sought feedback from commissioners, carers and patients.

During the inspection visit, the inspection team:

- spoke with the registered manager
 - spoke with six other staff members; including doctors, nurses, and a psychologist
 - received feedback about the service from four commissioners
 - spoke with three carers
 - attended and observed one morning meeting, one ward round and one care program approach meeting
 - collected feedback from four patients using comment cards
 - looked at five care and treatment records of patients and ten medication prescriptions
 - carried out a specific check of the medication management and
 - looked at a range of policies, procedures and other documents relating to the running of the service.
- looked at the quality of the hospital environment and observed how staff were caring for patients
 - spoke with four patients who were using the service

Summary of this inspection

What people who use the service say

Patients spoke of how respectful and helpful staff were. Three of the four comment cards said the hospital was excellent. The other card said the hospital and care was very good. The patients told us about the high quality of

care and treatment they had received. Carers felt staff generally kept them informed about the care their relative was receiving. Two carers felt distance was a problem as not all carers could attend meetings.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

we rated safe as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. 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.

However

- Staff had not completed intermittent observations of patients as per the Cygnet policy and procedure.

Good



Are services effective?

We rated effective good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which staff

Good



Summary of this inspection

and patients reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured patients had good access to physical healthcare and supported patients 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.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. The managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. The manager provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. The manager and the Mental Health Act administrator made sure staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- The hospital had introduced a physical health screening tool National Early Warning Scores to support staff to monitor patients' physical health and on two patient records staff had not completed the tool correctly.

Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Service users' views were incorporated, even when they differed from the clinical team's. Staff ensured patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, most patients did not have excessive lengths of stay and staff had not delayed a discharge other than for a clinical reason.
- 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. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.
- The wards met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had a good understanding of the service they managed, and it adhered to a recognised model of rehabilitation care. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Good



Summary of this inspection

- Staff felt respected, supported and valued. They reported the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated governance processes operated effectively at ward level and performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- Training for staff in the Mental Health Act was at 91% and 100% of staff had training in the Mental Health Act Code of Practice. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were. The Mental Health Act administrator was supported by Mental Health Act administrators from other hospitals run by the provider.
- The provider had relevant policies and procedures that reflected the most recent guidance.
- Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice. They were all stored electronically on the hospital computers which all staff had access to.
- Patients had easy access to information about independent mental health advocacy. The advocate visited the hospital weekly and attended patient meetings including care review meetings. Posters advertising the independent mental health advocacy service were visible throughout the hospital.
- Staff explained to patients their rights under the Mental Health Act in a way they could understand, repeated it as required and recorded they had done it.
- Staff ensured patients were able to take Section 17 leave (permission for patients to leave hospital). Staff and patients said this was never cancelled unless the patient became ill.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- Staff kept consent to treatment certificates with medication charts in line with Code of Practice guidance.
- Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly and so they were available to all staff that needed access to them.
- The hospital displayed a notice to tell informal patients they could leave the ward freely.
- Care plans referred to identified Section 117 aftercare services to be provided for those who had been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment.
- The Mental Health Act administrator did regular audits to ensure staff were correctly applying the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training for staff in the Mental Capacity Act and Deprivation of Liberty Safeguards was at 91%.
- Staff had a good understanding of the Mental Capacity Act and the five statutory principles.
- There were no Deprivation of Liberty Safeguards applications made in the last 12 months.
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed the patient lacked the mental capacity to make it.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.
- When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- Staff audited the application of the Mental Capacity Act and managers and staff acted on any learning that resulted from it.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

Safety of the ward layout

- The manager had last completed the annual environmental and ligature anchor point risk assessment in July 2018. Staff also undertook daily ligature and environmental risks assessments as part of their daily walkaround. The structured assessment had identified all ligature anchor points, and the manager had written an action plan showing how staff would manage those that presented as a risk. A ligature anchor point is anything to which patients' intent on self-harm could use to attach a cord, rope or other material for the purpose of hanging or strangulation.
- The ward layout made it difficult for staff to observe all patient areas from one central point. The manager placed staff in designated spots to overcome this.
- The hospital only admitted male patients and therefore complied with the guidance contained in the letter from the Chief Nursing Officer of the Department of Health.
- The service provided all staff and visitors with alarms prior to entering the hospital environment. There was a checking system in reception to ensure staff had charged and checked alarms worked.

Maintenance, cleanliness and infection control

- All ward areas were clean, had good furnishings and were well-maintained.

