

Cygnet St Williams

Quality Report

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Website: www.cygnethealth.co.uk/locations/cygnet-st-williams

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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?	Requires improvement	
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.

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

Summary of findings

Overall summary

Cygnets St William's is a 12-bed neuropsychiatry service offering care and treatment to men over 18 years affected by acquired brain injuries.

We rated Cygnets St Williams as good because:

- The service provided safe care. The hospital environment was safe and clean. The hospital had enough nurses, support workers and medical cover. Staff assessed and managed risk well 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 patients with an acquired brain injury. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The hospital team included or had access to the full range of specialists required to meet the needs of patients. Managers ensured that 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.

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

However,

- The hospital had blanket restrictions in place which were required to keep patients safe, which meant that the hospital did not always fit with the ethos of a rehabilitative environment. Managers had reviewed this post inspection and issued patients with fobs if they were assessed as being able to safely access areas without assistance from staff.
- Staff were unable to fully deliver care and treatment in line with national guidance and best practice for a rehabilitation ward due to the high physical health care needs of some patients.
- There were mixed responses from staff with some staff reporting that they did feel respected, supported and valued. Staff felt positive and proud about working as a team to support patients but felt that staffing levels meant that they were often stretched and could not always take breaks.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cygnet St Williams	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
Outstanding practice	23
Areas for improvement	23
Action we have told the provider to take	24

Good 

Cygnnet St Williams

Services we looked at

Services for people with acquired brain injury

Summary of this inspection

Background to Cygnet St Williams

Cygnet St William's is a 12-bed neuropsychiatry service offering care and treatment to men over 18 years affected by acquired brain injuries. The hospital website states; "it is a safe and secure place to aid recovery as well as offering those diagnosed with a progressive neurological

disease, like Huntington's Disease, a caring and long-term placement to support and help manage the progression of their symptoms." The hospital opened in February 2019 and has gradually increased patient numbers.

This was the first inspection of this hospital.

Our inspection team

The team that inspected the service comprised one CQC inspector, a specialist advisor and an expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with nine patients who were using the service
- spoke with the registered manager and deputy manager
- spoke with 10 other staff members; including the doctor, nurses, occupational therapist, psychologist and support workers
- received feedback about the service from two care co-ordinators or commissioners
- spoke with an independent advocate
- attended and observed two hand-over meetings and two multi-disciplinary meetings
- looked at five care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke to all nine patients at the hospital. It was difficult to communicate with four of the patients. However, all patients were able to communicate that the hospital was clean and most said they felt safe. Two patients said that they spent a lot of time out of communal areas due to the behaviour of other patients. Patients said the hospital could get noisy with other patients shouting.

All patients said the food was good and staff were supportive. Two patients said that they could get bored due to a lack of structured activities.

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 requires improvement because:

- The hospital had several blanket restrictions in place to keep patients safe which meant that the hospital was not always able to deliver the full range of rehabilitative interventions. This had been reviewed since the inspection and patients had been given fobs so that they could freely access areas if assessed as safe to do so.
- Staff compliance for mandatory training in safeguarding level three, Management of Actual or Potential Aggression and suicide prevention was below the required levels.
- The provider was meeting the required staffing levels for a rehabilitative service, but staff consistently reported that staffing levels could be stretched due to the requirements of some of the more complex patients.
- The service used systems and processes to safely prescribe, administer, record and store medicines but we found that there had been missed doses of medications for some patients and no recorded rationale.

However,

- The hospital was 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 patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well. 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 hospital staff participated in the provider's restrictive interventions reduction programme.
- 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 regularly reviewed the effects of medications on each patient's physical health.
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Requires improvement



Summary of this inspection

- 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.

Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they 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 that patients had good access to 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 hospital team included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with a 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.
- 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(s) had effective working relationships with other 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. Managers made sure that staff could explain patients' rights to them.

Good



Summary of this inspection

- 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.

Are services caring?

We rated caring as good because:

- 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.
- Patients said that staff supported them, and that the food was good. However, two patients described being bored and that they lacked structured activity.
- 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.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as required improvement because:

- The hospital managed admissions well and had amended the admission criteria to ensure that the hospital took patients whose needs they could meet within a rehabilitative environment.
- 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, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients were supported to access hot drinks and snacks at any time.
- 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



However,

Summary of this inspection

- The hospital did not meet the needs of all patients as the assisted bathroom was not fit for purpose.

Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and 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.
- Staff 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.

However,

- Staff did not always feel respected, supported and valued. They had raised concerns with the management team in relation to staffing and working conditions.

Good



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.

Ninety per cent of staff had had training in the Mental Health Act. Staff were trained in and had a good understanding of the Mental Health Act (particularly relating to Community Treatment Orders), 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. The hospital had recently employed a Mental Health Act administrator who was based at the hospital. At the time of the inspection two patients were detained under the mental health act and the remaining seven were subject to deprivation of liberty safeguards.

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.

Staff explained the detained patients their rights in a way that they could understand, repeated it as required, and recorded that they have done it. Patients had easy access to information about independent mental health advocacy (IMHA) services. The advocate attended the hospital weekly and we saw them at the service on the day of the inspection.

Care plans referred to identified Section 117 aftercare services to be provided for those who needed it.

Staff did six monthly audits of the Mental Health Act, Mental Capacity Act and Dols to ensure that they were being applied correctly.

The provider used a standard form to authorise section 17 leave. We found the conditions of leave were clearly recorded. Section 17 leave was discussed in multi-disciplinary meetings. As required the Ministry of Justice had authorised leave and a copy of the authorisation had been filed with the leave form. Staff told us that a copy of the section 62 form and section 17 leave form was with the patient at the other hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

Ninety four percent of staff had had training in the Mental Capacity Act.

Staff were trained in and had a good understanding of the Mental Capacity Act 2005, particularly the five statutory principles.

The provider had a policy on the Mental Capacity Act. 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.

Staff took all practical steps to enable patients to make their own decisions.






For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis about 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.

The service has arrangements to monitor adherence to the Mental Capacity Act.

Staff audited the application of the Mental Capacity Act and acted on any learning that resulted from it.

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Requires improvement 

Safe and clean environment

Staff did regular risk assessments of the care environment. Daily environmental checks were allocated to staff each morning.

The hospital layout allowed staff to observe all parts of hospital. The hospital was over two floors and there were some areas hidden. However, staff mitigated this through patient observations and risk assessments. Since the inspection convex mirrors had been placed in the corridor areas to increase visibility.

There were some potential ligature anchor points and staff had mitigated the risks adequately. The hospital had a ligature assessment audit in place.

Staff had easy access to alarms and patients had easy access to nurse call systems in bedroom and communal areas.

Maintenance, cleanliness and infection control

All areas were clean, had good furnishings and were well-maintained. The hospital had opened in February 2019 and everything was still relatively new.

Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly. Domestic staff worked at the hospital daily.

Staff adhered to infection control principles, including handwashing. Carpets were being replaced with washable flooring to improve infection control.

Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and kept it clean. Any 'clean' stickers were visible and in date.

Safe staffing

The provider had determined safe staffing levels by calculating the number and grade of members of the multidisciplinary team required using a systematic approach. Staffing levels took account of the shift system. The hospital had two registered nurses and four support staff during the day and one registered nurse and three support staff at night. Staff worked two shifts over a 12 hour period. The hospital employed 34 substantive staff which included seven qualified nurses and 16 support staff.

The number, profession and grade of staff in post matched the provider's staffing plan. Since the hospital had opened in February 2019 11 members of staff had left. The manager told us that some staff had not anticipated the levels of personal care which the patients would require and had since decided to leave for other posts. The sickness rate was 7.5% and there were three support workers vacancies.

The hospital was meeting safe staffing numbers and cover arrangements for sickness, leave and vacant posts were in place to ensure patient safety. However, due to the levels of support some patients required staff consistently raised concerns about staffing levels.

The service used regular bank staff where possible and staff from a neighbouring hospital did some shifts. In response

Services for people with acquired brain injury

to concerns raised during the inspection we requested further staffing information and for the period from 1 January 2020 to 9 February 2020 five shifts for qualified nurses had been filled by bank staff. For support staff this was higher and included 20 bank filled shifts and 24 agency filled shifts. Three support worker shifts had not been filled during this time. Between 1 January 2019 and 30 November 2019 70 shifts had been filled by bank and agency and 16 shifts had not been filled.

The service had rapid access to a psychiatrist when required. A full time psychiatrist worked at the hospital and was responsible for all patients.

