Cygnet Health Care Limited

Quality Report

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This report describes our judgement of the quality of care given by this registered provider of health care. It is based on a combination of what we found when we carried out a reactive provider well-led assessment, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations. The assessment focused on how well-led the organisation is, looking at leadership and management, governance, quality assurance and continuous improvement, in order to ensure the delivery of safe, high quality services.

Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a follow-up reactive provider well-led assessment of Cygnet Health Care between 27 January and 4 March 2021.

The purpose of this inspection was to follow up on the areas where improvement was required by Cygnet Health Care at the previous well led assessment which took place from July to August 2019. It did not revisit areas that were covered in the previous assessment and where there were no concerns or significant changes to review. This assessment did consider additional concerns which had arisen at 13 services following inspections at 20 services which had taken place since the previous assessment and feedback from other stakeholders.

The CQC regulates health and social care providers in England and so this assessment did not consider Cygnet services in Scotland and Wales.

Overall we found that Cygnet had made progress in meeting the requirements from the previous well led assessment although there was more to do.

CQC has not published a rating as part of this assessment as this is not part of the current methodology for independent health care providers.

We found a number of areas where significantly more work was needed:

- Cygnet Health Care did not have a longer term strategic plan. The organisation lacked an organisational development approach. Members of the senior leadership team were not able to articulate which groups of service users they were planning to support in the future and how they would ensure they had the appropriate estate and skilled staff to meet their needs. As a consequence of this Cygnet had continued to close and 'repurpose' services and at times this took place with short notice and in response to serious concerns. This could have an adverse impact on the care of service users with the distress resulting from moving to other services. In an organisation with a clear strategic direction service changes would largely happen in a predicted measured manner, reducing the unanticipated repurposing of services to a minimum. Cygnet Health Care also had a number of service users where they were struggling to meet their needs, sometimes where their condition had deteriorated, and where the placements were breaking down. While they had made positive progress in reducing this through the development of clinical models for different types of services with inclusion and exclusion criteria, this work still needed to embed further. Cygnet Health Care needed to further develop their strategic planning for learning and development, to ensure there were staff with the appropriate skills and experience to meet the needs of the service users.
- Cygnet Health Care did not have a good balance between its assurance and improvement work. They had invested very heavily in assurance processes since the last well-led assessment. While it was positive to see that Cygnet Health Care was taking its responsibilities to identify and improve services seriously, there was also the unintended consequence of services being constantly checked, having action plan overload and potentially not having the time to identify and improve services for themselves. In contrast their work on quality improvement was still in its infancy and was poorly understood by the leadership team who described a methodology, but did not recognise that to effectively implement continuous improvement there needed to be a significant change in the culture of the organisation to enable front line staff and service users to drive this forward.
- While leaders and managers from Cygnet were very proud and positive about their work, many also found it hard to be self-critical and reflective. For example, they struggled to answer questions about areas for further development or improvement. There were a number of risks associated with this, including a potential failure to identify areas for improvement; a potential disconnect between senior leadership and frontline services; a potential to create an environment where people are unable to be open and transparent; and the potential to create a culture where local ownership and empowerment is unable to flourish.

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- The performance of leaders and managers at different levels of the organisation was variable and so a more tailored approach to meet individual needs, including access to coaching and mentoring and where appropriate a talent management approach. The leadership and management apprenticeships currently in place may be suitable for some individuals, while others may benefit from an alternative arrangement.
- While the new governance systems gave improved oversight of service user safety there were still a number of areas where further action was potentially needed to safeguard people using services. Cygnet Health Care was aware of these and they were on their risk registers but they still needed significant ongoing action. These included staff recruitment and retention with staff turnover of over 30% each year and some services really struggling to maintain safe staffing; use of restraint in social care services with around 500 restraint incidents recorded a month across the services; the need for further ligature reduction work where an environmental audit had taken place and some work completed but a programme with clear timescales was needed for the remaining work.

We found a number of areas where there had been considerable progress but there was more to do:

- There had been significant progress in bringing together the legacy organisations (companies that joined Cygnet Health Care as a result of acquisitions or mergers). Staff now identified themselves as working for Cygnet Health Care. However, further work was needed to grow the collaborative working between health and social care services within the organisation. Social care staff still felt that at times health care services were prioritised, for example some said the new business information systems were more suitable for health than social care services.
- Cygnet Health Care had recognised the value of having arrangements for the independent challenge of the executive team. They had appointed four outstanding independent advisory board members. However, the arrangements needed further consideration to ensure they had the capacity to perform their roles. Also, board development using an external facilitator needed to be taken forward now all the independent advisory board members were in post.
- Cygnet Health Care had put in the systems to ensure their executive team and independent advisory board members had the necessary fit and proper person checks. We reviewed this for five people and the checks were complete. At the time of the well-led assessment employment tribunal findings were published raising potential Fit and Proper Persons Requirement issues and Cygnet were considering these findings.
- Staff working for Cygnet Health Care needed to feel more confident about speaking up within the organisation and knowing that their concerns would be heard and addressed without fear of retribution. While good progress had been made with the recruitment and introduction of a Freedom to Speak Up Guardian and ambassadors, in 2020 there had been 173 contacts from staff, service users and relatives with the CQC. This reflected a culture where people did not feel able to raise concerns directly with Cygnet, or where they felt those concerns had not been addressed. There were still some pockets of staff who reported that they were being bullied and harassed.
- There had been significant progress in implementing an outline governance structure but some of these arrangements were very new and more work was needed to refine this further and ensure it worked effectively. There were still services where incidents of concern were taking place that had not been identified through the governance systems. This highlighted the importance of visiting services and making good use of 'soft' information, especially feedback from service users, carers and staff. It was also evident that important areas, such as the monitoring of the use of the Mental Health Act and Mental Capacity Act, received very limited oversight and minimal reporting to the associate board. The feedback from Mental Health Act Reviewer visits was not collated to ensure learning from themes. There was no organisation-wide monitoring of the use of the Mental Capacity Act, such as Deprivation of Liberty Safeguards in place across the services. However, staff had a significantly

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improved understanding of the clinical governance arrangements and how they promoted improved care and treatment across the organisation through the consideration of data and other information.