- The housekeeping staff kept cleaning rotas which they had completed and were up to date. The service employed two maintenance workers and records indicated they were prompt in seeing to repair requests.
- All staff had completed mandatory infection control training. There were gel dispensers in the reception area for staff and visitors to use and we observed staff using them.
- There were no seclusion rooms at Cygnet Storthfield House and staff did not use seclusion with the patients.

Clinic room and equipment

- Clinic rooms had a full set of equipment which staff routinely maintained. The clinic contained medicine cupboards, medication fridge and some physical health monitoring equipment. All cupboards and the fridge were tidy, medicines and other items were stored appropriately and kept locked. The provider ensured all equipment was clean, well maintained and calibrated. The manager monitored this centrally and a professional company had calibrated equipment in April of this year. For ease of access the manager kept the resuscitation equipment in the staff office.
- Staff monitored room and fridge temperatures twice daily and the hospital kept records showing this.
- An examination couch was in a second room which staff used for patient's physical examinations.

Safe staffing

- There was one manager for the hospital with one head of care. The establishment for qualified nurses was seven whole time equivalents and 20 whole time equivalent support workers. The sickness rate between 1 September 2017 to 31 August 2018 was 12.8% percent and the turnover rate was 41% (this included internal transfers). There was a 4% vacancy at time of the

Long stay/rehabilitation mental health wards for working age adults

Good 

inspection which reflected one vacancy for a support worker. For the three months from 1 September 2018 to 31 November 2018 the sickness rate had fallen to 3% and the turnover had reduced to 20%. The manager said this was due to improvements in teamwork and communication.

- There were two shifts over a 24-hour period. The day shift had two qualified nurses on duty with five support workers and at night one qualified nurse with four support workers. In addition, in the week, between nine to five the hospital had an occupational therapist, a psychologist, head of care, therapy coordinator and other members of the multidisciplinary team. Duty rotas seen reflected these figures and showed they were frequently above the minimum required numbers.
- The manager had calculated the number and grade of nurses and support workers required with the use of the Cygnet safe staffing tool.
- The staff team reviewed staffing levels every day and were able to adjust the numbers according to need. The hospital had not used agency staff for the year preceding the inspection. The use of bank staff was minimal and staff comments supported this.
- When the manager used bank nursing staff, those staff received an induction and were made familiar with the hospital. Bank staff were part of the Cygnet East Midlands bank team and all had received the appropriate induction. Staff told us they usually covered all shifts necessary and rarely used bank staff from the central team.
- There was an experienced staff member available at all times in the main area.
- Staffing levels allowed patients to have regular one-to-one time with their named nurse.
- Staff explained they had very rarely cancelled activities and leave. Patients interviewed said that staff never cancelled their activities.
- There were always enough staff on duty and trained to carry out physical interventions including restraint, observations and escort duties. Duty rotas confirmed this.

Medical staff

- The hospital employed a consultant psychiatrist and a speciality doctor who both worked Monday to Friday nine to five. The consultant covered out of hours in the week and at weekends cover was provided by the East

Midlands Cygnet duty team. The consultant could be at the hospital within half an hour if needed. Normal out of hours GP and emergency services covered any physical emergencies.

Mandatory training

- Staff had received and were up to date with appropriate mandatory training. Overall mandatory training was 96%. This included but not limited to safeguarding, use of oxygen training, management of actual or potential aggression and the Mental Capacity Act.
- The manager monitored completion rates monthly and reported on them as part of key performance indicators. In the past where training had been low the senior staff had developed action plans to improve attendance rates.

Assessing and managing risk to patients and staff.

- We looked at five patient care records. They all demonstrated staff started risk assessments prior to patient admission. Staff then updated them within 48 hrs of arrival on the unit. Staff used a recognised risk assessment tool. The team used the Short-Term Assessment of Risk and Treatability to provide a comprehensive risk overview of each patient. The staff also used the Historical Clinical Risk Management-20 where patients had a history of violence.

Management of patient risk

- Staff were aware of and dealt with any specific risk issues identified in care planning and risk assessments. They identified and responded to changing risks and they updated risk assessments when they needed to be. Staff also reviewed the risks daily in the morning meeting and in ward rounds.
- Staff followed good policies and procedures for searching patients and their bedrooms. Staff said there were rarely any unplanned searches of patient bedrooms.
- Although staff had completed the observation records and used the appropriate designated recording sheets they had not followed the Cygnet Therapeutic Engagement and Observation procedure which said, 'the individual (patient) must be seen and assessed at irregular intervals in a pattern that cannot be predicted

Long stay/rehabilitation mental health wards for working age adults

Good 

by the individual'. The observation sheets we reviewed showed observations were at a fixed time exactly every 15 minutes. We could not find any evidence to suggest this had a negative impact to the patients.