Staff had received and were up to date with most of the appropriate mandatory training. There were 20 mandatory training courses which included basic and immediate life support, information governance, and infection control. However, four of the courses fell below the required compliance rate which included Management of Actual or Potential Aggression (MAPA) foundation 75% and MAPA emergency training 66%. Managers told us this was due to a reduction in training courses and further courses were being found. Suicide and risk prevention training was 20% and safeguarding level three was 45.5%.

Assessing and managing risk to patients and staff

Staff did a risk assessment of every patient on admission and updated it regularly, including after any incident. We reviewed four records and found that staff completed daily risk assessment entries on the system. Patients were assessed as red or green dependant on current presentation and incidents. We saw examples of where patients had been moved between red and green in response to an incident. Once placed on red patients had enhanced observations for seven days.

Staff used a recognised risk assessment tool.

When appropriate, staff created and make good use of crisis plans and advance decisions. We saw evidence of this in the carer records.

Management of risk

Staff were aware of and dealt with any specific risk issues, such as falls or pressure ulcers. We saw in records that patients had falls risk assessments in place. Several patients had mobility issues and staff supported them to move around the hospital.

Staff identified and responded to changing risks to, or posed by, patients. Daily risk assessments were undertaken for all patients as part of the daily routine which included risk to self and others in line with individual presentation. Care plans and interventions were updated regularly to reflect assesses risks. Staff supported patients who required treatment at the general hospital during their stay and to transfer back.

Staff followed policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching patients or their bedrooms.

The hospital had a range of blanket restrictions in place at the time of the inspection. Staff applied blanket restrictions on patients' freedom. Restrictions had been applied to ensure patient safety as the hospital had several patients who required significant support. Patients were individually risk assessed and those who could access areas independently were encouraged to do so. The hospital had locked areas which required patients to ask staff for support. These were blanket restrictions and did not appear to fit with the rehabilitation model of the hospital. Rooms or space which required staff to support patients included:

- the bathroom
- the activities of daily living kitchen
- laundry
- outdoor space
- the gym.

At the time of the inspection patients were unable to get themselves a drink without asking staff. However, since the inspection managers had reviewed the restrictions and have issued patients with fobs so that they can access the assisted living kitchen, the garden area and the gym. Patients were individually risk assessed to ensure that they were able to safely access the locked areas without staff assistance.

The hospital had a restrictive practice register which was regularly reviewed. When restrictions were placed on an individual patient, staff reviewed these daily in the morning meeting. The records we reviewed supported this.

Services for people with acquired brain injury

Patients were able to smoke in a designated garden area. A separate area was available for patients who did not smoke.

Informal patients could leave at will and patients we spoke to understood this. Posters were displayed to inform patients of this.

Use of Restrictive Interventions

In the 12 months before the inspection there had been 31 episodes of restraint. Not all staff had been trained in the use of a recognised restraint technique due to a shortage of courses. Restraint was rarely used and was usually low level arm holds only. Records we viewed supported that staff allowed patients time and space and used restraint as a last resort. Low level restraint was sometimes required for personal care. There were two incidents of prone restraints. We reviewed these and found that one patient had put themselves on the floor and continued to assault staff. Both incidents resulted in physical restraint for less than three minutes.

The hospital did not use seclusion or of long-term segregation.

The hospital participated in the provider's restrictive interventions reduction programme.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.

Staff followed national institute for health and care excellence when using rapid tranquilisation. Staff rarely used rapid tranquilisation and when they did, they completed the required physical health monitoring.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. The safeguarding training was e-learning and 94% of staff had completed the module. However, 46% of professional staff had received safeguarding level three, six out of the 11 staff required to had not had the training. Since the hospital opened in February 2019 there have been 14 safeguarding concerns raised with the local authority.

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 identify adults and children at risk of, or suffering, significant harm. That included working in partnership with other agencies. There was evidence of safeguarding strategy meetings taking place.

Staff access to essential information

Staff used a combination of paper and electronic patient records. Daily risk assessment notes and care plans were contained on the electronic system. Staff were able to locate the information they needed.

All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and in an accessible form. That included when patients moved between teams.

Medicines management

When medicines were administered staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, recording, disposal) and it was done in line with national guidance.

Staff reviewed regularly the effects of medication on patients' physical health. This includes review of patients who were prescribed antipsychotic medication or lithium. These reviews were in line with guidance from the National Institute for Health and Care Excellence. However, we saw several occasions where patients had refused medications, and the reasons were not appropriately recorded. Some patients were recorded as being asleep when medications were given out and there had not been any consideration to changing times. We raised this on day one of the inspection and managers were addressing this. We reviewed the multi-disciplinary meeting notes for the individual refusing medication and found that discussions were taking place around stopping this medication.