- Cygnet Health Care had successfully introduced business information systems across all the services including service user records and incident reporting. These systems supported the automated production of data used for governance. However, further work was needed to analyse this data so it could be used to support the understanding and improvement of the services. The data produced by Cygnet fed into a number of different dashboards – clinical, quality and financial. This data was not yet brought together into an integrated performance report which would enable the advisory board and sub-committees to have all the key information they needed in one place. It was also found that HR records were still held at individual services and could not be accessed centrally which was an area for development.
- The reporting and management of serious incidents had improved. However, there was scope to further progress the sharing of learning from incidents across services so this reached front line staff and reduced the same types of incidents happening.
- While Cygnet had displayed their strategic priorities and these were now known by staff, they were not yet fully embedded in the work of the organisation.
- The previous well-led assessment was positive about how Cygnet Health Care engaged with people who use services. This continued to be the case although there was scope to further strengthen the engagement and co-production with service users and Experts by Experience to promote improvements in the individual services.
- Since the last well led assessment Cygnet had established an Inclusion and Diversity Committee and BAME (Black, Asian and minority ethnic) network which was a welcome development. However, there was more to do to promote equality and inclusion across the organisation.
- Since the previous inspection Cygnet Health Care had introduced safeguarding supervision for staff. However, the support for safeguarding leads to perform their role from a specialist safeguarding team was limited and this needed to be reviewed to ensure adequate support was available.
- Cygnet Health Care worked to promote positive relationships with external stakeholders including commissioners and regulators. However, ongoing effort was needed to ensure communication was of a consistently high standard.

We found a number of areas where the provider was performing well:

- There had been a strengthening of the operational leadership capacity. The first key appointment was of a second managing director for health, which meant there were now two people in post covering the North and Midlands, and London and the South. This provided more capacity for operational leadership to Cygnet's healthcare services although during the well led assessment some senior operational leaders in the health care division lacked insight into the challenges and how these might be addressed across the hospitals. A managing director for social care had also been appointed and was widely welcomed across the social care operational teams.
- Cygnet Health Care now had effective arrangements in place to identify and escalate risks from services to the leadership team, aligned to their governance processes. This was enabling risks to be identified and monitored.
- Since the last inspection Cygnet Health Care had remained financially sustainable. They recognised the importance of ongoing support from Universal Health Services and identified this as a risk but had arrangements in place to maintain effective working relationships.
- Cygnet Health Care had largely managed the risks associated with the pandemic well. This had taken considerable time and energy and offered opportunities for organisational learning. At the time of this assessment the risks associated with COVID-19 were still identified as a major risk on the operational

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risk register, mainly due to the potential adverse impact on staffing levels. Where a few inspections identified shortfalls, such as staff not wearing PPE correctly, this was addressed as a matter of urgency.

- Cygnet Health Care had worked to develop one set of policies and procedures across the organisation with arrangements in place to keep these under review.

For more information about what the provider must and should do to improve, see the Areas for improvement section.

Professor Ted Baker

Chief Inspector of Hospitals

Detailed findings

Background to Cygnet Health Care Limited

Cygnet Health Care Limited provides services to children and adults across England, Scotland and Wales. It provides the following types of service in health and social care settings:

- Secure mental health wards
- Psychiatric intensive care units
- Acute admission wards for adults
- Older people's services
- Rehabilitation and recovery
- Personality disorder wards
- Child and adolescent mental health services
- Eating disorder wards
- Learning disabilities services
- Mental health services for deaf people
- Autistic spectrum disorder services
- Neuro-psychiatry wards

Cygnet Health Care has 15 providers registered with the CQC. The findings of this responsive well-led review are being reported under Cygnet Health Care Limited but includes information from across all 15 providers and their registered locations. There is a single executive board and senior leadership team for all the 15 registered providers.

Cygnet Health Care is an independent provider founded in 1988. Since September 2014 it has been a wholly owned subsidiary of Universal Health Services (a health care provider in the USA).

Cygnet Health Care provides approximately 734 beds across their social care services and approximately 2,130 beds across their health care services.

Cygnet Health Care has developed significantly since 1988 with several acquisitions taking place:

- Alpha Hospitals Group in August 2015
- Cambian Adult Services (CAS) from Cambian Group plc in December 2016
- Danshell Group in August 2018.

As of January 2021, there were 119 active registered Cygnet locations in England (62 of these are hospital sites and 57 are adult social care sites). Of the 119 active locations, 17 were previously run by the Danshell Group and 71 were previously run by Cambian Adult Services. There were also four former Danshell locations that were subsequently de-registered (Whorlton Hall and Newbus Grange in 2019, Yew Trees and Thors Park in 2020).

At the time of the current inspection, the overall breakdown of CQC ratings of Cygnet locations was as follows: 7 Outstanding (6%); 80 Good (67%); 17 Requires improvement (14%); 6 Inadequate (5%); 9 not yet inspected (8%).

The breakdown of Cygnet services in each region were as follows:

London and the South

- 18 hospital sites and 9 adult social care sites
- 14 hospital sites rated as 'Good', 4 rated as 'Requires Improvement'
- 8 adult social care sites rated as 'Good', 1 not rated

Midlands

- 26 hospital sites and 22 adult social care sites
- 4 hospital sites rated as 'Outstanding', 15 rated as 'Good', 4 rated as 'Requires Improvement', 3 rated as 'Inadequate'
- 1 adult social care site rated as 'Outstanding',15 rated as good, 2 rated as 'Requires Improvement', 4 not rated.

North

- 18 hospital sites and 26 adult social care sites
- 1 hospital site rated as 'Outstanding', 7 rated as 'Good', 3 rated as 'Requires Improvement', 3 rated as 'Inadequate', 4 not rated
- 1 adult social care site rated as 'Outstanding', 20 rated as 'Good', 4 rated as 'Requires Improvement', 1 not rated.

Analysis of the 'Must do' actions in the latest inspection reports for Cygnet locations found that the regulations with the most frequent breaches were as follows:

- 38 breaches of 'Regulation 12: Safe care and treatment' between December 2018 and February 2021

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- 23 breaches of 'Regulation 17: Good Governance; between December 2018 and February 2021
- 14 breaches of 'Regulation 18: Staffing' between December 2018 and February 2021.

The most common Regulation 12 themes identified in the regulatory breaches were in regard to risk management procedures, failure to follow observations policies and serious incident reporting and management. The most common Regulation 17 themes leading to regulatory breaches were around keeping accurate records, not having procedures in place to make necessary improvements and not following recruitment policies. The majority of Regulation 18 themes were regarding training, specifically induction and life support. Another theme was not having adequate levels of staff in place.