- Staff applied no blanket restrictions on patients' freedom. Any restrictions were specific to the individual, and staff had put them in place to reduce risk.
- The hospital was not smoke free as the provider allowed patients to smoke in the garden. There was a clear smoking policy in place to ensure compliance with current legislation. The staff promoted smoking cessation and healthy lifestyle and offered patients support and guidance if they wanted to give up smoking. This included offering patients' nicotine replacement.
- Informal patients could leave at will and knew that.
- There is an induction and annual training programme for all staff that specifically addresses issues of relational security.

Use of restrictive interventions

- The hospital did not use seclusion or long-term segregation.
- There were 39 episodes of restraint between 1 February 2018 and 31 July 2018 and 33 of these were with one patient between 12 May 2018 and 5 July 2018. There were no prone restraints. The staff had regularly reviewed the patient and their risk and eventually the staff transferred the patient to a more secure unit.
- The provider had changed the type of restraint used by hospital staff from the Management of Violence and Aggression to Management of Actual and Potential Aggression. This training allows a greater focus on de-escalation and reduces the amount of physical restraint.
- The staff used body maps to indicate what parts of the patient's body they had restrained or held. There was also a comprehensive description in the notes to support the restraint incident.
- Staff were clear they only used restraint after de-escalation techniques failed. Staff developed de-escalation techniques with individual patients as well as formulating positive behaviour support plans which outlined the patient's wishes and what they felt worked best for them as well as coping strategies and interventions.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.

- The provider did not follow National Institute for Health and Care Excellence guidance when using rapid tranquilisation. The provider did not give staff training in immediate life support. The National Institute for Health and Care Excellence guidelines in violence and aggression recommends all staff should have training in immediate life support training and a doctor be immediately available to keep patients safe when treatment involves medications and potential restraint. The hospital told us their policy and related procedure reflects the Resuscitation Council (UK) Guidelines and Quality Standards for 2015 and The National Institute for Health and Care Excellence have accredited these guidelines.
- The Cygnet policy was to update staff with the practical elements of resuscitation and administration of oxygen in emergency situations annually, this includes an assessment of staff's ability to perform CPR and use a defibrillator. The hospital carried out recorded fortnightly resuscitation drills and audited its locations that had defibrillators to make sure staff could reach them within three minutes.
- The provider had a reducing restrictive practice policy to guide staff practice. Staff reported on restrictive practices at clinical governance groups to identify themes, trends, lessons learned and any actions for staff to undertake. The hospital's action plan included plans for reducing restrictive practices. This included annual audits, identifying staff and patients leads, and attendance at regional meetings to share good practice from other sites.

Safeguarding

- There had been no safeguarding alerts or concerns raised with the CQC between 1 December 2017 and 31 November 2018.
- Safeguarding training was mandatory and the hospital had 100% completion rate for their nursing staff. Staff knew how to make a safeguarding alert or concern.
- The hospital had a designated safeguarding lead for Adults and Children.
- Staff could give clear examples of how to recognise and protect patients from different types of abuse including financial, peer, harassment and discrimination, including those with protected characteristics under the Equality Act.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff knew how to identify adults at risk of, or suffering, significant harm. This included working in partnership with other agencies.
- Staff followed safe procedures for children visiting the hospital. All visits from children would take place in the visitor's room which was away from the ward.

Staff access to essential information

- The provider used both paper and electronic notes to record information. Staff knew where to place and find information.
- All information needed to deliver patient care was available to all relevant staff when they needed it and was in an accessible form.
- Staff kept physical health folders for each patient in the clinic room. This included all physical health monitoring and a record of appointments with other physical health professionals.
- Staff reported they had to plan the use of computers as access was not always easy due to the number of staff using them.

Medicines management

- Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication) and did it in line with national guidance.
- The hospital had a visiting pharmacy and their pharmacist undertook weekly audits which the manager actioned, and they provided monthly summaries to the wards.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance, especially when the doctor had prescribed a patient a high dose of antipsychotic medication.
- We reviewed 10 prescription charts and found there were no issues except for one which had no doctor's signature for a depot medication. The doctor had updated the medicine card but had not signed the prescription of a depot injection the patient had been receiving previously. Nursing staff had given the depot. We informed the manager immediately this was found, and an incident form was completed, and the doctor signed the prescription.