A pharmacist attended the hospital weekly to offer support and the doctor did checks during ward round.

Track record on safety

There had been six serious incidents (SIs) in the last 12 months. Three involved peer on peer violence with minor injury, a patient was injured after a fall, and two physical assault on staff members. There had been a period where the hospital saw an escalation in violence in relation to a patient who had since left the hospital. Learning from this

Services for people with acquired brain injury

included the need to obtain more detailed patient background from referrers. Managers were in discussions with senior managers in the provider around admission criteria to this service.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them.

Staff reported all incidents that should be reported. There had been a near miss where a patient who was self-administering insulin administered against advice of nurse. This was reported to safeguarding and a strategy meeting took place.

Staff understood the duty of candour. They were open and transparent, and explained to patients and families a full explanation if and when something went wrong.

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

The group safety committee was a quarterly meeting external to the unit where serious incident requiring investigation were discussed. Finalised investigation reports and/or recommendations were shared with the team.

Staff met to discuss that feedback during team meetings and handovers. Debriefs took place after incidents. All incidents were reviewed by the psychologist to formulate plans for patients and to offer support to staff.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission.

Staff assessed patients' physical health needs in a timely manner after admission. Staff registered all patients with a local GP. Staff supported patients to attend physical health

appointments and routine screening. Patients had a separate physical health file in place which contained all relevant information and a well man's clinic took place monthly.

Staff developed care plans that met the needs identified during assessment. The provider used positive behaviour support plans. We saw strategies were recorded to work with the patient before they presented with challenging behaviour. We found strategies to address challenging behaviour met the guiding principle of the least restrictive option.

Care plans were personalised, holistic and recovery-oriented. We reviewed four care plans which were detailed and covered the patients assessed needs.

Staff updated care plans when necessary.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by and were delivered in line with National Institute for Health and Care Excellence guidance. These included medication and psychological therapies. However due to the complex physical health issues of many patients it was difficult to deliver the full range of rehabilitation interventions in line with best practice. Staff reported that a large part of their time was spent on personal care. However, we did see examples of patients being supported to make their own drinks and develop skills to live independently.

Staff ensured that patients' physical healthcare needs were being met, including their need for an annual health check. Patients were registered with a local GP and staff supported patients who needed acute medical care.

Staff supported patients to live healthier lives – for example, through participation in smoking cessation schemes, acting on healthy eating advice, managing cardiovascular risks, screening for cancer, dealing with issues relating to substance misuse.

Staff used a recognised rating scales and other approaches to rate severity and to monitor outcomes. They used a tool which tracked the patient's improvement around key aspects of their treatment and care. This was used during ward rounds to monitor the patients progress.

Services for people with acquired brain injury

Staff used technology to support patients effectively (for example, online access to therapies and other resources, timely access to blood test results and so on).

Staff participated in clinical audit, benchmarking and quality improvement initiatives. Staff followed the providers hospitals audit schedule which included a monthly health and safety audit, quarterly infection control and quarterly physical health audit. Audits were monitored by the providers quality assurance manager and we saw evidence of discussions taking place in meeting minutes.

Skilled staff to deliver care

The hospital team included, or had access to, the full range specialists required to meet the needs of patients. The hospital had a full time consultant psychiatrist, nurses and support workers. An occupational therapist and activities coordinators had just been employed and there was a psychologist and psychology assistant. The hospital had access to speech and language therapists and physiotherapy. A general nurse had been employed to work at the hospital in response to the physical needs of patients.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group.

Managers provided new staff with appropriate induction (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 that staff had access to regular team meetings.

The percentage of staff that had had an appraisal in the last 12 months was 7.6% . The hospital had been open 11 months and so three staff appraisals had taken place and remaining were due to take place.

The percentage of staff that received regular supervision was 90%. Staff and managers reported having regular managerial and clinical supervision and group supervision took place with psychology.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Two support workers had been accepted to complete the advanced practitioner course supported by the organisation.

Managers ensured that staff received the necessary specialist training for their roles. Specialist training included catheter care, epilepsy, diabetes and risk of choking.