Prior to the publication of the reactive provider well-led assessment a number of Cygnet Health Care's services were subject to enforcement or in special measures as follows:

- Cygnet Hospital Clifton
- Cygnet Hospital Colchester
- Cygnet Acer Clinic
- Cygnet Appletree
- Cygnet Woodside
- Cygnet Views
- Cygnet Hospital Hexham (formerly Cygnet Hospital Chesterholme)

Cygnet Health Care Limited employed 10,600 staff across all its geographical areas, of which approximately 7,000 work in England. The majority of care provided by Cygnet Health Care is funded by the NHS and social services.

Our inspection team

The team included three CQC heads of inspection, two inspection managers, five inspectors, an expert by experience and two intelligence analysts. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

The team was advised by three executive reviewers who are senior leaders in their own organisations. The executive reviewers came from the NHS and independent health sector. Their roles within their organisations were as chair, chief operating officer and medical director in organisations that reflected the size and complexities of Cygnet Health Care.

How we carried out this inspection

This review was conducted remotely at a time when Cygnet, like other health and social care providers, were managing the implications of the third spike in the COVID-19 pandemic and associated lockdown.

We carried out the following inspection activities as part of this well led assessment:

- A CQC-led survey of Cygnet staff completed by 1,842 people (26% of their staff in England)
- A survey of CQC inspectors with a Cygnet service on their portfolio
- A request for information used by Cygnet as part of their day to day operations
- The observation of four executive committee meetings
- Focus groups attended by around 75 people
- Interviews of 24 leaders.

Why we carried out this inspection

CQC carried out a reactive provider well led assessment of Cygnet Health Care from July to August 2019 with the report published in January 2020. The purpose of this

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current inspection was to follow up on the areas where the need for improvement was identified in 2019. It did not revisit other areas that were covered in the previous assessment or areas where there were no concerns or significant changes to review.

The inspection also considered additional concerns which had arisen from the inspection of 27 services which had taken place since the previous well-led assessment and feedback from other stakeholders.

Examples of this were as follows:

- There had been ongoing serious incidents, whistle-blowing contact from Cygnet staff to the CQC and safeguarding concerns across a number of Cygnet locations. These raised concerns of actual and potential abuse and harm. This led to questions about learning from incidents and the creation of a culture where people are able to raise concerns in an open manner.
- Following inspections and ongoing engagement work with Cygnet some CQC inspectors had raised concerns about the skills and experience of service, area and regional managers.
- There had been a number of hospitals and wards where Cygnet had made a decision to change their use, in some cases following serious concerns about the service. This led to questions about how Cygnet made these changes and the skills and experience of staff to meet the needs of the new service user group. It also raised concerns about how Cygnet met the needs of service users with very complex needs and how they managed referrals to their services.

Are Services Well-led?

Vision and strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last well led assessment in 2019 Cygnet had refreshed its purpose, vision and mission. They had also developed five strategic priorities – to deliver excellence through partnerships; to value our staff; to engage more people and communities; to have innovation in services through learning and to work together to enable people to achieve their personal best by creating opportunities for them to reach their true potential. These strategic priorities placed the service user at the centre.
- At the last well-led assessment the CQC recommended that Cygnet Health Care should consider how the strategy to achieve its vision was communicated effectively. At this follow up well-led assessment we found that Cygnet Health Care had improved the communication of its strategic priorities and these were understood. They had created a rainbow shaped design to display the strategic priorities and to make them relevant to staff working in the organisation. These were displayed in services and on the company intranet. They were linked to positive events for staff such as staff awards.
- We found that while the strategic priorities were known and understood, they were not yet well embedded in the organisation. For example when we looked at papers to the board and its sub-committees they were not aligned to the strategic priorities. Also senior leaders did not articulate their areas of work in terms of meeting the strategic priorities. Senior leaders did talk about how they were working to ensure the provision of safe, high quality care but this was not listed as a strategic priority.
- Progress against the 2020/2021 Clinical Strategy was overseen at the Clinical Governance sub-committee of the Executive Management Board. The group clinical director had started work on a new clinical strategy for the organisation. This was at an early stage, with a draft document available. This identified four objectives and started to consider the outcomes. Further consultation was needed with service users, staff and stakeholders. Further work was also required to ensure there were clear outcomes in place so that progress could be monitored by the board.

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- Cygnet Health Care had not developed a long-term strategy. When senior leaders were asked about the future plans for the organisation they referred to the commercial strategy and said that there were no plans for Cygnet Health Care to expand and the focus was on improving their existing services. They also reflected that they were changing services in line with commissioning trends, such as a reduced demand for long term rehabilitation beds. However, they were not able to articulate a longer term plan in terms of which service users they were planning to support and how they would ensure they had the appropriate estate and skilled staff to meet their needs using an organisational development approach or similar.
- Cygnet Health Care, since the last well-led assessment, had continued to close and 'repurpose' services and at times this took place with short notice and in response to serious concerns. For example, Cygnet Hospital Hexham (previously known as Cygnet Hospital Chesterholme) changed from a learning disability hospital to one providing acute and psychiatric intensive care (PICU) services. Cygnet Joyce Parker (previously known as Cygnet Hospital Coventry) changed from acute / PICU and rehabilitation wards to inpatient child and adolescent mental health services (CAMHS). This could have an adverse impact on the care of service users with distress resulting from moving to other services. In an organisation with a clear strategic direction, service changes would largely happen in a predicted measured manner, reducing the unanticipated repurposing of services to a minimum.
- Cygnet Health Care provided care and treatment to many service users with complex needs. Throughout the well-led assessment we heard about service users where Cygnet staff were struggling to meet their needs and were waiting to discharge them to another more appropriate placement. This caused distress to the individual service user and others in the shared accommodation. Cygnet Health Care had made positive progress in reducing this through the development of clinical models for different types of services with associated inclusion and exclusion criteria. Clinical and care staff within the services made the final decision on whether to accept a referral. In the previous year about 61% of referrals for a longer term placement were declined. Staff acknowledged that further work was needed to embed the models of service to further reduce the number of placements that break down.
- There was evidence of gaps in strategic learning and development planning. For example, in the CQC survey of Cygnet staff 17% of hospital based staff and 11% of social care staff felt they had not received appropriate training to meet the needs of the service users that they supported. For hospitals, this number rose to 23% for support workers. The areas where they felt additional training was needed included understanding the different mental health diagnoses; supporting people with complex challenging behaviours; and supporting people with physical health co-morbidities. Senior staff in Cygnet acknowledged that while they had developed some areas of learning and development, such as for staff working in CAMHS which involved using a range of internal and external resources, this was an area for further development. The CAMHS work was aligned to the embedding of the clinical model and similar work was envisaged alongside the development of clinical models for other service user groups. Leaders recognised that this specialist training should not just be delivered in services which were struggling to meet the needs of service users. They specifically mentioned learning disability and autism as areas where further development was needed.
- Senior leaders described the work they had done to promote a positive culture at Cygnet Health Care. The feedback from the Cygnet Health Care staff survey in 2020 showed that 85% of staff said they enjoyed working for Cygnet Health Care. It was evident that staff now identified as being part of Cygnet and only referred to legacy organisations when talking about how long they had been in post. Senior leaders maintained regular contact with services and, while visits had reduced due to COVID-19, they made good use of digital technology to facilitate communication. However, in the CQC survey of Cygnet staff, while 63% of staff thought that area and regional managers were visible and approachable, 19% disagreed and the rest neither agreed nor disagreed which meant there was still room for improvement. In the focus groups staff referred to the separation between health and social care. For example, social care staff described some