Reporting incidents and learning from when things go wrong

- Between 1 September 2018 and 31 November 2018 there had been 41 incidents reported at Storthfield House. This included verbal threats made between patients and towards staff, patients going absent without leave from the hospital and damage caused to property. Staff understood what needed reporting and had followed the Cygnet policy on reporting them. This included the completion of an incident reporting form. Staff were involved in discussions and feedback from incidents in various forums and meetings across the hospital and the organisation. Locally incident information sharing included morning meetings and reflective practice forums. At a regional level, senior staff discussed and reviewed incidents, and shared lessons learnt across the organisation.
- There had been no incidents involving Duty of Candour. Staff understood what Duty of Candour meant. Staff said they were always open and honest with patients and their carers regardless of whether something had gone wrong or not.
- The hospital had made changes to their meetings following feedback from staff. The manager had restarted the support staff meetings.
- Senior staff held debrief sessions for patients and staff after serious incidents. They would follow these up with one to one supervision sessions, further counselling or further debriefs dependent on the incident and support identified.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Best practice in treatment and care

- We reviewed five patient care records. All records demonstrated staff had completed a mental health assessment prior to and following admission. Staff at the hospital completed a range of nationally recognised physical health assessments and rating scales. The staff

Long stay/rehabilitation mental health wards for working age adults

Good 

also used the National Early Warning Score but on two records staff had not completed them correctly. The National Early Warning Score is a physiological assessment of needs which is an early warning system for identifying acutely ill patients - including those with sepsis - in hospitals in England. According to Cygnet policy and procedure the staff are to use the National Early Warning Score when there are concerns about the deterioration of an individual's health. In one record staff had not completed the observations fully or twice a day as directed by the doctor.

- Staff had completed physical health assessments of each patient and had used these to produce physical health care plans where appropriate. If the assessment identified a need then staff described the necessary actions they would need to take.
- Staff reviewed ongoing physical health assessments and healthcare needs in the multidisciplinary meetings.
- The mental health care plans were personalised, holistic and recovery orientated. Staff had regularly reviewed and updated plans and had included patients in the review.
- Staff provided a range of care and treatment interventions such as cognitive behavioural therapy, dialectical behaviour therapy and schema therapy which the National Institute for Health and Care Excellence recommend. Staff offered a wide range training and work opportunities intended to help patients acquire living skills. This included carpentry, attendance on local training courses and support to manage budgets. The staff team did not provide formal family interventions.
- Staff ensured patients had good access to physical healthcare, including access to specialists when needed. The staff had registered all patients with the local GP practice.
- In the review of the patient records staff had assessed the nutritional needs of the individual.
- Staff supported patients to live healthier lives – for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for cancer, and dealing with issues relating to substance misuse. Patients and staff spoke about the various topics they discussed around living healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. Staff used the Health of the

Nation Outcome Scales, the Recovery Star and the Global Assessment of Progress to record and review a patient's progress. Occupational therapists used the Model of Human Occupation Screening Tool.

- Staff used technology to support patients effectively for example there was prompt access to blood screening and test results.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives. This included audits on physical health, care plans and restrictive interventions.