Managers dealt with poor staff performance promptly and effectively. Managers dealt with allegations which were investigated appropriately, and a policy was in place.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary team meetings. Each morning senior staff met to discuss issues and/or concerns at the hospital.

Staff shared information about patients at effective handover meetings within the team (for example, when staff went on holiday or between shifts for teams that worked out of normal hours). A grab sheet was available to all staff which gave an overview of each patient's current risks.

The team had effective working relationships, including good handovers, with other relevant teams including care co-ordinators, community mental health teams, and the crisis team, the local authority social services and GPs. The hospital accepted referrals from across the country and so most patients were a significant distance from home. Staff kept home teams updated about patients care and treatment.

Adherence to the MHA and the MHA Code of Practice

Ninety per cent of staff had had training in the Mental Health Act. Staff were trained in and had a good understanding of the Mental Health Act (particularly relating to Community Treatment Orders), 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. The hospital had recently employed a Mental Health Act administrator who was based at the hospital. At the time of the inspection two patients were detained under the Mental Health Act and the remaining seven were subject to Deprivation of Liberty safeguards.

Services for people with acquired brain injury

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.

Staff explained the detained patients their rights in a way that they could understand, repeated it as required, and recorded that they have done it. Patients had easy access to information about independent mental health advocacy (IMHA) services. The advocate attended the hospital weekly and we were able to speak to them on the day of the inspection.

Care plans referred to identified Section 117 aftercare services to be provided for those who had been assessed as requiring it.

Staff did six monthly audits of the Mental Health Act, Mental Capacity Act and Dols to ensure that they were being applied correctly.

The provider used a standard form to authorise section 17 leave. We found the conditions of leave were clearly recorded. Section 17 leave was discussed in multi-disciplinary meetings. As required the Ministry of Justice had authorised leave and a copy of the authorisation had been filed with the leave form. Staff told us that a copy of the section 62 form and section 17 leave form was with the patient at the other hospital.

Good practice in applying the Mental Capacity Act

Ninety four% of staff had had training in the Mental Capacity Act.

Staff were trained in and had a good understanding of the Mental Capacity Act 2005, particularly the five statutory principles.

The provider had a policy on the Mental Capacity Act. 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.

Staff took all practical steps to enable patients to make their own decisions.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis about 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.

The service has arrangements to monitor adherence to the Mental Capacity Act.

Staff audited the application of the Mental Capacity Act and acted on any learning that resulted from it.

Are services for people with acquired brain injury caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. Patients required a lot of assistance moving around the hospital and with daily living. We observed positive interactions during the two day inspection.

Staff supported patients to understand and manage their care, treatment or condition. Staff reassured patients and we saw staff talking calmly to patients who were distressed. Staff understood patients' needs and how to work with them to best meet their needs.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. This included attending healthcare appointments, visits to family and to recreational activities.

Patients said staff treated them well and behaved appropriately towards them.

Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. One patient had been supported to attend the local mosque and was supported to practice his religion. Staff had put posters up in another language to support a patient who had lived abroad for several years.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

Services for people with acquired brain injury

Staff maintained the confidentiality of information about patients.

Involvement in care

Staff involved patients in care planning and risk assessment where possible. Due to the nature of the patient's brain injury some patients were unable to fully participate in care plans but there was evidence of where staff had tried by using pictures and speaking to families and home teams.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties.

Staff involved patients when appropriate in decisions about the service. The hospital held weekly community meetings for patients to share their views. There was also a monthly people's council meeting for patients. We reviewed a sample of minutes and found these were poorly attended by patients but that patients did have opportunity to feedback to the hospital.

Staff enabled patients to give feedback on the service they received. A survey had been sent to eight patients and the results were currently being collated. Managers indicated that responses had been positive overall.

Staff enabled patients to make advance decisions (to refuse treatment, sometimes called a living will) when appropriate. We saw evidence of this in patient care records.

Staff ensured that patients could access advocacy. The advocate visited the hospital weekly and posters were displayed in communal areas. We spoke to the advocate on the day of the inspection who did not have any concerns and said that patients were happy.

Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Many families lived a considerable distance from the hospital and so communication was usually by telephone. Some families did visit the hospital and one patient was taken to see his wife who lived in a local care home.

Carers were provided with information about how to access a carer's assessment.