of the new business information systems that had been put into place as being suitable for health services rather than social care. This was an indication that work on the organisation's culture at all levels needed to continue.

- Cygnet Health Care recognised the importance of speaking up and promoted this when communicating with staff. At the last well-led assessment the CQC reported that a Freedom to Speak Up Guardian (FTSUG) had not been appointed, in the intervening period one had been successfully appointed. The role had been promoted and, despite the challenges of COVID-19, the post holder had visited many of the services. Cygnet had also put an 'amber button' on their intranet for staff to use to raise issues. The recruitment of Speak Up Ambassadors was also progressing with over 40 across services, although there was still scope for them to develop links with local speak up networks. In the CQC Cygnet staff survey, a majority of staff indicated that they had heard of the Freedom to Speak Up Guardian, and two out of three staff said they would feel comfortable raising concerns with them without reservation. Social care staff were less likely to have heard of the FTSU Guardian with one in three staff not having heard of them.
- From May to December 2020 there had been 31 contacts with the Freedom to Speak Up Guardian, mostly from staff working in healthcare. The use of the whistle-blowing phone line was reducing as the contacts with the FTSUG increased. A report analysing the themes from these contacts was presented to the national clinical governance meeting and was being presented to the board in March 2021. The Freedom to Speak Up Guardian was line managed by the Director of Nursing rather than having a direct link to the Chief Executive.
- Staff working for Cygnet Health Care still needed to feel more confident that they could speak up within the organisation and that their concerns would be heard and addressed without fear of retribution. There were regular whistle-blowing concerns that staff reported directly to the CQC. In 2020 the CQC received 173 whistleblowing notifications from 34 different Cygnet Health Care locations, from staff, service users, families and carers and other external sources. When considering the eight registered locations that the CQC received the most whistleblowing concerns about between June and October 2020, it was apparent that for half of these, there was no interaction at all with the Freedom to Speak Up Guardian. This could indicate that for locations where the working culture is most problematic, staff may have more reservations about raising concerns internally with the FTSUG. When these were followed up by CQC inspectors there were several occasions over the last year where the concerns raised were valid.
- While most staff said they were positive about working for Cygnet, we were aware of pockets of bullying and harassment. The themes from the Freedom to Speak Up Guardian reported that from May to December 2020, 17 of the 31 contacts related to bullying and harassment. Of the whistle-blowing concerns raised directly with CQC 14 specifically referenced culture or bullying across six different locations, and eight also made reference to concerns around leadership or management.

Leadership capacity and capability to deliver high-quality, sustainable care

- Since the last provider well led assessment in July 2019 the senior leadership team had remained stable and they had the skills, knowledge and experience to support the delivery of the services. The only appointment since the last assessment was of the group clinical director with responsibility for medical staff, psychologists and allied health professionals. The team were able to describe their portfolios and their areas of responsibility. Some senior leaders said that historically the senior operations staff and other clinical leaders had not worked closely together, but as a result of managing the impact of the pandemic over the last year this joint working had improved, although this was still an area for further development. In the CQC survey of Cygnet staff we found that staff largely felt positive about the senior leadership team and 72% of staff agreed that the senior leadership team would do the right thing, while only 9% disagreed. However, hospital staff were twice as likely as social care staff to

disagree that both the senior leadership team and regional management would "do the right thing" which identified scope for improvement in the leadership of healthcare services.

- The chief executive was appointed in 2017 following the Cygnet Health Care acquisition of Cambian Adult Services. He had founded the Cambian Group in 2003 and led that organisation through its acquisition by Universal Health Inc and subsequent integration into Cygnet Health Care. The chief executive recognised for himself that he was charismatic and made his presence felt. His leadership team described him as inspiring and motivating but also said he was willing to listen, accept challenge and criticism where needed.
- Throughout this assessment we found that leaders and managers from Cygnet were very proud and positive about their work within the organisation but many also found it hard to be self-critical and reflective. For example, they struggled to answer questions about areas for further development or improvement. There were a number of risks associated with this including potential failure to identify areas for improvement; a potential disconnect between senior leadership and frontline services; potential failure to create an environment where people can be open and transparent; and the potential to create a culture where local ownership and empowerment is unable to flourish.
- At the last well led assessment, the lack of external scrutiny of the executive team's decisions was identified. Since then Cygnet Health Care had appointed four outstanding independent advisory board members, with a range of experience. The senior independent advisory board member had been in post for 10 months and a second independent director for three months. The remaining two had recently joined or were just coming into post at the time of this assessment. Between them they had a wide range of experience in human rights; strategic leadership including chairing and serving on boards; health and social care. They described how they had been introduced to the organisation, met key people, were able to join relevant meetings and, where possible, visit services or speak to people digitally. They described a willingness by the organisation to be open to their ideas. However, while the independent advisory board members had the capability they did not necessarily have the capacity. Their contracts were for a day a month and they were all giving more time, but we were told the organisation was open to reviewing this.
- The senior independent advisory board member described how he had started some board development work using an external facilitator, but that this now needed to be extended as all the advisory board members were now in place and it would also incorporate the executive management team.
- At the last well led assessment it was found that not all the required checks had been carried out to ensure that directors and members of the executive board were 'fit and proper persons'. This time we were able to review these records remotely and could confirm that, for the executive director and three independent directors appointed in the last year, all the necessary checks were in place. At the time of the well led assessment employment tribunal findings were published raising potential Fit and Proper Persons Requirement issues and Cygnet were considering these findings.
- Since the last well-led assessment Cygnet Health Care had taken steps to strengthen its operational leadership capacity. The first key appointment was of a second managing director for healthcare, which meant there were now two people in post covering the Midlands and North and London and the South. This provided more capacity for operational leadership to Cygnet's healthcare services. A managing director for social care had also been appointed and was widely welcomed across the social care operational teams. Most senior clinical leadership roles were filled although one deputy director of nursing had not yet come into post.
- In Cygnet's staff survey in 2020, eight out of ten staff felt they were well supported by their manager. While Cygnet Health Care recognised the importance of leadership development for team leaders, service managers and more senior leaders there was more to do. Cygnet had an apprenticeship manager and leaders' development programme which was well attended with 169 staff participating. Senior leaders had bespoke development opportunities, including