Skilled staff to deliver care

- The team included an occupational therapist, a clinical psychologist, assistant psychologists a consultant psychiatrist, a speciality doctor, therapy assistants, nurses and support workers. Also, part of the team were the maintenance staff and cooks.
- Staff had a wide range of skills, experience and knowledge to meet the needs of the patient group and were keen to develop further knowledge and skills within their roles. The management team had a good understanding of the team's skills and competencies and provided staff with learning opportunities to improve their knowledge where needed. Managers accomplished this by various methods including extra training, helping staff apply for apprenticeship training and learning on the job.
- The manager provided new staff with appropriate induction and training. (using the care certificate standards as the benchmark for healthcare assistants).
- Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured staff had access to regular team meetings which managers held at different times to maximise staff attendance. The manager had reintroduced the support worker clinic and staff said this had made a positive impact on practice.
- The percentage of staff that had had an appraisal in the last 12 months was 87%.
- The percentage of staff that received regular supervision was 80% in September, 91% in October and 87% in November.
- Managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff held regular and effective multidisciplinary meetings. Patients took part and were able to give their points of view.
- Staff shared information about patients at effective handover and morning meetings within the team. The information was well structured, clear, comprehensive and recovery and rehabilitation focussed.
- The hospital team had effective working relationships with teams outside the organisation and conversations held with stakeholders confirmed this. The manager said frequency of contact with various commissioners and referring teams varied. Staff invited all teams to Care Programme Approach meetings. Staff maintained further contact by telephone and emails as and when necessary. The commissioners we spoke with said they were pleased with the contact they had with the hospital.
- Staff explained to patients their rights under the Mental Health Act in a way they could understand, repeated it as required and recorded they had done it.
- Staff ensured patients were able to take Section 17 leave (permission for patients to leave hospital). Staff and patients said this staff never cancelled this unless the patient became ill.
- Staff requested an opinion from a second opinion appointed doctor when necessary. Staff kept consent to treatment certificates with medication charts in line with Code of Practice guidance.
- Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly and so they were available to all staff that needed access to them.
- The hospital displayed a notice to tell informal patients they could leave the ward freely.
- Care plans referred to identified Section 117 aftercare that different services would provide for those who had been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment.
- The Mental Health Act administrator did regular audits to ensure staff were correctly applying the Mental Health Act.

Adherence to the MHA and the MHA Code of Practice

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.

- Training for staff in the Mental Health Act was at 91% and 100% of staff had training in the Mental Health Act Code of Practice. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were. The Mental Health Act administrator could liaise with other Mental Health Act administrators from other hospitals run by the provider if they needed advice.
- The provider had relevant policies and procedures that reflected the most recent guidance.
- Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice. They were all stored electronically on the hospital computers which all staff had access to.
- Patients had easy access to information about independent mental health advocacy. The advocate visited the hospital weekly, attended patient meetings including care review meetings. Posters advertising the independent mental health advocacy service were visible throughout the hospital.

Assessment of needs and planning of care

Best practice in treatment and care

- We reviewed five patient care records. All records demonstrated staff had completed a mental health assessment prior to and following admission. Staff at the hospital completed a range of nationally recognised physical health assessments and rating scales. The staff also used the National Early Warning Score but on two records staff had not completed them correctly. The National Early Warning Score is a physiological assessment of needs which is an early warning system for identifying acutely ill patients - including those with sepsis - in hospitals in England. According to Cygnet policy and procedure the staff are to use the National Early Warning Score when there are concerns about the deterioration of an individual's health. In one record staff had not completed the observations fully or twice a day as directed by the doctor.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff had completed physical health assessments of each patient and had used these to produce physical health care plans where appropriate. If the assessment identified a need then staff described the necessary actions they would need to take.
- Staff reviewed ongoing physical health assessments and healthcare needs in the multidisciplinary meetings.
- The mental health care plans were personalised, holistic and recovery orientated. Staff had regularly reviewed and updated plans and had included patients in the review.
- Staff provided a range of care and treatment interventions such as cognitive behavioural therapy, dialectical behaviour therapy and schema therapy which the National Institute for Health and Care Excellence recommend. Staff offered a wide range training and work opportunities intended to help patients acquire living skills. This included carpentry, attendance on local training courses and support to manage budgets. The staff team did not provide formal family interventions.
- Staff ensured patients had good access to physical healthcare, including access to specialists when needed. The staff had registered all patients with the local GP practice.
- In the review of the patient records staff had assessed the nutritional needs of the individual.
- Staff supported patients to live healthier lives – for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for cancer, and dealing with issues relating to substance misuse. Patients and staff spoke about the various topics they discussed around living healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. Staff used the Health of the Nation Outcome Scales, the Recovery Star and the Global Assessment of Progress to record and review a patient's progress. Occupational therapists used the Model of Human Occupation Screening Tool.
- Staff used technology to support patients effectively for example there was prompt access to blood screening and test results.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives. This included audits on physical health, care plans and restrictive interventions.
- The team included an occupational therapist, a clinical psychologist, assistant psychologists a consultant psychiatrist, a speciality doctor, therapy assistants, nurses and support workers. Also, part of the team were the maintenance staff and cooks.
- Staff had a wide range of skills, experience and knowledge to meet the needs of the patient group and were keen to develop further knowledge and skills within their roles. The management team had a good understanding of the team's skills and competencies and provided staff with learning opportunities to improve their knowledge where needed. Managers accomplished this by various methods including extra training, helping staff apply for apprenticeship training and learning on the job.
- The manager provided new staff with appropriate induction and training. (using the care certificate standards as the benchmark for healthcare assistants).
- Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured staff had access to regular team meetings which managers held at different times to maximise staff attendance. The manager had reintroduced the support worker clinic and staff said this had made a positive impact on practice.
- The percentage of staff that had had an appraisal in the last 12 months was 87%.
- The percentage of staff that received regular supervision was 80% in September, 91% in October and 87% in November.
- Managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