Are services for people with acquired brain injury responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

Bed management

The hospital effectively managed beds and had an occupancy rate of 78%. The hospital had been open since February 2019. The provider had steadily began taking referrals from opening which came from across the country. The hospital had a total of 12 beds and at the time of the inspection there were nine patients. The organisation had a central referral team and nurse assessors would assess all referrals. They would complete a full assessment of the patient and sent this to the hospital manager. The assessment would be reviewed by the hospital multi-disciplinary team to assess if staff could meet the identified needs. Staff from the hospital would visit the patient if they felt they required more information.

There were several patients at the hospital whose needs were not being best met within a rehabilitative environment. Managers were aware of this and processes were being revised to ensure admission criteria met the ethos of a rehabilitative hospital. Patients whose needs could not be fully met were awaiting discharge to a more suitable environment.

Beds were available when needed for patients living in the 'catchment area'.

There was always a bed available when patients returned from leave.

Discharge and transfers of care

In the last 12 months, there were no delayed discharges from the hospital.

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators.

Services for people with acquired brain injury

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

The hospital had 12 en-suite bedrooms which were spacious and well furnished. Patients could personalise bedrooms and had somewhere secure to store their possessions. Staff had supported patient to personalise areas of the hospital to make them more familiar. A patient who spoke French had phrases displayed for him. A patient who struggled to find his bedroom had been supported to place prompts that he could follow.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. This included a clinic room to examine patients, activity and therapy rooms, kitchen/dining area, assisted kitchen and communal living rooms. However, the assisted bathroom was not fit for purpose. This had been raised during the Mental Health Act monitoring visit and the provider was addressing this.

Activity coordinators had recently been employed by the hospital and were in the process of developing activity timetables. We saw evidence of patients going on day trips and taking part in games and other activities. However, at the time of the inspection this was not fully developed and time constraints due to the physical health and personal care needs of some patients meant that rehabilitative activities were not fully implemented at the hospital.

There were quiet areas on the ward and a room where patients could meet visitors.

Patients could make a phone call in private. Patients had their own mobile phones and had access to the hospital phone.

Patients had access to outside space. There were garden areas to the front and back of the hospital.

The food was of a good quality and was made at the hospital. We saw that patients had a choice of food.

Patients had access to hot drinks and snacks 24/7 but could not always access these independently. Doors were locked due to risk and patients had to ask staff to give them access or to make them a drink.

Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. An occupational therapist had recently started at the hospital and was in the process of developing the therapy programme.

Staff supported patients to maintain contact with their families and carers. Families were encouraged to visit the hospital but due to the distance they had to travel not all families could visit regularly. Staff supported patients to go on home leave and use the internet to keep in touch. Staff were aware of patient's closest family members and understood the family dynamics.

Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Meeting the needs of all people who use the service

The service did not always make all the required adjustments for disabled patients. The hospital had disabled people's access to premises and supported patients' specific communication needs. The hospital was over two floors and had a lift for those patients with mobility issues. However, the door to the activity room did not allow wheelchair users easier access and the bathroom was unsuitable for patients who required assistance as the bath was small and there was not enough room to use the hoist. The issues had been escalated by the management team.

Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and so on.

The information provided was in a form accessible to the patient group.

Staff made information leaflets available in languages spoken by patients.

Managers ensured that staff and patients had easy access to interpreters and/or signers.

Patients had a choice of food to meet the dietary requirements of religious and ethnic groups.

Staff ensured that patients had access to appropriate spiritual support and were supported to access the community if they requested this.

Services for people with acquired brain injury

Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns. Information was given as part of admission packs and was displayed on notice boards. An advocate was present in the hospital to support patients to raise complaints who also acted as an independent mental health advocate for detained patients.

When patients complained or raised concerns, they received feedback. We reviewed the two complaints received since the hospital opened and found that managers followed the provider policy. One complaint had been partially upheld after a patient alleged a support worker had let him fall during an intervention with another member of staff. Recommendations had been put in place as a result of this complaint. The hospital had received three compliments.

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

Staff knew how to handle complaints appropriately and spoke to patients and tried to resolve straight away. If patients were still not happy then they could speak to the hospital manager.

Staff received feedback on the outcome of investigation of complaints and acted on the findings.

Are services for people with acquired brain injury well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and approachable for patients and staff. A manager's surgery took place once a month for staff to raise issues. However, some staff reported that they were unable to take breaks and that when they raised issues, they did not feel listened too.

Leadership development opportunities were available, including opportunities for staff below team manager level. The provider had developed opportunities for support workers to access advanced practitioner courses. Two support staff from the hospital had been accepted onto the programme.

Vision and strategy

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

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. The values were discussed in meetings and were visible on computer screens and displayed around the hospital.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff had been involved in discussions about staffing levels which had been increased since the hospital opened.

Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

There were mixed responses from staff with some staff reporting that they did feel respected, supported and valued. Staff felt positive and proud about working as a team to support patients but felt that managers did not always treat them fairly and they could not always take breaks.

Staff felt able to raise concerns without fear of retribution and staff had recently raised concerns with the management team around staffing issues and not been able to take breaks.

Staff knew how to use the whistle-blowing process and had been able to raise their concerns with the hospital managers and the provider. Staff had recently documented their concerns and sent them to the management team.

Managers dealt with poor staff performance when needed.

Services for people with acquired brain injury

Staff appraisals included conversations about career development and how it could be supported.

The service's staff sickness and absence were similar to the provider target.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

Governance

There was a clear framework of what must be discussed at a team level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staffing levels had been discussed and amended since the hospital had opened but staff continued to raise this as an issue. Four of the mandatory training courses were not meeting the requirements and the hospitals previous admission criteria meant that they had several patients who did not meet the criteria for a rehabilitative environment. However, these issues were regularly discussed and had been escalated.

Monthly clinical governance meetings took place with the agenda following the seven pillars of clinical governance. Meetings included the consideration of clinical effectiveness, lessons learned and risk management. Staff reviewed all incident data from the previous month to identify themes, trends, lessons learned and any actions still to be undertake.

Quarterly regional governance meetings took place across hospitals in the area. The dissemination and review of this information helped the service to continually assess and improve the quality of the service. Learning was shared across the wider organisation. Newsletters were circulated to staff.

Monthly regional operational governance meetings involved service managers from each of the sites sharing any lessons from incidents, complaints or investigations.

The adult risk and governance committee monitored key performance indicator data for the hospital. The hospital manager was responsible for reporting this information on a weekly basis through an online reporting tool. Key performance indicators included serious incidents, complaints, restraints, seclusion, safeguarding, medication errors, absence without leave and regulatory notifications.

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 hospital level. Staff at ward level could escalate concerns when required. The hospital did not have any items on the corporate risk register.

Staff concerns matched those on the local risk register. Staff raised levels of staffing as an issue throughout the inspection and this was contained on the risk register. Staffing had been increased due to the levels of personal care and there was ongoing discussion about staffing. Ligature risk and locked doors were on the risk register and these were reviewed at the monthly clinical governance meeting. The assisted bathroom and use of hoist were on the register.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Information management

The service used systems to collect data from the hospital which was not over-burdensome for frontline staff. Performance information could be pulled from the electronic system.

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.

Information governance systems included confidentiality of patient records.

The hospital manager 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 provider had a central team who collated and sent performance reports directly to the hospital manager.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Services for people with acquired brain injury

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, and newsletters.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service had recently sent questionnaires to previous patients and their families and were analysing the results. Patients currently in the hospital could raise issues and concerns during community meetings or with the advocate.

Managers and staff used feedback from patients, carers and staff and used it to make improvements. A staff survey action plan was in place

Patients and staff could meet with members of the provider's senior leadership team to give feedback.

The provider senior managers engaged with external stakeholders – such as commissioners and Healthwatch.

Learning, continuous improvement and innovation

Learning, continuous improvement and innovation.

A local research meeting took place monthly. Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. We observed a research meeting where staff were able to put forward ideas which were discussed internally, and proposals were then taken to a senior manager meeting where funding could be allocated. The psychology team were looking at research and were working closely with the consultant psychiatrist to develop the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that they review blanket restrictions to ensure that patients are supported in a rehabilitative environment. Blanket restrictions must be individually risk assessed and regularly reviewed.

Action the provider **SHOULD** take to improve

- The provider should ensure that managers work with staff to address issues and concerns raised in relation to staffing numbers and staff morale.

- The provider should ensure that the assisted bathroom and activities room are suitable for patients requiring assistance.
- The provider should ensure that staff are up to date with the four mandatory training courses as detailed above.

The provider should ensure that patients are administered all required medications and rationale is clearly documented for any missed doses.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The hospital had several blanket restrictions in place which did not fit the ethos of a rehabilitative environment. This was a breach of regulation 13 (4)(b)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.