access to mentoring. However, it was evident that the performance of leaders and managers was variable and so a more tailored approach for individuals was needed. There was also scope to extend the use of coaching and mentoring to provide a more systematic individual development approach to those not performing and a talent management approach for those doing well and were the potential future leaders. When we asked CQC inspectors about the leadership of individual services 15% (4/27) of the inspectors for social care services and 23% (12/52) of the inspectors for health care services who responded had concerns. This included concerns about Cygnet Health Care's ability to retain staff, manage team meetings and use governance processes. When CQC inspectors were asked about area and regional leaders 15% (4/27) of inspectors for social care had concerns and 31% (16/52) for healthcare. Concerns included a lack of impartiality when conducting investigations, observed unprofessional behavior including shouting at staff, lack of responsiveness to requests for improvements and a general lack of oversight. During the well led assessment some senior operational leaders in the healthcare division lacked insight into the challenges and how these might be addressed across the hospitals.

Responsibilities, roles and systems of accountability to support good governance and management.

- At the last well-led assessment it was found that governance systems and processes were not effective in maintaining sustainable and high quality care. At this well led assessment there had been significant progress in implementing an outline governance structure but some of these arrangements were very new and more work was needed to refine it and ensure it worked effectively.
- A new structure of board and executive committees had been implemented. The board of Cygnet Health Care was chaired and led by directors from Universal Health Services Inc. This meeting took place quarterly and was attended by the senior independent director, chief executive, chief finance officer and chief operating officer from Cygnet. We also heard about the regular contact between UHS directors and the members of the executive management board.
- A quarterly advisory board had been established and was due to be attended by the four independent directors with the Chief Executive and Corporate Governance Director. The independent advisory board members would also be chairing four sub-committees of the board: clinical governance; quality, safety and improvement; audit and risk; remuneration, nomination and leadership. These committees were very new and had only met once or twice. Also, with the independent advisory board members only recently coming into post they were still establishing themselves. They would need to review the information they received and its quality. They was a need to make sure the advisory board and the committees become more strategic and aligned to Cygnet's future strategy.
- Sitting beneath the advisory board and the board sub-committees was an executive management board chaired by the chief executive. This had four executive sub-committees including clinical governance; operational and commercial; quality, risk and safety; finance each chaired by members of the executive leadership team. We attended three of these meetings remotely and found that they were progressing positively, although they were at an early stage of development. They needed to identify the purpose of the papers they received so that if they were for consideration there was sufficient time for discussion. There was also scope to minimise 'silo' working and repetition, for example by bringing together all the reports on service user experience rather than having separate reports on complaints and Experts by Experience feedback. The completion of all 'required' training was also not routinely monitored by any of these committees although they did review some of the courses.
- It was also evident that while there was a Mental Health Law group reporting to Clinical Governance Committee the important areas, such as the monitoring of the use of the Mental Health Act and Mental Capacity Act received very limited oversight at board or committee level. The feedback from Mental Health Act Reviewer visits was not collated to ensure learning from themes. There was no collation and monitoring of the use of the Mental Capacity Act, such as Deprivation of Liberty Safeguards in place across the services.

- At the last well-led assessment we found that senior leaders could not provide a clear explanation of how governance systems and processes were implemented across the organisation. At this assessment there were established clinical governance meetings at a service and regional level feeding into the sub-committees of the executive management board. These had been promoted through governance champions and on-line events. At this inspection leaders could all describe the governance arrangements and their role. Standard agendas were in use for these meetings. Information was collated and reviewed by multi-disciplinary teams and Experts by Experience were part of this work. The management and recording of these meetings had improved, with actions identified. The systems in use brought together a range of data, much of it RAG rated and identified some services where there were concerns so that issues could be addressed and additional support provided. However there were still services where incidents of concern were taking place, that had not been identified through the governance systems. When we asked CQC inspectors 'do you think the service is good at identifying for itself where improvements are needed?' 14/52 (27%) hospital inspectors responded 'no' and 4/ 27 (15%) social care inspectors responded 'no'. This highlighted the importance of visiting services and making good use of 'soft' information, especially feedback from service users, carers and staff. Cygnet was aware of the learning from Whorlton Hall and the review by Glynis Murphy. They had started work, led by one of the quality assurance team, on how closed cultures can be addressed. This work was at an early stage.
- Cygnet Health Care had invested heavily in assurance processes. This included the quality assurance team who visited services and carried out internal 'inspections'. They reported to the director of corporate governance. They identified areas for improvement and, when needed, produced a local action plan to support the service manager. Members of the quality assurance team also attended regional clinical governance meetings. In addition we also heard about a 'mystery shopper' who was an unidentified member of staff who worked across the services and reported directly to the chief executive on their findings. Cygnet made use of 'Perfect Ward' an online system for carrying out and reporting on audits of local services. They also had a number of oversight projects which closely monitored services needing additional support, including ex-Danshell services, with the aim of supporting them to improve. Cygnet also closely monitored their CQC ratings and the actions from these inspections. While it was positive to see that Cygnet Health Care was taking its responsibilities to identify and improve services seriously, there was also the unintended consequence of services being constantly checked, having action plan overload and potentially not having the time to identify and improve services for themselves.