- Staff held regular and effective multidisciplinary meetings. Patients took part and were able to give their points of view.
- Staff shared information about patients at effective handover and morning meetings within the team. The information was well structured, clear, comprehensive and recovery and rehabilitation focussed.
- The hospital team had effective working relationships with teams outside the organisation and conversations held with stakeholders confirmed this. The manager said frequency of contact with various commissioners and referring teams varied. Staff invited all teams to

Skilled staff to deliver care

Long stay/rehabilitation mental health wards for working age adults

Good 

Care Programme Approach meetings. Staff maintained further contact by telephone and emails as and when and necessary. The commissioners we spoke with said they were pleased with the contact they had with the hospital.

Adherence to the MHA and the MHA Code of Practice

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.

- Training for staff in the Mental Health Act was at 91% and 100% of staff had training in the Mental Health Act Code of Practice. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were. The Mental Health Act administrator could liaise with other Mental Health Act administrators from other hospitals run by the provider if they needed advice.
- The provider had relevant policies and procedures that reflected the most recent guidance.
- Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice. They were all stored electronically on the hospital computers which all staff had access to.
- Patients had easy access to information about independent mental health advocacy. The advocate visited the hospital weekly, attended patient meetings including care review meetings. Posters advertising the independent mental health advocacy service were visible throughout the hospital.
- Staff explained to patients their rights under the Mental Health Act in a way they could understand, repeated it as required and recorded they had done it.
- Staff ensured patients were able to take Section 17 leave (permission for patients to leave hospital). Staff and patients said this staff never cancelled this unless the patient became ill.
- Staff requested an opinion from a second opinion appointed doctor when necessary. Staff kept consent to treatment certificates with medication charts in line with Code of Practice guidance.

- Staff stored copies of patients' detention papers and associated records (for example, Section 17 leave forms) correctly and so they were available to all staff that needed access to them.
- The hospital displayed a notice to tell informal patients they could leave the ward freely.
- Care plans referred to identified Section 117 aftercare that different services would provide for those who had been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment.
- The Mental Health Act administrator did regular audits to ensure staff were correctly applying the Mental Health Act.

Good practice in applying the MCA

- Training for staff in the Mental Capacity Act and Deprivation of Liberty Safeguards was at 91%
- Staff had a good understanding of the Mental Capacity Act and the five statutory principles.
- There were no Deprivation of Liberty Safeguards applications made in the last 12 months.
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed the patient lacked the mental capacity to make it.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.
- When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- Staff audited the application of the Mental Capacity Act and managers and staff acted on any learning that resulted from it.

Long stay/rehabilitation mental health wards for working age adults

Good 

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, dignity, respect and support

- Staff attitudes and behaviours when interacting with patients showed they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.
- Staff supported patients to understand and manage their care, treatment or condition. Care notes supported this by describing the work staff had undertaken.
- Staff directed patients to other services when appropriate and, if required, supported them to access those services. There were good examples we saw where this happened. Staff had supported patients to access specific support groups away from the hospital.
- Patients said staff treated them well and behaved appropriately towards them and felt they treated them with respect. One patient said staff did not always knock when coming into their room.
- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.
- Staff maintained the confidentiality of information about patients.

The involvement of people in the care they receive

Involvement of patients

- Staff used the admission process to inform and orient patients to the ward and to the service.
- Staff involved patients in care planning and risk assessment. Patients signed their care plans to say they had been involved. Patients we spoke with confirmed staff had worked with them. We observed staff updating the care plans with the patient in the multi-disciplinary meeting. Care plans reflected the patient opinion.
- Staff had offered copies of care plans to all patients and staff recorded when they had refused.

- Staff communicated with patients, so they understood their care and treatment. Staff were able to explain the different ways they could communicate if a patient had difficulties understanding.
- Staff involved patients when appropriate in decisions about the service – for example, in the recruitment of staff and participation in the clinical governance groups. Patients also led the patient meetings held daily and could use this to give feedback on the service they received.
- Staff enabled patients through the care plan process to make advance decisions (to refuse treatment, sometimes called a living will) when appropriate.
- Staff ensured patients could access advocacy.