How appropriate and accurate information is processed, challenged and acted on

- At the last well-led assessment it was found that improvements were needed in respect of how data was used within the governance of the organisation, including trend analysis and exception reporting, to support the early identification of emerging risk. It was also found that different information systems were in use across the organisation inherited from their legacy providers. At this well-led assessment it was found that significant improvements had been made in the implementation of business information systems across all the services, including service user records and incident reporting. These systems supported the automated production of data used for the governance of the organisation. However, further work was needed to analyse this data so it could provide information to support the understanding of risk and improvement of the services. We found that committee papers had started to use a 12 month statistical process control chart which described the trends. In some cases these tables were accompanied by a table detailing locations which are flagging as outliers in these areas. At this early stage of the methodology, there was frequent discussion of reporting problems and gaps in data capture. There was also limited reporting on the reasons for the trends and what was being done to address concerns. It was also found that HR records were still held at individual services and could not be accessed centrally which was an area for development.
- The data produced by the various information systems feeds into a number of different Cygnet dashboards – clinical, quality and financial. This data was not yet

brought together into an integrated performance report which would enable the advisory board and sub-committees to have all the key information they needed in one place.

- At the last well-led assessment it was found that 540 different legacy policies and procedures were in use and it was required that these were made consistent across the organisation. At this assessment all policies had been integrated into one set of 188 policies across the group. There were a few policies still being developed or reviewed. It was also noted that there was a process for reviewing policies and procedures going forward.

How the service continuously learns, improves and innovates to ensure sustainability

- At the last well-led assessment it was recommended that the provider used a quality improvement framework to support the culture of continuous improvement across all the services. At this inspection it was found that this work was still in its infancy and poorly understood by senior leaders across the organisation. A quality strategy and quality improvement framework had been written and was being reviewed for republication. Quality improvement training was in the process of being rolled out across the group. Phase 1 awareness sessions were starting and phase 2 quality improvement coach training was being developed. There were a few quality improvement projects happening across the provider where there was some local knowledge. Senior leaders described the methodology, but did not recognise that to effectively implement continuous improvement there needed to be a significant change in the culture of the organisation to enable front line staff to drive these improvements.

Processes for managing risks, issues and performance

- At the last well-led assessment it was required that clinical and corporate risks were identified and effectively managed at every level of the organisation, including a clear risk escalation process. At this assessment it was found that this work had progressed well. Individual services were able to put risks onto a local risk register and clinical staff were also able to put risks onto a directorate risk register. This was reviewed by an operations team led by the chief operating officer and, if they could not be addressed locally, risks were escalated onto a group operational risk register. The top risks were then brought together on a corporate risk register. The corporate risk register was similar to a board assurance framework found in the NHS. Staff were able to describe the risks and how these were mitigated. While the formats of the operational and corporate risk registers were still being refined we could see that the risks were recorded, scored and mitigations described. There also a governance structure in place through the clinical governance meetings at all levels of the organisation for monitoring these risks to ensure they were being effectively addressed.
- Cygnet Health Care had largely managed the risks associated with the pandemic well. Considerable time and energy had gone into this work and there were opportunities for organisational learning. At the time of this assessment COVID-19 was still identified as a major risk on the operational risk register, mainly due to the potential adverse impact on staffing levels. Responsibility for ensuring service users and staff had the appropriate support was led by the Director of Nursing in their role as Director of Infection Prevention and Control. During quarters two and three of 2020/21 there were daily senior management team and operational calls to ensure timely and clear communication. The Director of Nursing linked in with the appropriate external networks to ensure the guidance being used was kept updated. Cygnet established a distribution centre for personal protective equipment (PPE). Staff had completed risk assessments based on the NHS model. Robust data was collected about service user and staff infections and deaths where these sadly occurred. Cygnet promoted and supported the vaccine programme for service users and staff. They ensured the distribution of lateral flow and PCR testing for staff and enhanced staff support, including access to psychological support and life insurance. There had been improvements to the roll-out of wi-fi and tablets to support service users to maintain contact with families. Where inspections identified shortfalls, such as staff not wearing PPE correctly, this was addressed as a matter of urgency.

Detailed findings

- The reporting and management of serious incidents had improved although there was scope to further progress the sharing of learning from incidents across services. Since the last assessment, Cygnet Health Care had implemented an incident management system across all their services. This had improved the consistency of data collection and analysis of trends. Cygnet staff had a mixed experience of using the new reporting system. In the CQC survey the majority of staff felt that the incident reporting process had improved in the last 12 months and around a third thought it had stayed the same. Within social care, only 49% of support workers thought the process had got better compared with 92% of senior managers. The CQC inspector feedback was very mixed regarding whether Cygnet services learnt from incidents, as some of them saw repeat themes or incident types. The CQC survey of Cygnet staff found that 86% of hospital staff and 83% of social care staff agreed that they heard about incidents and learning from their own service. However, fewer staff agreed that there was shared learning from incidents that happened in other locations, including 21% of social care staff. We heard that Cygnet tried to share learning through briefings, the intranet, the use of videos and clinical governance meetings, however, more was needed to reach front line staff and reduce the repeat themes from incidents.
- At the last well-led assessment it was found that improvements were needed in reviewing and reducing, where possible, the use of restrictive practices such as restraint and seclusion. At this assessment we found this work was progressing well, although we noted what appeared to be a fairly high level of physical restraint used in social care services. Cygnet had established a positive and safe taskforce and board to develop and oversee this work, reporting through to the clinical governance committee. The incident reporting system had improved the consistency of reporting and the ability to look at trends broken down by types of services. Outliers in individual services were identified quickly and there were supportive conversations with clinical staff. Progress with training was monitored and addressed where needed. In December 2020 the management of actual or potential aggression (MAPA) which was mandatory for over 5000 staff had a completion level of 82%. The prevention, management of violence and aggression courses which was mandatory for over 2000 staff had completion rates of over 85%. We did note that the median numbers of restraint for all the social care services across the group was 550 a month which appeared high. We heard that Cygnet social care services supported many service users with complex needs. Their staff also recorded every incident and they were in the process of clarifying how restraint should be defined so staff did not record unnecessarily. However, it was recognised that it was better to have a culture where there may be some over-reporting.
- At the last well-led assessment it was identified that intermediate life support was not provided for all relevant staff across the services. At this inspection we found this had improved. Cygnet had a resuscitation committee chaired by the Director of Nursing. This reported to the clinical governance committee. Basic life support training was provided internally and in December 2020 83% of the relevant staff had been trained. Intermediate life support training was commissioned from an external company and in December 2020 about 85% of relevant staff had been trained. Cygnet knew which services had staff where training was needed and acknowledged that this had been impacted by the pandemic and was being addressed. Cygnet had updated its policies and procedures to ensure staff followed the latest resuscitation guidance. Cygnet made use of simulation training and this was monitored by the deputy directors of nursing. They had rolled out standardised resuscitation bags across services containing the necessary equipment and medication.
- Cygnet was aware of the importance of managing risks from ligatures although further work was needed to ensure all the inpatient environments had ligature reduction work completed as needed. This was a high risk on the corporate risk register and so the board was aware. While all services had a completed ligature audit carried out with the estates team and work had taken place to reduce the risks from internal doors and windows there was still more to do. There was a programme of works but dates needed to be confirmed. The Director of Nursing was part of a wider forum of senior nurses looking at the best way to risk assess and manage the risks from ligatures on

inpatient wards. Cygnet was using the Manchester ligature risk assessment but they were aware of its limitations and the importance of not having a false assurance based on the scoring system.

- At the last well-led assessment it was recommended that safeguarding supervision should be available to all staff. At this assessment we found that this had been implemented. The completion of safeguarding training was monitored and in December 2020 it stood at 92% for level 2 and 96% for level 3. The number of safeguarding referrals and identified themes were available and services which made no safeguarding referrals had been identified to ensure they were supported to recognise and manage safeguarding issues. The feedback from CQC inspectors was largely positive about how services identified and reported safeguarding issues. In social care some inspectors raised concerns about how safeguarding issues were addressed, for example the inappropriate use of restraint and service users absconding from services more than once. Since the last assessment a safeguarding lead for social care had been appointed. Each services had a safeguarding lead although this was usually a role combined with other responsibilities. The support for safeguarding leads to perform their role from a specialist safeguarding team was limited and this needed to be reviewed to ensure adequate support was available.
- Cygnet Health Care recognised on its risk registers that recruitment and retention of staff, particularly registered nurses, was a major challenge. They closely monitored staff vacancies, particularly nursing and support workers and knew the 'hot spots'. In September 2020 the use of agency staff was 17.4% of staff hours. From July to September 2020 the turnover of staff was high at 32.7%. The provider had a trainee nurse associate programme with 30 staff currently on the programme and 20 places over the coming year. They were also recruiting nursing staff from overseas. Individual services had an HR business partner and HR clinics took place on site. Bespoke recruitment programmes were developed where needed, including a review of staff terms and conditions if critical to success.
- Since the last inspection Cygnet Health Care remained financially sustainable. They recognised the importance of ongoing support from Universal Health Services but had arrangements in place to maintain effective working relationships. The Chief Financial Officer had regular meetings with his counterpart at UHS. There was a recognition that 2020 had been more financially challenging due to the reduced numbers of occupied beds in some areas due to the pandemic and including in ex-Danshell services. The company had also spent significant amounts on PPE but to date had been able to recover a portion of these costs.

Engagement with the people who use services, the public, staff and external partners to support high-quality sustainable care

- The previous well-led assessment was positive about how Cygnet Health Care engaged with people who use services. This continued to be the case although there was scope to further strengthen the engagement and co-production with service users and Experts by Experience to promote improvements in the individual services. In the last year there had been ongoing work to promote the People's Councils in each service and ensure that the people who used those services had their feedback consistently heard and issues addressed. It was acknowledged through feedback from Cygnet staff that some People's Councils were more effective than others. The pandemic had presented challenges for the Experts by Experience programme where an independent provider was commissioned by Cygnet to facilitate the involvement of people with lived experience in assessing services from the perspective of service users. We heard that the number of visits had understandably reduced. We also heard from some Experts by Experience that the impact of their feedback varied between services, they did not always know if their feedback had led to changes and in some cases they felt the changes happened too slowly. Themes from service user feedback were feeding into the clinical governance processes and leading to improvements in areas such as access to leave and reducing restrictive practices. We also heard about some exciting co-production work, such as service user participation in the roll-out of vaping as a safer alternative in order to promote smoking cessation.

Detailed findings

- We noted that Cygnet Health Care had worked constructively with service users to mitigate the impact of COVID-19 restrictions on their daily routine. For example, in relation to smoke breaks which were very important to some service users.
- Cygnet continued to engage with its staff and, in 2020, 62% of the staff completed their staff survey. This survey showed that 89% of respondents had access to the intranet 'MyCygnet'. We found that information about Cygnet was presented in a very accessible manner for staff. There was also good use of social media and Cygnet had followers on Linkedin (17,491); Twitter (4,018) and Facebook (4,225) which included many staff.
- Since the last well-led assessment Cygnet had established an Inclusion Diversity Committee and a Black, Asian and minority ethnic (BAME) network which was a welcome development. The diversity and inclusion group, set up in 2019, usually met monthly. Membership included senior managers from human resources, the group clinical director and two registered managers from Cygnet service locations. The registered managers did not have a formal mechanism for feeding back locally from or to the group. The group had reviewed existing organisational policies over the last 12 months to ensure they were inclusive and had developed new policies, such as the menopause policy, and reviewed the transgender service user policy. The group had developed unconscious bias training for staff, which was being rolled out. The group has also developed resources, including a series of videos to encourage older applicants to apply for roles, and a webpage for employees signposting them to information related to protected characteristics. However, there was no overarching organisational strategy in place to address equalities, diversity and inclusion, which would help to prioritise and guide the work taking place.
- The provider supported a staff network group for BAME staff. Senior members of the network were given protected time to carry out their role. The group did not have a specific budget but could request funding and resources for projects. The chair reported into the nursing director, who sponsored the network, and also met with the chief executive. There had been a number of local BAME staff meetings and over 50 BAME ambassadors at site level liaised with other staff and fed back issues to the Cygnet senior leadership team via the BAME network. However, there was still much more to do in relation to continuing to raise the profile of the network, recruiting ambassadors and supporting staff to attend network meetings.
- A network group for LGBT+ staff was due to hold its first meeting in January 2021. The provider hoped to extend the number of staff networks to include other staff with protected characteristics.
- There was more work to do to ensure robust Workforce Race Equality Standard (WRES) action plans were in place. The provider completed an annual WRES report but did not publish this. A lack of credible and accessible data hampered the development of robust WRES action plans. Data integrity was highlighted as an area for improvement. Staff reporting of ethnicity was historically low and work had taken place to improve this so that the analysis and interpretation of staff survey results and other relevant data could be meaningful. Staff recording of their ethnicity had increased from 30% to 70% over the previous year as a result of the specific focus on this. The diversity and inclusion group reported that information on staff disciplinaries (WRES indicator 3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation) was difficult to pull together. The IT department was building a new data base to enable the provider to pull off the relevant data and analyse it. As the provider did not use the same grading and salary framework as the NHS it was difficult for them to report this information. The provider conducted a staff survey that mirrored the NHS staff survey but did not breakdown the results in terms of protected characteristics. The provider had recently conducted a race equality survey among staff. The survey had closed recently, and the results were due to be analysed.
- The provider had made changes to recruitment policies and procedures to reduce the possibility of bias. Wherever possible a BAME staff member was included on recruitment panels. A new applicant tracking system allowed limited access to personal data about candidates during the shortlisting phase to help address issues of unconscious bias.The provider