Involvement of families and carers

- Staff informed and involved families and carers appropriately and provided them with support when needed.
- Staff enabled families and carers to give feedback on the service they received. This was mainly through a carers survey.
- Staff provided carers with information about how to access a carer's assessment.
- Staff acknowledged many of the patients were not from the local area and so it can be difficult for some families and carers to be actively involved. Where possible the staff included carers in discussions about the patient's care and treatment planning (with the consent of patients).

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

Bed management

- Average bed occupancy between 1 February 2018 and 31 August 2018 was 78%.
- The hospital admitted patients from across the country due to the nature of the service they provided.
- Beds were available when needed for patients living in the 'catchment area'.

Long stay/rehabilitation mental health wards for working age adults

Good 

- There was always a bed available when patients returned from leave.
- When staff had to move or discharge patients, this happened at an appropriate time of day.
- Staff only moved patients between units if this was part of their care pathway or it was justifiable on clinical grounds.
- The provider did not have any psychiatric intensive care beds locally but if needed the hospital could liaise with local NHS services. The staff always considered the patients contact with family and friends and ensured they gave support to maintain contact.

Discharge and transfers of care

- Between 1 January 2016 and 31 November 2018, there were no delayed discharges from the hospital.
- The average length of stay for the current patients was 452 days. The hospital had no patients who had been there for over the recommended upper limit of three years.
- Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Care managers we spoke with confirmed this.
- The staff were discharge orientated and started discussing discharge on admission and helped patients understand their discharge through a visual discharge plan.
- Staff never delayed discharges for other than clinical reasons. Staff said sometimes referring services were slow in allocating care co-ordinators to help in the discharge process
- Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own ensuite bedrooms and could personalise them. Secure cupboards were available for them to store personal belonging.
- The hospital had a range of rooms available for patients This included an activity room, therapy room as well as a games room with computer risk assessed access. There was a specific area off the ward where patients could see their visitors.

- Patients had access to the garden. The patients had self-imposed a requirement for the staff to stop access after midnight because of noise issues. Individuals could have access after this time on request.
- Patients had full access to a telephone in a private quiet room.
- Patients said the food was very good and there was a choice of food.
- Patients could make hot drinks and snacks day and night, but some patients had to ask for access to the patient kitchen because of individualised risk. Staff would supervise these patients when they made drinks.

Patients' engagement with the wider community

- When appropriate, staff ensured patients had access to education and work opportunities. These included a football academy, forestry work, and linking up with a local college.
- Staff supported patients to maintain contact with their families and carers where appropriate.
- Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. On occasions staff arranged for patients to take leave with their friends.

Meeting the needs of all people who use the service

- The service had adapted the hospital for disabled patients.
- Staff had previously used interpreting services where a person's first language had not been English. The service could also access telephone interpreters in an emergency. The hospital could also access a signing service
- Staff displayed information on local services, legal rights and the complaints process on notice boards in the form of posters and leaflets. The staff could provide this information in other formats to meet the requirements of patients who may need easy read or information in other languages.
- Patients had a variety of meal choices that supported their dietary requirements. This included foods to meet patient's individual religious needs such as halal or kosher foods. Patients could discuss specific requests with the kitchen staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff ensured patients had access to appropriate spiritual support and the hospital had a multi faith room. Staff had arranged for patients to visit their places of worship which had been some distance from the hospital.

Listening to and learning from concerns and complaints

- The manager oversaw complaints to the service. If a patient raised a complaint informally, they often did this in the patient meetings and staff would record the action taken. Patients knew how to make a complaint or raise concerns and the patient meeting minutes supported this. Staff either gave feedback through the meetings or individually. There had been no formal complaints received at Storthfield House between 31 December 2017 and 31 November 2018.
- Staff were aware of the complaints procedure and felt confident on dealing with complaints. Staff knew how to support patients who made a complaint. They ensured patients felt they had been listened to and staff had taken their concerns seriously.
- Staff received feedback on the outcome of complaints. Senior staff would feedback through one to one meetings, team meetings and ward handover. Staff would discuss complaints at clinical governance meetings to ensure managers had dealt with them correctly, identified themes and ensure staff shared lessons learnt.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. Where leaders were new to their role experienced colleagues supported them and the service provided them with training and development opportunities to ensure they could successfully perform their role.
- Leadership development opportunities were available, a senior staff member had started a leadership and management qualification.

- Leaders had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care.
- The provider's local senior leadership team had successfully communicated the provider's vision and values to the staff in this service.
- The hospital manager and head of care were visible in the service and approachable for patients and staff. They had an open-door policy to encourage openness and transparency with staff and patients They held regular meetings with staff and provided direct patient care.

Vision and strategy

- Cygnet Healthcare had only recently updated their vision and values. Staff were aware of these changes and what the new values were. Managers had been discussing the values in staff supervision. There were also stickers on staff desks with the values written on them. The manager had recently appointed one of the staff to be the hospital's values ambassador. The five values were integrity, trust, empower, respect and care.
- Staff could explain how they were working to deliver high quality care within the budgets available. The manager discussed their use of the budget to keep services running well.

Culture

- Staff felt respected, supported and very valued at the hospital and felt they worked well together.
- Staff felt positive and proud about working for the hospital, the provider and their team.
- Staff felt able to raise concerns without fear of retribution and knew how to do so. They knew how to use the whistle-blowing process and knew where to go for confidential help and advice.
- The managers dealt with poor staff performance when needed. We reviewed the information recorded where the manager had dealt with poor performance and saw they had dealt with the issue appropriately.
- Teams worked well together and where there were difficulties managers dealt with them appropriately. Our interviews with staff supported this.
- Staff appraisals included conversations about career progression and the manager informed us about the Cygnet apprenticeship program with examples of staff successes.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff reported the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff felt they all had equal chances in career progression. Staff completed equality and diversity training as part of mandatory training requirements. When we inspected 91% of staff had completed this training. The provider had recently updated their policy along with their transgender policy. Staff have training to treat individuals with the gender they feel aligned to, following a robust risk assessment. Staff have received further training on LGBT+ (abbreviation that stands for lesbian, gay, bisexual, and transgender and nonspecific gender identity). The human resources department are in the process of implementing Workforce Race Equality Standard (WRES). This is a government standard introduced to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- The service's staff sickness and turnover had improved since the reporting period. The rates had now reduced to an acceptable level.
- Staff had access to support for their own physical and emotional health needs through an occupational health service. Cygnet advertised this on the internal web site as well as through supervision.

Good governance

- There was a clear framework of what staff must discuss and share at a ward, team or directorate level in team meetings. This ensured staff discussed essential information, such as learning from incidents and complaints. This was a framework developed across Cygnet Healthcare.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

- Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required.
- The service had plans for emergencies – for example, adverse weather or a flu outbreak.
- Where cost improvements were or had been taking place, they did not compromise patient care.

Information management

- The service used systems to collect data from hospitals that were not over-burdensome for frontline staff.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Staff had access to incident reporting systems, risk registers and patient care records and any Mental Health Act paperwork.
- Information governance systems included confidentiality of patient records. Nursing staff kept patient records in the locked nurses' office and access to computer systems was by password and username.
- Hospital managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. The manager used these in their supervision and as part of their key performance indicators.
- Staff made notifications to external bodies as needed and this included notifications to the CQC.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, bulletins, newsletters and so on.
- A patient attended the monthly clinical governance meetings to provide the patients' feedback.
- The manager carried out annual surveys of patients, carers and staff and used the feedback to improve services. Due to a low response rate to the last carer survey the manager is exploring other ways to get feedback on the hospital.
- There was evidence that patients and carers were involved in local decision-making about changes to the service. For example, patients had been involved in recruitment panels to interview prospective new staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The manager and senior staff engaged effectively with external stakeholders such as commissioners, community mental health teams and social workers.

Learning, continuous improvement and innovation

- The hospital gave staff time and support to consider opportunities to improve and innovate.
- The hospital participated in a reducing restrictive practice forum.
- The provider had an overall commitment to be an organisation that is always moving forward providing

the best possible healthcare. The service shared good practice with other Cygnet Healthcare services through different ways such as newsletters, emails and their regional governance groups.

- The provider had introduced training for staff in Managing Actual and Potential Aggression, replacing the Management of Violence and Aggression approach used previously. The new initiative aimed to promote a safe, reassuring, positive and respectful environment and provide staff with the skills to manage situations safely, using de-escalation techniques and minimising the use of physical interventions.
- The hospital did not participate in national audits or accreditation schemes relevant to the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure staff carry out observations as per Mental Health Act 1983:

Code of Practice (2015) chapter 26.31 and Cygnet Health policy and procedure.