ran apprenticeship schemes and leadership courses. Group members reported BAME and white staff took part in these in equal numbers. The BAME network was working on the development of a staff mentoring scheme. All staff were expected to complete mandatory equalities and diversity training. Allegations of racism had been made at a number of sites last year. The provider used an external company to conduct an investigation into these allegations. Some recommendations were made as a result. These were in relation to staff representation and support systems, which the diversity and inclusion group said had been fully actioned.

- In the last year Cygnet Health Care had recognised the importance of supporting staff with their well-being especially in relation to their personal experiences during the pandemic. This included providing access for staff to tools which enabled them to be assessed for risk of trauma so they could be supported to access support if needed. They also had a tool available which provided peer support to promote resilience and provided psychology support for staff where needed. Some services had developed a 'wobble room' a place where staff could go to recover from the stresses of their roles when needed during the working day.
- The Chief Commercial Officer and his team worked with closely with commissioners. At times this had been challenging, for example following the rapid closure of Thors Park in Essex. Cygnet had recognised the need to improve their collaborative working. Cygnet was a key partner in the NHSE Provider Collaborative programme developing across England.
- Most of the CQC inspectors surveyed said they had found Cygnet to be open and transparent in relation to sharing information about safeguarding and other serious incidents, although there were occasions where this had not gone smoothly.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust MUST take to improve

- The provider must develop their longer term strategic planning. This should use an organisational development approach to articulate which groups of service users they are planning to support in the future and how they will ensure they have the appropriate estate and skilled staff in place to meet their needs. This will enable the provider to have the clarity needed to develop effective governance to assess, monitor and drive improvement in the quality and safety of services. Examples of success will be reductions in the unanticipated repurposing of services and the breakdown of service user placements. (Regulation 17: Good Governance)
- The provider must move towards a balance between its improvement and assurance work with the associated cultural shift. This must ensure a reduced burden for services from assurance and a growth in the understanding of quality improvement alongside an empowerment at a service level for front line staff, team leaders, service managers and service users to drive improvements. This will enable the provider to seek and act on feedback from relevant persons to continually evaluate and improve services. (Regulation 17: Good Governance)
- The provider must promote a culture where leaders throughout the organisation can continue to celebrate success but are also encouraged to be more reflective and self-critical so they can identify for themselves where further development or improvements are needed. This will enable the provider to evaluate and improve their own practice. (Regulation 17: Good Governance)
- The provider must further develop their leaders throughout the organisation with a programme of coaching and mentoring to provide a more systematic individual development approach to those not performing and a talent management approach to those who are the potential leaders for the future. This is to ensure leaders have the skills and experience needed to perform their roles. (Regulation 18: Staffing)
- The provider must take a number of actions to improve patient safety. This includes improving staff recruitment and retention, especially of nursing staff and support workers; reviewing the levels of restraint being used with a focus on social care services; ensuring there is a clear programme with dates for ligature reduction work. (Regulation 12: Safe Care and Treatment)
- The provider must ensure that the use of the Mental Health Act and Mental Capacity Act has appropriate oversight through the governance structures. (Regulation 17: Good Governance)

Action the provider should take to improve:

- The provider should ensure that independent advisory board members have the time available to perform their roles. They should also ensure that the board development programme continues to take place with the independent advisory board members and executive team.
- The provider should continue to create a culture which supports Cygnet staff to feel confident to speak up without fear of retribution and make sure their concerns are addressed. They should also ensure that the Freedom to Speak up Guardian has the appropriate opportunities to feed-back to the advisory board and executive team.
- The provider should continue to develop how they identify services of concern, linked to the work of the closed cultures project group and considering the soft information including observations from visits, feedback from service users, relatives, staff and other stakeholders.
- The provider should continue to develop its business information systems and use of data. This includes a system to ensure access centrally to human resource (HR) records. Further consideration is needed to improve the analysis of data presented at committees

Outstanding practice and areas for improvement

so members receive an explanation of the information provided. The provider should consider if the use of an integrated performance report would enable all the key information to be brought together.

- The provider should continue to promote learning from incidents across services, with the focus on informing front line staff and reducing the same types of incidents being repeated.
- The provider should ensure their strategic priorities are actively embedded in the work of the organisation. They should also review if they continue to be the right ones and whether there needs to be a priority of delivering safe and high quality care.
- The provider should continue to refine its committee meetings with advice from its independent advisory board. This includes identifying if papers are for information or approval and ensuring adequate time for discussion; bringing together themes, such as service user experience, to avoid duplication or repetition.
- The provider should review if further support is needed for safeguarding leads to enable them to carry out their roles to a consistently high standard. This should consider the capacity at a service and regional level where individuals have safeguarding roles on top of their full time job.
- The provider should continue to promote open and transparent communication with its external stakeholders and ensure they are appropriately contacted and consulted about significant events, changes or developments.
- The provider should put in place an overarching organisational strategy to address equalities, diversity and inclusion.
- The provider should ensure that staff employment data is accurate, sufficient and easy to analyse, to support the development of robust improvement plans, including Workforce Race Equality Standards (WRES) action plans.
- The provider should continue to support and set up staff support networks (based on protected characteristics). The diversity and inclusion committee should strengthen their links to the registered managers at location level to ensure ideas and developments are shared effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing