

# Cygnnet Hospital Harrow

## Quality Report

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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

Our overall rating for the hospital improved. We had previously rated the service as requires improvement. During this inspection we rated the service as **good** because:

- The provider had taken action to address breaches of regulation and best practice recommendations made at a previous inspection in July 2017. Safeguards were now in place to protect patients on Byron Ward from defacto seclusion and excessive restriction when they were nursed on one-to-one observations. Patients with a primary need for substance misuse detoxification were no longer admitted to Byron Ward. Staff on this ward had now received training in substance misuse issues and were able to safely support patients with a dual diagnosis.
- We also saw that staff on the Springs Unit discussed, shared and implemented learning from serious incidents. Stock control of medical items on Springs Wing had improved and expired items were removed in a timely fashion. All wards were now undertaking a comprehensive range of audits that fed into governance processes. There had been improvements in how the Mental Health Act was managed, for example, where patients were entitled to statutory aftercare this was outlined in their care plan. In addition, robust systems were in place to monitor patients leave.
- We also saw that patients on the Springs Unit were now supported to maintain appropriate levels of cleanliness and that on the Springs Wing, physical health interventions were now carried out in accordance with patients care plans.
- Governance systems to monitor the safety, quality and effectiveness of the service had improved. On Bryon Ward, a system to listen to and act upon staff concerns had been implemented. Overall, the hospital collected, analysed, managed and used information well to support all its activities.
- The service had enough staff with the right qualifications, skills and experience to keep people safe and to provide the right care and treatment.
- Patients had their holistic needs assessed on admission and care plans to address these were in place. Robust arrangements to meet patients' physical health needs were also in place. Patients received the right medication at the right dose at the right time.
- Staff assessed individual patient risk and put plans in place to keep them safe. Restrictive interventions were only used as a last resort, when staff attempts at de-escalation had failed.
- 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. The service managed patient safety incidents well. The service treated concerns and complaints seriously. The hospital was committed to improving services by learning from when things go well and when they go wrong.
- The service provided care and treatment based on national guidance. The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff received annual appraisals. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment.
- People could access the service when they needed it. Waiting times from assessment and arrangements to admit, treat and discharge patients were in line with

# Summary of findings

good practice. Staff were working with partners to reduce delayed discharges for patients ready to move on. Clients were not moved between wards unless there was a clinical need for this.

- Ward environments were comfortable and well looked after. The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service took account of patients' protected characteristics and addressed these in the care and treatment provided. Patients were able to access the hospital's recovery college and a range of meaningful activities were provided both on and off the wards.
- The hospital had managers at all levels with the right skills and abilities to run a service providing good quality sustainable care. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on these values.
- The hospital had effective systems for identifying risks, planning to eliminate or reduce them. The service planned for emergencies and staff understood their roles if one should happen.
- The hospital engaged well with patients, staff, carers and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However;

- On all wards, robust systems were not in place to ensure that equipment used to monitor patients' physical health was calibrated and maintained.
- On Byron Ward, controlled drugs were not safely and appropriately stored. Many medicines on this ward were overstocked. We raised this at the time of inspection and the provider subsequently told us that a larger medicines cabinet was ordered and fitted by the end of November 2018.
- At the Springs Unit, appropriate measures were not in place to identify, mitigate and manage potential ligature anchor points. However, the provider told us there was a works programme planned to further reduce ligature points for completion by the end of June 2019. The ligature map was updated by the provider at the time of inspection to reflect the ligature points that had been identified during this inspection.
- Whilst the provider's overall compliance rate for staff take up of mandatory training was above its target of 80%, there were some key mandatory training courses where take up was considerably lower, including some that could impact upon patient safety. The provider did not have up to date training records available at the time of our inspection due to a recent change to the database they were using.
- Since the last inspection the provider had made improvements to Byron Ward to make it safer as it accommodated both male and female patients. However, further improvements were needed to comply with national guidance on mixed sex accommodation. Whilst building works were planned, no date for these had been fixed.
- The four wards were not connected by a single alarm system. To summon the hospital wide emergency response team, staff used a radio. The provider had planned works to address this issue, but no date for the works had been set. In addition, on Springs Unit and Springs Centre, patients did not have access to call alarm systems they could use to summon staff in an emergency.
- An inappropriate blanket restriction was in place on Springs Wing rehabilitation unit, where patient toilets in communal areas were locked, preventing patients from using them.
- Whilst the provider had made progress since the last inspection in ensuring that staff on Springs Unit, Springs Centre and Springs Ward received regular supervision and that supervision records were securely stored, this remained an issue on Byron Ward. Staff on Byron ward were not receiving regular supervision that provided them with support and monitored their performance.
- Whilst overall, the range of facilities on each ward meant that patients could have their treatment needs met, further improvements were needed at the Springs Centre to ensure the ward was an appropriate environment. For example, a sensory room was planned for the ward, but no date for the work to commence had been fixed. Subsequently the provider told us building works were due to commence between January and June 2019.
- Some further strengthening of governance systems was required to ensure that on each ward and across the hospital, governance systems effectively identified

# Summary of findings

all areas where quality, safety and effectiveness could be improved. For example, the calibration of physical health monitoring equipment across all wards and storage of medicines on Byron Ward.

# Summary of findings

## Our judgements about each of the main services

### Service

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

### Rating

### Summary of each main service

**Requires improvement**



Overall, our rating of this core service remained the same. We rated this core service as **requires improvement**. Our core service ratings for safe and effective stayed the same. We rated safe and effective as requires improvement. Our core service ratings for caring and responsive stayed the same. We rated caring and responsive as good. Our core service rating for well led improved. We rated well led as requires improvement at our last inspection. During this inspection we rated well led as good. During this inspection we found that whilst some compliance issues from the previous inspection had now been met, others required further improvement. We also identified some additional areas where improvement was required. Improvements were needed in how the ward stored controlled medicines and managed its stock of medicines. Improvements were also needed to ensure that all equipment used to monitor physical health was calibrated so that it gave accurate, reliable readings. Further work was required to ensure that the ward complied with mixed sex accommodation guidance. The provider had put measures in place to ensure the ward was safe, but further work was needed. The provider was planning building works to address this, but no date for these works was fixed. The hospital was also planning works to link all wards through a call alarm system in addition to the current radio system. Some staff did not receive regular supervision. Whilst the hospitals overall mandatory training rate was above their target of

# Summary of findings

80%, in some key mandatory training areas the staff take up rate was considerably lower. A recent change to the hospitals training database meant that up to date information about training was not available to the ward manager.

However:

Since the last inspection the ward had made improvements. Patients were no longer admitted for primary treatment to detoxify from alcohol or other substances. Staff had completed training in substance misuse and were able to safely manage patients with a dual diagnosis.

Appropriate safeguards were in place to ensure that patients were not subject to defacto seclusion, or excessive restriction when they were nursed on one to one observations.

Governance systems had improved.

Systems to listen to staff concerns were in place. These were acted upon.

A robust system of audits was in place.

Care plans included patients right to statutory aftercare where they had been detained under the Mental Health Act.

Robust systems to record, manage and monitor patient leave were in place.

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

Safe staffing levels were maintained. Staff supported patients to understand and manage their care during the admission.

Care plans and risk assessments were comprehensive, holistic and updated on a regular basis.

## Forensic inpatient/ secure wards

Good



Our rating of this core service changed from requires improvement to good.

Our core service ratings for effective, caring and responsive stayed the same.

We rated effective, caring and responsive as good. Our core service rating for well led improved. We rated well led as requires improvement at our last

# Summary of findings

inspection. During this inspection we rated well led as good. Our core service rating for safe stayed the same. We rated safe as requires improvement.

During this inspection we found that most issues from the previous inspection had now been met. Patients were supported to maintain their personal hygiene and the hygiene of their bedrooms. Learning from serious incidents was shared. Staff access to regular supervision was improving. Staff were involved in a regular programme of audits. Care plans addressed statutory aftercare for those patients eligible after being detained under specific sections of the MHA. Effective systems to record and monitor patient leave were in place.

The ward environment was clean. The ward had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments in line with national guidance about best practice.

The ward teams included the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multi-disciplinary team.

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

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

# Summary of findings

However:

Whilst the hospitals overall mandatory training rate was above their target of 80%, in some key mandatory training areas the staff take up rate was considerably lower. A recent change to the hospitals training database meant that up to date information about training was not available to the ward manager.

We found that medical equipment to carry out physical health checks such as weighing scales and blood glucose monitor were not calibrated. We found inaccurate weight recordings and this placed patients at risk of receiving unsafe care and treatment.

Whilst the ward assessed potential ligature anchor points on the ward and did not accept patients who were assessed as being a high risk of self-harm, improvements were needed to ensure these were effectively managed. Some potential ligature anchor points in communal areas were not included in the wards ligature risk assessment and measures to ensure that staff were aware of these and the measures to mitigate them were not in place. We raised this at the time of inspection and the provider reissued the ligature map to staff to make them aware. The provider had a programme of works planned to further reduce ligature risks for completion by the end of June 2019.

Wards at the hospital were not linked through an integrated call system. Wards communicated with each in an emergency through a radio system. The hospital was planning works to address this, but no date had been fixed. Patients on the ward did not have access to an emergency call alarm system that they could use to summon staff.

**Long stay/  
rehabilitation**

**Good**



Overall, our rating of this core service remained the same. We rated this core service as **good**.



# Summary of findings

## mental health wards for working-age adults

Our core service ratings for effective, caring, responsive and well led stayed the same. We rated effective, caring, responsive and well led as good. Our core service rating for safe went down. We rated safe as good during our last inspection. During this inspection we rated safe as requires improvement. Since the last inspection the ward had made improvements with most of the recommendations made at the last inspection. Supervision was provided regularly, addressed clinical practice and appropriate supervision records were maintained. Staff were involved in a comprehensive programme of audits. No expired medical items were kept on the ward. Physical health care interventions were carried out consistently in accordance with patients care plans. Patients were assessed in a holistic manner and had personalised recovery orientated care plans in place. Patients were supported with their rehabilitation goals and discharge planning. They could access an extensive programme of activities, education, volunteering and work opportunities. There was a multi-disciplinary team supporting patients, so they received the therapy they needed to support their rehabilitation including occupational therapy. Patients were cared for in a safe, clean and well-maintained environment. Systems were in place to assess, monitor and manage risks to patient safety. These included robust risk management processes, effective multidisciplinary team and partnership working with patients, carers and external agencies. Care and treatment records showed physical health checks took place and there was on-going healthcare investigations and robust healthcare monitoring.

# Summary of findings

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

Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

Whilst the hospitals overall mandatory training rate was above their target of 80%, in some key mandatory training areas the staff take up rate was considerably lower. A recent change to the hospitals training database meant that up to date information about training was not available to the ward manager.

We found that medical equipment to carry out physical health checks such as weighing scales and blood glucose monitor were not calibrated. We found inaccurate weight recordings and this placed patients at risk of receiving unsafe care and treatment.

Unwarranted blanket restrictions had been applied to the ward by staff locking the communal toilets. This meant that patients could not access the communal toilets freely and compromised patient dignity.

Wards at the hospital were not linked through an integrated call system. Wards communicated with each other in an emergency through a radio system. The hospital was planning works to address this, but no date had been fixed.

# Summary of findings

## Wards for people with learning disabilities or autism

Good



This was our first inspection of this core service since the ward opened in January 2018. As a result of this inspection, we rated this core service as good.

We rated safe in this core service as requires improvement. We rated effective, caring, responsive and well led in this core service as good.

The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability (and/or autism) and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

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

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

Staff treated patients with compassion and kindness, respected their privacy and

# Summary of findings

dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Care records we looked at were written and managed in a way that kept patients safe and maintained their confidentiality. Easy read versions were given to patients where appropriate to help them understand their care and treatment.

Patients were supported with their recovery goals and discharge planning.

They could access an extensive programme of activities, education, volunteering and work opportunities.

Staff felt respected, supported and valued. The hospital had a staff recognition system in place which meant that awards were given to staff nominated by their managers for their work.

Governance and performance arrangements were in place that supported the delivery of the service, identified risk and monitored the quality and safety of the service provided.

However:

Whilst the hospitals overall mandatory training rate was above their target of 80%, in some key mandatory training areas the staff take up rate was considerably lower. A recent change to the hospitals training database meant that up to date information about training was not available to the ward manager.

We found that medical equipment to carry out physical health checks such as weighing scales and blood glucose monitor were not calibrated. We found inaccurate weight recordings and this placed patients at risk of receiving unsafe care and treatment.

Wards at the hospital were not linked through an integrated call system. Wards communicated with each other in an emergency through a radio system. The hospital was planning works to address this, but no

## Summary of findings

date had been fixed. Patients on the ward did not have access to an emergency call alarm system that they could use to summon staff.

Works were planned to make the environment appropriate to the needs of patients, for example a sensory room was going to be developed for the ward. The provider subsequently told us that building works for the completion of the sensory room are planned to start between January and June of 2019.

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# Summary of findings

## Contents

### Summary of this inspection

|  | Page |
|--|------|
| Background to Cygnet Hospital Harrow                       | 16   |
| Our inspection team  | 16   |
| Why we carried out this inspection                         | 16   |
| How we carried out this inspection                         | 17   |
| What people who use the service say                        | 18   |
| The five questions we ask about services and what we found | 19   |

### Detailed findings from this inspection

|   |    |
|---|----|
| Mental Health Act responsibilities                        | 24 |
| Mental Capacity Act and Deprivation of Liberty Safeguards | 24 |
| Overview of ratings                                       | 24 |
| Outstanding practice                                      | 73 |
| Areas for improvement                                     | 73 |
| Action we have told the provider to take                  | 74 |

Good



# Cygnet Hospital Harrow

**Services we looked at**

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults; Wards for people with learning disabilities or autism;

# Summary of this inspection

## Background to Cygnet Hospital Harrow

Cygnet Hospital Harrow was registered with the CQC on 15 November 2010. The hospital provides services for up to 60 patients across four wards.

- Byron ward is a mixed acute admission ward for up to 20 patients. It provides assessment, diagnosis and treatment for people with mental health needs and secondary diagnosis of addictions.
- Spring Unit is a low-secure forensic ward for up to 16 male patients with autistic spectrum disorders.
- Springs Wing is a rehabilitation ward for up to 10 male patients with autistic spectrum disorders.
- Springs Centre is a ward for up to 14 male patients with a diagnosis of autism and or mild learning disability who also present with mental health needs. This ward opened in January 2018.

We have inspected Cygnet Hospital Harrow six times since 2010, the last inspection took place in June 2017 and we published the most recent report in September 2017. At our last inspection the service achieved an overall rating of requires improvement. The service was rated as requires improvement for safe and well-led and rated good in effective, caring and responsive.

Cygnet Hospital Harrow is registered to provide the treatment of disease, disorder or injury and assessment or medical treatment of persons detained under the Mental Health Act 1983. There is a registered manager in place.

## Our inspection team

The team that inspected the service comprised of an inspection manager, five CQC inspectors, an assistant inspector and four specialist advisors who had professional expertise and backgrounds in mental health nursing, psychiatry, social work and psychology.

## Why we carried out this inspection

We undertook this short notice, announced comprehensive inspection to find out whether the quality of services at Cygnet Hospital Harrow had changed since our last comprehensive inspection in June 2017. At that inspection we rated the hospital as requires improvement overall.

At the last inspection in June 2017, we rated the acute ward and low-secure/forensic ward as requires improvement and the long stay/rehabilitation mental health ward as good. Following the June 2017 inspection, we told the provider it must take the following actions to improve its services:

- The provider must ensure that separate areas of Byron ward are designated for male and female patients
- The provider must ensure that staff carry out alcohol detoxification safely. Patients admitted to Byron ward for detox were not assessed using recognised tools. Some patients did not have some physical health tests completed prior to commencing their treatment. Nursing staff and nursing assistants had not received specialist training in relation to alcohol detoxification.
- The provider must ensure that staff on the Springs unit support patients to enable them to maintain appropriate levels of cleanliness and tidiness.
- The provider must ensure there are sufficient safeguards to prevent the risk of excessive restriction and de facto detention when carrying out one-to-one observations of informal patients on Byron ward.



# Summary of this inspection

- The provider must ensure that governance systems to ensure the safety and quality of the service are robust. On Byron ward there was no system in place to ensure that concerns and issues raised by staff were listened to and acted upon.
- The provider must ensure that staff on the Springs Unit discuss serious incidents and share learning from incidents.

We also recommended that the provider take the following actions:

- The service should ensure that, on all three wards, staff supervision is provided consistently in accordance with the organisations policy. Supervision on all three wards did not always address clinical practice. Supervision records were not always available. On the Springs wing, supervision records should be stored appropriately.
- The provider should ensure compliance with all mandatory training courses.
- The provider should ensure that ward staff are fully involved in a comprehensive programme of audits.

- Staff should ensure all expired medical items are removed from Springs Wing in a timely way
- The provider should ensure that care plans for patients detained under sections 3 and 37 of the MHA include details of the patient's right to aftercare. The provider should ensure the system to record leave is effective and captures all required information.
- The provider should ensure that physical healthcare interventions on the Spring Wing are carried out consistently in accordance with patients' care plans.

We issued the provider with five requirement notices at the previous inspection. These related to the following regulations under the Health and Social Care Act (Regulated Activities) 2014.

- Regulation 9 Person centred care
- Regulation 10 Person centred care
- Regulation 12 Safe care and treatment
- Regulation 15 Premises and equipment
- Regulation 17 Good governance.

## 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.

During the inspection visit, the inspection team:

- visited all four wards, looked at the quality of the ward environments and observed how staff were caring for patients
- spoke with 22 patients across the four wards
- spoke with the ward manager on each of the four wards

- observed two ward rounds and a psychology session
- observed a daily huddle
- spoke with six carers
- spoke with 42 members of the multidisciplinary teams including doctors, registered nurses, unregistered nurses, occupational therapists, assistant psychologists, recovery college practitioner and the health and safety quality lead
- spoke with the independent advocate
- spoke with seven other members of senior staff including the medical director, registered manager and clinical services manager
- looked at 28 care and treatment records
- carried out a specific check of medicines management and looked at 21 medication charts across the wards
- 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 with patients on each of the wards we visited. The majority of patients were positive about the care and treatment they received.

On Byron ward we spoke with eight patients during our inspection and all said they found staff to be kind, polite and treated them with respect. Patients told us that staff knocked before entering their rooms.

On Springs Wing we spoke with five patients and two carers. All commented that they were respected, treated well and listened to. They reported that staff were friendly, approachable and professional. Patients told us they were active partners in the development and review of their care plan. They enjoyed the activities on offer and could access the local community.

Patients reported that any complaint or concerns they raised were listened to and taken seriously. They felt able to speak up.

On Springs Unit four out of five patients said they felt respected by staff. Overall, they were positive about the care and treatment they were receiving.

At the Springs centre the four patients we spoke to told us they felt staff understood their individual needs and they could always ask for extra support. One patient told us that the noise of the fire alarm and the lights were distressing at times. We spoke with four carers. They told us that the service was improving and their concerns had been listened to and addressed.

# 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?

Our rating for safe stayed the same. We rated safe as **requires improvement** because:

- On all wards, robust systems were not in place to ensure that equipment used to monitor patients' physical health was calibrated and maintained.
- On Byron Ward, controlled drugs were not safely and appropriately stored. Many medicines on this ward were overstocked.
- At the Springs Unit, appropriate measures were not in place to identify, mitigate and manage potential ligature anchor points.
- Whilst the providers overall compliance rate for staff take up of mandatory training was above its target of 80%, there were some key mandatory training courses where take up was considerably lower, including prescription writing and administration standards (56%), recovery refresher (63%), rapid tranquillisation (64%) and clozapine dose titration (69%). The provider did not have up to date training records available at the time of our inspection due after a recent change to the database they were using.
- Since the last inspection the provider had made improvements to Byron Ward to make it safer as it accommodated both male and female patients. However, further improvements were needed to comply with national guidance on mixed sex accommodation. Whilst building works were planned, no date for these had been fixed.
- The four wards were not connected by a single alarm system. To summon the hospital wide emergency response team, staff used a radio. The provider had planned works to address this issue, but no date for the works had been set. In addition, on Springs Unit and Springs Centre, patients did not have access to call alarm systems they could use to summon staff in an emergency.
- An inappropriate blanket restriction was in place on Springs Wing rehabilitation unit, where patient toilets in communal areas were locked, preventing patients from using them.

However:

**Requires improvement**



# Summary of this inspection

- Some improvements in safety had been made since the last inspection. Safeguards were now in place to protect patients on Byron Ward from defacto seclusion and excessive restriction when they were nursed on one-to-one observations. Patients with a primary need for substance misuse detoxification were no longer admitted to Byron Ward. Staff on this ward had now received training in substance misuse issues and were able to safely support patients with a dual diagnosis.
- We also saw that staff on the Springs Unit discussed, shared and implemented learning from serious incidents. Stock control of medical items on Springs Wing had improved and expired items were removed in a timely fashion.
- The service had enough staff with the right qualifications, skills and experience to keep people safe and to provide the right care and treatment.
- Staff assessed individual patient risk and put plans in place to keep them safe. Restrictive interventions were only used as a last resort, when staff attempts at de-escalation had failed. Across the four wards there was low use of seclusion, restraint and rapid tranquilisation.
- 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.
- Ward environments were comfortable and well looked after. The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Patients received the right medication at the right dose at the right time.
- 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.

## Are services effective?

Our rating for effective stayed the same. We rated effective as **good** because:

**Good**



# Summary of this inspection

- The provide had addressed the actions and recommendations we made at our previous inspection. All wards were undertaking a comprehensive range of audits that fed into governance processes. There had been improvements in how the Mental Health Act was managed, for example, where patients were entitled to statutory aftercare this was outlined in their care plan. In addition, robust systems were in place to monitor patients leave.
- We also saw that patients on the Springs Unit were now supported to maintain appropriate levels of cleanliness and that on the Springs Wing, physical health interventions were now carried out in accordance with patients care plans.
- Patients had their holistic needs assessed on admission and care plans to address these were in place. Robust arrangements to meet patients' physical health needs were also in place.
- The service provided care and treatment based on national guidance. The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff received annual appraisals.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However;

- Whilst the provider had made progress since the last inspection in ensuring that staff on Springs Unit, Springs Centre and Springs Ward received regular supervision and that supervision records were securely stored, this remained an issue on Bryon Ward. Staff on Byron ward were not receiving regular supervision that provided them with support and monitored their performance.

# Summary of this inspection

## Are services caring?

Our rating for caring stayed the same. We rated caring as **good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Good



## Are services responsive?

Our rating for responsive stayed the same. We rated responsive as **good** because:

- People could access the service when they needed it. Waiting times from assessment and arrangements to admit, treat and discharge patients were in line with good practice.
- Whilst a small number of patients experienced delayed discharges whilst waiting for a suitable move on placement to be identified, the provider worked closely with commissioners to ensure discharge planning started at the point of admission and delays in discharge were kept to a minimum.
- Clients were not moved between wards unless there was a clinical need for this.
- The service took account of patients' protected characteristics and addressed these in the care and treatment provided.
- Patients were able to access the hospitals recovery college and a range of meaningful activities were provided both on and off the wards.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However;

- Whilst overall, the range of facilities on each ward meant that patients could have their treatment needs met, further improvements were needed at the Springs Centre to ensure the ward was an appropriate environment. For example, a sensory room was planned for the ward, but no date for the work to commence had been fixed.

Good



## Are services well-led?

Our rating for well led improved. At the last inspection we rated well led as requires improvement. During this inspection we rated well led as **good** because:

Good



# Summary of this inspection

- The provider had addressed the actions we made at our previous inspection. Governance systems to monitor the safety, quality and effectiveness of the service had improved. On Bryon Ward, a system to listen to and act upon staff concerns had been implemented. Overall, the hospital collected, analysed, managed and used information well to support all its activities.
- The hospital had managers at all levels with the right skills and abilities to run a service providing good quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the providers values.
- The hospital had effective systems for identifying risks, planning to eliminate or reduce them. The service planned for emergencies and staff understood their roles if one should happen.
- The hospital engaged well with patients, staff, carers and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The hospital was committed to improving services by learning from when things go well and when they go wrong.
- The service planned for emergencies and staff understood their roles if one should happen.

However;

- Some further strengthening of governance systems was required to ensure that on each ward and across the hospital, governance systems effectively identified all areas where quality, safety and effectiveness could be improved. For example, the calibration of physical health monitoring equipment across all wards and storage of medicines on Byron Ward.

# 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.

Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The hospital had a Mental Health Act administrator that supported all the wards and reminded staff about section renewal dates, tribunal hearings and second opinion doctors. The MHA administrator did regular audits to ensure that the Mental Health Act was being applied correctly.

Policies and procedures on the implementation of the Mental Health Act were available and accessible by staff.

Patients had easy access to information about independent mental health advocacy.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Detention papers were readily accessible to staff who needed them. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. Section 17 leave papers were kept on the ward. Staff requested an opinion from a second opinion appointed doctor when necessary.

The ward displayed a notice to tell informal patients that they could leave the ward freely. We observed informal patients do so throughout our inspection.

Where patients had been detained under the MHA, their care plans included statutory aftercare that should be provided, where eligible.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The majority of staff had undertaken training in the Mental Capacity Act. There were no patients subject to the Deprivation of Liberty Safeguards at the time of our inspection.

Staff had a good understanding of the Mental Capacity Act and were able to explain how they worked with patients in a way that promoted their understanding and participation in decision making. Staff were aware that if a patient made an unwise decision this may not indicate a lack of capacity. Patients capacity was discussed at each ward round and clearly recorded in the patient record.

Staff obtained consent from patients before providing care. They understood their legal obligations on how to support people who could not consent to their own care and treatment.

Decision specific assessments were completed where patients lacked capacity to consent to a specific decision. Where appropriate staff involved family members and carers in best interest discussions and staff recognised the importance of the person's wishes, feelings, culture and history.

Patients had access to an independent mental capacity advocate if required.

## Overview of ratings

Our ratings for this location are:








# Detailed findings from this inspection

|  | Safe                 | Effective            | Caring | Responsive | Well-led | Overall              |
|--|----------------------|----------------------|--------|------------|----------|----------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Requires improvement | Requires improvement | Good   | Good       | Good     | Requires improvement |
| Forensic inpatient/secure wards  | Requires improvement | Good                 | Good   | Good       | Good     | Good                 |
| Long stay/rehabilitation mental health wards for working age adults        | Requires improvement | Good                 | Good   | Good       | Good     | Good                 |
| Wards for people with learning disabilities or autism                      | Requires improvement | Good                 | Good   | Good       | Good     | Good                 |
| Overall  | Requires improvement | Good                 | Good   | Good       | Good     | Good                 |

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

Requires improvement 

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

## Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement 

### Safe and clean environment

#### Safety of the ward layout

The ward only had a single entrance which was locked. Patients and visitors were able to access the ward through an intercom system. The ward was comprised of 20 bedrooms, of which ten were male and ten were female.

Staff did regular risk assessments of the care environment. Staff completed monthly risk assessments of the environment, and reported anything potentially hazardous to the ward manager or site manager straightaway.

The ward had a number of blind spots. The associated risks were mitigated through the use of regular observations and the stationing of staff at strategic points throughout the ward.

The hospital undertook an annual ligature anchor point audit. Appropriate measures including the use of increased observations and one to one observations, were used to manage and mitigate risks to patients associated with ligature anchor points.

At the last inspection in June 2017, we found that the ward did not comply with same sex accommodation guidance. There were no designated areas for male and female bedrooms. At this inspection, we saw some improvements, but further work was needed. The provider had created designated male and female corridors. Separate male and

female lounges were available. However, the layout of the building did not ensure full compliance with national guidance, as patients had to walk along corridors of the opposite sex to access lounges, therapy rooms and to exit the ward. In order to minimise risk, there were staff members stationed at two central points at which allowed for observation of all corridors at all times. The provider informed us that there were some building works planned to fully comply with national guidance however there was no fixed date for these planned works.

Staff members had easy access to alarms and patients had easy access to nurse call systems. Staff members we spoke with told us that the alarm systems were very effective.

#### Maintenance, cleanliness and infection control

All ward areas were visibly clean, had good furnishings and were well-maintained. We reviewed cleaning records on the ward which indicated that they were cleaned regularly.

Staff members followed infection control practices. We observed staff sanitising or washing their hands before and after entering patient bedrooms and following patient interactions, where this was needed.

#### Seclusion room

There was no seclusion room on the ward. If needed, patients could be nursed in seclusion on another ward, but the use of this was infrequent.

A de-escalation room was available on this ward. The staff used the de-escalation room for managing patients exhibiting volatile behaviour, however the use of this room was also infrequent.

#### Clinic room and equipment

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

Requires improvement 

The clinic room had all necessary equipment which was regularly checked. Some medical equipment used to monitor patients' physical health had not been calibrated.

The ward had access to an emergency grab bag which contained resuscitation equipment and emergency drugs. The contents of the grab bag were checked regularly to ensure they were in date.

Overall, the clinic room was visibly clean and tidy, with the exception of the cupboard containing dressings, which was untidy. This was raised with the ward manager, who arranged for it to be tidied while we were on site.

## Safe staffing

### Nursing Staff

Safe staffing levels were maintained. Managers had calculated the number and grade of registered nurses and unregistered nurses (healthcare assistants) required. All wards had a two-shift pattern. The ward had at least three registered nurses on duty during the day and two registered nurses on duty at night.

Ward managers could adjust staffing levels to respond to increases in patient acuity or other changes in patient need. The ward had robust systems in place to book bank and agency staff in advance, which helped ensure consistency of care for patients. The service ensured that bank and agency staff had appropriate inductions to the ward and received mandatory training.

A qualified nurse was present in communal areas of the ward at all times. Escorted leave was considered a priority on the ward and only cancelled when there was a change in patients presentation.

There were enough staff to carry out physical interventions such as restraint and seclusion. The hospital had an emergency response team which the ward could access for additional support. Staff were positive about the responsiveness of this team.

During the inspection we reviewed the personnel files of five staff working at the hospital. These showed that the provider checked staff qualifications, registrations, references and character prior to their starting employment.

### Medical staff

There was adequate medical cover day and night on the ward. There were good cover arrangements in place for leave and absence of doctors. A doctor could attend quickly in the event of a medical emergency.

## Mandatory Training

At our previous inspection in June 2017, we recommended the provider take action to improve mandatory training compliance. Information submitted by the provider in advance of our inspection showed that overall, 83% of staff across the hospital had completed their mandatory training. However, some training courses had a take up rate below the providers target of 80%.

Seven mandatory training courses had take up rates below 75%. These were prescription writing and administration standards (56%), recovery refresher (63%), rapid tranquillisation (64%), clozapine dose titration (69%), security awareness (71%), fire awareness (74%), information governance (74%).

A recent change in the hospitals training database, meant that accurate, up to date training records for each ward were not available at the time of the inspection. Further improvements to mandatory training were needed to ensure that all staff had received and were up to date with appropriate mandatory training.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

We reviewed the care and treatment records of 10 patients. Staff completed a risk assessment of every patient on admission and updated it regularly, including after any incident. During shift handovers, potential risks for newly admitted patients were reviewed in detail.

### Management of patient risk

Staff identified and responded to changing risks to, or posed by, patients. Staff reviewed patient risk assessments regularly in daily and weekly multi-disciplinary meetings. We observed handovers where staff discussed urgent dental treatment required for a patient, patients' medicine needs and mental health status.

There were regular audits on patients' risk management plans to ensure they were signed, up to date and addressed physical healthcare needs.

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

Requires improvement



We saw that staff were aware of and dealt with specific risks issues such as risks posed by ongoing physical health conditions. For example, staff developed a risk management plan with a patient addressing how their diabetes would be managed whilst they were on the ward.

At the last inspection in June 2017 we found that when some patients were subject to one to one observations the reasons for this had not been clearly explained to them. During this inspection we saw this had improved. Staff members we spoke to were aware of the requirements of observations, and how to carry these out safely and in the least restrictive way. We observed and interviewed patients under observation, and found that they were aware of the reason for the observations. The levels of observations were determined by individual risk assessments.

Staff applied restrictions on patient's freedom only when justified. A list of prohibited items, such as blades and plastic bags, was given to patients on admission to promote safety on the wards. Patients were able to use their own mobile phones whilst on the ward.

At the last inspection in June 2017, we found that alcohol detoxification was not carried out safely on the ward. Patients were not comprehensively assessed prior to admission using recognised tools. Some patients did not have physical health tests completed prior to commencing their treatment. Nursing staff and assistants had not received specialist training in relation to alcohol detoxification. During this inspection we found improvements. Staff had received training to be able to carry out alcohol detoxification in a safe manner. In addition, we were told that detoxification as a primary treatment issue was no longer provided on the ward.

We spoke to two informal patients who informed us that staff members had explained their rights to them. Notices were displayed on the ward explaining to informal patients about their right to leave.

The hospital had a smoke free policy. Patients were supported with smoking cessation and nicotine replacement therapy.

## Use of restrictive interventions

There had been two seclusions which involved patients from Byron ward in the last 12 months. These patients had been transferred to a seclusion room on another ward in the hospital as there was no seclusion room on Byron Ward.

At the previous inspection in June 2017 we found that some patients were restricted to their bedrooms by de facto seclusion while staff were carrying out their observations. At this inspection, we found that the situation had improved and the provider had taken actions to ensure that de facto seclusion was not happening.

There were no episodes of long term segregation.

There were 21 incidents of restraint on the ward between 1 February and 31 July 2018.

For the period of 01 February to 31 July 2018, there had been seven incidents of prone restraint on this ward. The ward manager told us that the hospital's reducing restrictive practice initiative focused on the reduction of prone restraints. All incidents involving prone restraint were reviewed at monthly governance meetings and trends were monitored.

Staff we spoke with told us that they used restraint only when de-escalation, such as engaging patients in activities to distract them, had failed.

The ward had a lead on reducing restrictive practice and staff were aware of who the lead was. The lead worked with the ward manager to monitor trends in restraint, and develop strategies for implementing good practice on the ward. The lead told us they had autonomy to carry out their role and felt confident in communicating with staff about improvements that could be made.

A review system had recently been introduced to monitor that where patients were subject to nursing in seclusion or restraint, de-escalation techniques and the least restrictive practice had been implemented by staff. The ward and clinical managers were also able to access CCTV footage from communal areas to review incidents of restraint.

Staff members we spoke with told us that debriefing sessions were held for patients and staff who were involved in incidents of restraint.

There were seven episodes of rapid tranquilisation on the ward between 1 February and 31 July 2018. Staff followed guidelines by the National Institute for Health and Care

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

Requires improvement 

Excellence when using rapid tranquilisation. They informed us that they only used this as a last resort, and carried out regular physical observations following the administration of rapid tranquilisation medicine. Staff members informed us that they had received training recently in the use and monitoring of rapid tranquilisation.

## Safeguarding

Staff we spoke with understood the provider's safeguarding policy and procedures and knew how to raise a safeguarding alert. The ward had a safeguarding lead to ensure that all staff understood their responsibilities regarding safeguarding. The ward had strong working relationships with the local authority safeguarding team.

Staff told us how they kept patients safe from harassment and discrimination by observing behaviours on the ward and between patients and visitors.

The ward had access to a family room where patients met family members, children and friends, if it was risk assessed as safe to do so. All patients due for visits were risk assessed on the day to assess if the visit could take place safely. The family room was located off the wards which ensured that children under the age of 18 were not permitted on the ward for their safety.

## Staff access to essential information

The ward used a combination of paper and electronic patient record systems. The paper records contained all the patient care plans and the online system was used for daily care notes and risk assessment updates.

All information needed to deliver patient care was available to staff and they knew how to access it.

## Medicines management

We found that improvements were needed in how medicines were managed on the ward. Staff had not ensured that all controlled drugs (CDs) were stored securely. We found that some CDs (such as methadone) were stored outside of the locked CD medicines cupboard. This was raised during the inspection and the medicines were moved to the locked CD cupboard. The pharmacist informed us that this issue had been raised with senior staff over the last three months, with no immediate action being taken. A larger CD cupboard had been identified as being needed, but there had been a delay in this being ordered

and not all CDs had been appropriately stored in the interim. The provider subsequently informed us that a new larger cabinet had been fitted at the end of November 2018.

We also found that there was an overstocking of medicines. We raised this with the ward manager at the time of our inspection. They audited all the medicines that were needed for the current patient cohort and arranged for the safe disposal of medicines that were not required.

Staff members followed good practice in the administration of medicines. Staff liaised with their local pharmacy on a regular basis and ensured that patients had access to their prescribed medicines when they needed them. A pharmacist visited the ward regularly and provided feedback to the ward and hospital manager on their findings. Daily temperature checks were carried out in the room and refrigerators where medicines were stored.

We saw evidence of regular physical health checks for patients who were prescribed high-dose antipsychotic medication. This was in line with guidance from the National Institute of Health and Care Excellence.

## Track record on safety

There had been no serious incidents on the ward in the 12 months leading up to the inspection.

## Reporting incidents and learning from when things go wrong

All staff knew how to report incidents and the types of incidents which needed to be reported. The ward used an electronic system to support staff to report incidents. All incidents were reviewed by the ward manager and hospital manager.

The senior team held a 'daily huddle' on a daily basis, which was attended by all the senior management and ward managers. All incidents were reviewed during the safety huddle.

Staff received feedback from investigations of incidents including where incidents had taken place on other wards within the service. Staff told us that they regularly received a debrief following incidents. This was normally provided by the ward manager, or hospital psychologist in group and individual sessions.

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

Requires improvement



Staff had a good understanding of the duty of candour. They were aware of the principles of being open and honest following an incident or a mistake. Staff told us that the principles of being open and honest were part of the organisation's values.

## Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Requires improvement



### Assessment of needs and planning of care

We looked at 10 patients care and treatment records. We saw that staff carried out comprehensive assessments with all patients following their admission. These assessments contained information about the patient's safety risks, physical health, mental health, social needs, communication needs and discharge planning details.

The doctor completed physical health checks for all patients on admission which included vital checks, blood test, and a body map assessment to identify any issues such as physical injury or pressure sores.

Staff completed a physical health care plan for each physical health condition patients presented with, to ensure they received appropriate care. For example, diabetes and epilepsy. We spoke with patients who confirmed they had been referred to health specialists for individual health conditions. Where required, specialist diets had been supplied, for example, for patients with diabetes.

Most patient care and treatment records included a detailed care plan that addressed their identified needs. Staff completed care plans with patients following their admission. There were 72 hour care plans for the period directly after admission which were followed by completion of a comprehensive care plan. Care plans were personalised, recovery focussed and holistic. In cases where a care plan was less detailed, this was because the patient was newly admitted to the service within the last 72 hours. Care plans were reviewed regularly and updated when necessary.

### Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The ward had input from psychologists who were either part of the staff team or from the community-based psychology teams. Patients for this service had access to a range of therapies recommended by National Institute of Health and Care Excellence, for example art therapy, mindfulness, grounding and coping strategy groups, and psychology.

The ward had good occupational therapy input and offered daily schedules of activities for patients including cookery, music appreciation, exercise and gym use, movie and pizza nights. The ward provided a fixed schedule which ran mostly from Monday to Friday. Staff informed us that patients decided their own activities for Saturday and Sunday with the support of weekend staff.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff monitored ongoing physical health conditions requiring care, such as diabetes or epilepsy, by completing national early warning system (NEWS) forms. NEWS forms are used as a monitoring system for all patients in hospitals to track their physical health conditions to alert the clinical team to any medical deterioration so they can respond in a timely manner.

Staff supported patients to live healthier lives. Support was available for smoking cessation and for issues relating to substance misuse.

Staff members used recognised rating scales to assess and record severity and outcomes, for example, Health of the Nation Outcome Scales. These showed each patient's recovery progress. Clinical team meetings reviewed patient outcomes.

Staff participated in an extensive clinical audit programme, benchmarking and quality improvement initiatives. For example, the ward manager and lead nurse were involved in audits around: medication, engagement/observation, health and safety, safeguarding, closed-circuit television (CCTV), care planning, blanket rules and information governance.

### Skilled staff to deliver care



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

Requires improvement



The team included or had access to the full range of specialists required to meet the needs of patients on the ward. As well as doctors and nurses, there were occupational therapists, activity coordinators and a psychologist on the ward.

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.

Staff on Bryon ward had not had access to regular supervision, and improvement was needed. At the time of the inspection, the ward manager had been in post for two weeks. We reviewed the supervision records for nine staff on Byron Ward and found that five staff had not received regular supervision. Three staff members had not received supervision since March 2018. Two others had gaps of up to five months in between supervision sessions.

Most staff members told us that managers were approachable and freely available whenever they needed support.

Staff members had access to regular team meetings. These normally took place on a bi-monthly basis.

All staff who were eligible to be appraised had received an appraisal. Appraisals identified the learning needs of staff and identified opportunities to develop their skills and knowledge.

Managers ensured that staff received the necessary specialist training for their roles. For example, staff members told us they had recognised a need to learn safe procedures for searching patients. This training had then been delivered on the ward. One staff member told us that they were the ward champion for values and had received training in risk assessing, building trust and involving patients in care so that they could carry out their role. This had helped them in putting the providers values into practice on the ward.

Managers dealt with poor staff performance promptly and effectively. The manager told us they felt comfortable addressing performance and knew who to approach in the organisation for support.

## Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. The ward held weekly multi-disciplinary meetings to review

all relevant elements of patients' treatment and care. During this inspection we observed one ward round where staff discussed observations they made about patients' physical and mental wellbeing, historical and emerging patient risks, planned patient leave and observation levels required for each patient.

Staff shared information about patients at effective handover meetings within the team. The ward had a two-shift structure of day and night shifts. Staff handed over information to the incoming staff at the changeover. Handovers covered patients' observation levels, risk levels, activity levels, medication changes, food and fluids, and discharge plans. Staff also reviewed and signed off medicine records from the previous shift to ensure accuracy of the work.

All staff had effective working relationships with other teams. There was a good working relationship with the provider's bed management team to ensure accuracy in the ward's bed management, and with the local safeguarding team.

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

Staff were trained in and had a good understanding of the Mental Health Act 1983 (MHA), the Code of Practice and guiding principles.

Staff had access to administrative support, legal advice, policies and procedures on the implementation of the MHA within the organisation.

Patients had easy access to information about independent mental health advocacy. Two patients we spoke with told us how they had accessed advocacy support with regards to complaints during their admission.

Staff told us they explained patients' rights under the MHA to them in a way they could understand. Most patients we spoke with told us that they had their rights explained to them on admission and regularly throughout their treatment.

Staff ensured that detained patients could take their Section 17 leave (permission for patients to leave hospital) when it was granted. This leave was reviewed daily to ensure the leave allowance was accurate and could be facilitated by staff.

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

Requires improvement



We saw that staff from this core service requested an opinion from a second opinion doctor when necessary.

MHA paperwork was accessible to ward staff. We saw evidence of audits taking place of MHA paperwork. These identified actions and were followed through.

## Good practice in applying the Mental Capacity Act

The majority of staff had undertaken training in the Mental Capacity Act (MCA). Staff had a good understanding of the MCA, in particular the five statutory principles. There were no patients subject to Deprivation of Liberty Safeguards at the time of our inspection.

Staff carried out MCA assessments where concerns regarding the patient's capacity were identified. Staff knew where to get advice regarding the MCA. Staff informed us that they would usually ask doctors to carry out capacity assessments.

## Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good



## Kindness, privacy, dignity, respect, compassion and support

We observed a range of interactions between staff and patients on the ward. Staff interacted with patients in a caring and compassionate way. Staff responded appropriately to patients in a calm, polite and respectful manner and were interested in their well-being. We observed instances where staff spoke with patients to discuss their daily activities, discharge and concerns where patients were involved in making decisions.

Staff supported patients to understand and manage their care and treatment. Patients we spoke with told us they felt involved in planning their care and had received copies of their care plans

We spoke with eight patients during our inspection and all said they found staff to be kind, polite and treated them with respect. Patients told us that staff knocked before entering their rooms.

Staff directed patients to other services when appropriate and, if required, supported them to access those services.

All staff were confident that they could raise concerns about disrespectful, abusive or discriminatory behaviour towards patients without fear of negative consequences. Staff had a clear understanding of whistleblowing.

## Involvement in care

### Involvement of patients

Staff informed patients about the ward and oriented them to the service during the admission process. All wards gave welcome booklets to patients which contained information including names of the staff team, restricted items that could not be brought onto the ward, hospital facilities, leaving the ward, meal times, medication times, smoking, and activities. Patients we spoke with told us they were given a tour of their ward during their admission.

Patients were involved in their care planning, risk assessments and attended multi-disciplinary meetings and ward rounds to discuss their care. We saw good examples of patient involvement with care planning. Staff recorded discussions they had with patients about their care plans. Care plans contained patient views and in some cases used the patient voice.

Staff communicated with patients in ways which supported them to understand their care and treatment. All wards could access interpreters and translators where necessary.

Patients on all wards had access to advocacy services. There was information available on the wards and in welcome packs about how to access advocacy. Some patients we spoke with told us they met with advocacy team members for support.

The ward offered a range of groups and settings where patients could meet and share their views on the ward environments and their treatment. The ward held weekly community meetings and had a suggestions and feedback box by the nurse's station where patients could give feedback anonymously.

### Involvement of families and carers

There were no carers' groups or community meetings involving families and carers active on the ward. Staff informed us that most patients had a relatively short stay on the ward before returning to their commissioning NHS trust.



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

Requires improvement



We were told that staff tried other ways to involve families and carers in the care patients received, for example, by telephone conversations, family visits and family presence at multidisciplinary meetings where this was consented to. They also kept family members updated on any changes in patient care, transfers or discharges from care.

**Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs?**  
(for example, to feedback?)

Good



## Access and discharge

### Bed management

The average rate of bed occupancy for Byron ward was 87% for the six months leading up to the inspection. The average length of stay for patients on Byron ward was 16 days.

The ward manager told us that they worked well with the bed management team to review bed availability on the ward, and to facilitate discharge where needed.

There were a number of patients from out of area admitted to the ward, and these beds were primarily funded by NHS organisations due to lack of beds in patients' local areas. During this inspection we saw that patients from Devon, Northumbria, and Manchester were receiving treatment on the ward.

Beds were always available when patients returned from leave.

Staff told us that patients were not moved between wards during an admission episode.

Patients were discharged at an appropriate time of day. The ward manager told us that patient discharge times were agreed on the morning of their day of discharge. Patients were preferably discharged in the morning or during the day once their discharge was approved and their medicines were ready for collection.

Staff told us that they sometimes struggled to get patients transferred to psychiatric intensive care units when they became particularly unwell. This was due to the lack of

beds available. However, they informed us that the ward and hospital leaders were very supportive and staffing levels could be increased so that acutely unwell patients could be managed in a safe way. This could be by increased observation levels, or increased general staffing presence on the ward to prevent disruptive behaviour.

### Discharge and transfers of care

The provider did not report any delayed discharges in the data it submitted prior to our inspection.

The ward manager informed us that patient discharges were normally carried out in a timely manner. However, when there were delays these were normally caused by lack of funding for onward placements, or lack of accommodation. Ward staff were working with internal and external partners to reduce delayed discharges to enable patients to move on and allow for new admissions. For example, they liaised with commissioning trusts and housing associations to find out what arrangements could be made for patient accommodation following discharge.

Staff members planned for patients' discharge, and this was discussed in the multi-disciplinary team meetings. Staff members maintained good liaison with care managers/coordinators and social workers from the patients' home area.

Staff supported patients during referrals and transfers between services, for example, if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit.

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

Patients had their own bedrooms and had somewhere secure to keep their possessions.

Staff and patients had access to a range of rooms and facilities to support the treatment and care being provided across the ward, for example clinic rooms, meeting rooms, low-stimulus calm rooms, and activity rooms, communal areas and gardens. The ward had designated male and female lounges and chill-out rooms with equipment designed to support patients to relax. Patients could access gym facilities which were supervised by qualified exercise therapists.

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

Requires improvement



The ward had access to quiet family and visiting room which was off the ward to ensure that patients maintained relationships with family, children and friends.

Patients had access to their mobile phones in accordance with their risk assessments which were reviewed daily. There were ward based telephone booths for patient use where patients could make phone calls if required.

Patients had access to outside space. Patients could access the garden under supervision of staff. On days where weather permitted, patients were taken outdoors for walks which were supervised by staff.

All the patients we spoke with told us that food was exceptional and freshly prepared on a daily basis. Patients said that they could make hot drinks and have fruit at any time of day or night.

## Patients' engagement with the wider community

Patients were encouraged to engage with training and education opportunities through the provider's recovery college and, where appropriate, with local voluntary agencies. Leaflets advertising these opportunities were displayed on the ward.

Staff supported patients to maintain contact with their families and carers.

Staff supported patients to have escorted and unescorted leave from the ward when appropriate to ensure they developed and maintained relationships in the service and with the wider community.

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

All areas of the ward were accessible for patients requiring wheelchair use.

Patients could obtain information on treatments, local services, patients' rights and on how to make complaints. Various information posters were displayed on the ward.

Staff informed us that there only a few leaflets that were available in an easy-read format, or alternative languages and that these had to be requested from the administrative teams.

Managers could make arrangements for interpreters and found the process to be easy and quick.

Patients had access to a choice of food to meet their dietary or spiritual requirements. For example, there was a patient on the ward who identified as vegetarian and staff ensured that they had access to right foods to suit their diet.

Patients had access to a weekly chaplain service. These could be arranged in line with their religious or spiritual preferences.

## Listening to and learning from concerns and complaints

On this ward, there had been a total of four complaints for the period of 31 July 2017 to 31 July 2018. None of these complaints had been upheld.

Patients we spoke with were aware of how to complain or raise concerns. They told us they did this in meetings with staff, in writing, using the ward suggestion box and sometimes with the support of advocacy services.

All staff we spoke with knew how to handle complaints in accordance with the provider's complaints policy. We were presented with written examples where they had responded to complaints and feedback from patients.

## Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good



## Leadership

The ward manager and lead nurse had the skills, knowledge and experience to perform their roles. Staff members felt that their immediate managers and matrons provided leadership good and worked to the values of the organisation.

The ward manager had a good understanding of the service they managed. They could explain clearly how the teams were working and what their main challenges were and how they were addressing these.

The manager on the ward had been in post for two weeks at the time of the inspection. While they had inherited poor supervision systems from previous management, staff members felt that the new manager had had a positive

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

Requires improvement



start. Staff said that the ward manager, and hospital leadership team were very visible on the wards. They found them to be approachable and felt listened to when they raised concerns.

## Vision and strategy

Staff we spoke with understood the organisation's vision and values and team objectives and appraisals for all staff addressed values. Staff were familiar with the organisation's values of helpful, responsible, respectful, honest and empathic.

Staff members on all wards told us that the organisation provided good opportunities for personal and professional development.

## Culture

Staff we spoke with were generally very positive and proud about working for the provider. They felt that they provided a good service for patients. Almost all staff we spoke to told us that they felt respected, supported and valued.

Staff had a good understanding of the concept of whistleblowing and knew the provider's processes for raising concerns. The provider had a whistleblowing policy to support staff to raise concerns.

At the last inspection in June 2017, we found that staff on Byron ward did not feel listened to or that their concerns were acted upon. At this inspection, there had been improvements. Staff members were able to raise issues and felt listened to. Feedback from staff of all grades and professions told us that they felt part of a team and that their opinion was treated with equal respect. Across the ward, we found that staff were upbeat and positive about their role.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. For example, some staff members commented that they found the multi-ethnic presence among the senior leadership to be motivating. They felt comfortable approaching members of the senior team.

The service's staff sickness and absence were similar to the average for the provider. For the period 31 July 2017 until

31 July 2018, the ward reported a sickness rate of 16% for all the permanent staff members. The hospital reported that all shifts relating to sickness or absence had been filled by agency or bank staff.

Staff had access to support for their own physical and emotional health needs through an occupational health service. All new staff were provided with health screening and immunisations. The hospital provided an employee assistance programme where permanent staff and their family members or partners could access additional support such as counselling, legal and financial advice.

## Governance

Overall, effective systems and processes were in place to ensure the safe and effective running of the ward. There were clear responsibilities, roles, processes and systems of accountability.

The hospital had a clear governance framework at ward level, which local leaders oversaw and fed into the providers overarching governance structure and assurance framework.

Staff carried out checks to ensure the ward was clean, well-maintained and safe for patients. Incidents were reported, investigated, monitored and learning shared. The manager ensured staffing levels were appropriate to meet the needs of patients. Overall, staff were trained and supported to carry out their roles and provided with opportunities for professional development. The multi-disciplinary team worked in collaboration with patients, carers and external stakeholders to provide effective, holistic, care planning, risk management and discharge planning. Staff ensured that legal requirements were met in relation to the Mental Health Act and the Mental Capacity Act.

Some improvements in governance were required to ensure that all staff undertook mandatory training, that they were regularly supervised and that medicines were appropriately stored and stock controlled. Improvements were also needed to ensure that equipment was calibrated.

There was a clear framework of what must be discussed at a ward and governance meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. A hospital wide safety huddle took place each morning. Senior leaders at

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

Requires improvement



the hospital attended this meeting which addressed staffing levels, policy updates, incidents and any other important updates that affected the day-to-day running of the hospital.

Staff undertook or participated in local clinical audits to ensure they were providing good care. Action plans were in place to follow up on issues identified so that improvements could be made.

## Management of risk, issues and performance

There were systems to assess, monitor and manage risks to patient safety. Staff told us they could escalate concerns through their managers when this was necessary. The hospital risk register was reviewed at the monthly clinical governance meeting attended by the senior management team.

The service had plans for emergencies, including adverse weather, flu outbreaks and where patients brought prohibited items onto the ward.

## Information management

Staff used the systems in place to collect data from the ward, and had access to the equipment and information technology needed to do their work. Information governance systems included confidentiality of patient records.

The ward manager had access to information to support them with their management role. This included information on the performance of the ward, staffing and patient care.

Staff made notifications to external bodies as needed. Staff provided notifications on patients absent without leave, allegations of abuse and any incidents involving the police to the Care Quality Commission (CQC) as required.

## Engagement






Staff members had access to regular updates on the provider and the services that were provided through electronic correspondence and newsletters.

The ward carried out family and friend surveys to obtain feedback about the service. We saw examples where managers had used patient, staff or carer feedback to make improvements to the service.

## Learning, continuous improvement and innovation

At the time of the inspection no research or quality improvement programmes were taking place on the ward.

# Forensic inpatient/secure wards

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

## Are forensic inpatient/secure wards safe?

Requires improvement 

### Safe and clean environment

#### Safety of the ward layout

The ward was spread over two floors, with the bedrooms, dining room, laundry room, seclusion room, a TV lounge and the nurses' office upstairs. Two bedrooms had been refurbished and plans were in place to refurbish the remainder. Bedroom doors had an observation panel which patients could move to a closed position for privacy. Staff could override this externally, so they could check on patients.

On the ground floor there was entrance airlock, a waiting area with sofas, the security office, an office shared between ward manager, doctor and clinical team lead, a staff room, gym, visitor's room, another TV lounge, sensory room, a bathroom and access to the garden.

Regular checks of the environment were carried out by staff. A security lead was identified for each shift.

The ward setup allowed observation of all corridors, staircases, communal areas and the garden by staff. Closed circuit television (CCTV) and convex mirrors were used to mitigate blind spots in some areas of the ward.

The ward's fire exits were clearly indicated. Fire extinguishers had been checked in June 2018. Records showed that a fire marshal was allocated for each shift. Unannounced fire drills took place.

Whilst the provider had taken some steps to identify and manage the risks associated with ligature anchor points,

further improvements were needed. A ligature risk assessment for the ward had been completed in July 2018.

There were some ligature anchor points in communal areas that were not included in the ligature risk audit or heat map and staff were not aware of these or the measures to manage or mitigate them. We raised this with staff at the time and senior staff re-issued the ligature heat map and updated the ligature audit on the day of inspection. The provider had a planned programme of building works to further reduce ligature risk points due for completion by the end of June 2019.

Some measures to manage and mitigate identified potential ligature anchor points were in place. A heat map to advise staff of potential ligature anchor points identified in the ligature risk audit was displayed clearly in the nursing office. Patients assessed as at increased risk of self-harm at the point of referral were not accepted by the unit. Where patients potential risk of self-harm was identified as having increased whilst on the unit, staff responded by putting actions in place to mitigate these, including the use of one to one observations. All bedrooms and ensuite bathrooms had anti-ligature door hinges, taps and handles. Staff locked the laundry room on the first floor and the gym, TV lounge, sensory room and visitors room on the ground floor and supervised patients when using them.

Staff had access to ligature cutters and an emergency bag. Staff kept ligature cutters in the upstairs and downstairs offices. They were clearly labelled and could easily be accessed.

Staff carried a personal alarm. Some staff also carried a pull-alarm that sounded when activated. These two alarm systems worked within the ward. Staff checked both of these alarm systems at the morning handover. The ward

# Forensic inpatient/secure wards

had sufficient alarms for the staff on shift and some additional ones for visitors. Neither staff alarm system on Springs Unit was connected to the main hospital alarm system. Staff reported that they used the hospital radio system if they needed emergency support from the main hospital.

Patients did not have access to any wall mounted or personal alarms in the case of an emergency. We raised this at the time of inspection. Staff told us that they were visible at all times and that the patients could easily access a member of staff immediately.

## Maintenance, cleanliness and infection control

The ward was visibly clean, appropriately furnished and well maintained. Communal areas and bedrooms were tidy. This had improved since our previous inspection in June 2017. Some patients were at risk of hoarding personal belongings. Staff addressed this through care planning and provided support to patients to maintain their bedrooms to a good standard.

Compliance with infection control training was 75%.

## Seclusion room

The ward had a fit-for-purpose seclusion room. The seclusion room was furnished with an appropriate mattress. There was an ensuite bathroom with anti-ligature shower, water basin with cold and warm water and toilet. The door to the bathroom could be locked and unlocked with an external control at the nurses' observation station. The bathroom had a call button. Through an observation window, patients could observe a clock indicating the date and time and two-way communication could take place. Staff could lower blinds at the observation window to allow patient privacy.

## Clinic room and equipment

The ward had a fully equipped clinic room. The clinic room had a door that could be opened at the top only, for safe dispensing of medicines. The clinic room was equipped with an examination table, thermometer, weight scale, blood pressure machine and electrocardiogram (ECG) machine. The equipment was labelled with clean stickers that were visible and in date. However, staff did not know how to calibrate all of this equipment.

Staff kept an emergency bag with relevant emergency equipment in the nurses' office. Staff checked the equipment regularly and these checks were audited monthly.

## Safe staffing

### Nursing staff

The ward had adequate staffing levels to safely meet the needs of patients. Staff worked in a two-shift pattern, with three registered nurses for the day shift and two for the night shift. The ward manager could book additional staff according to patient needs. Shifts were always filled according to safe staffing levels. The daily staffing levels were monitored in the hospital's morning safety meeting.

The ward's establishment levels was 12 registered nurses and 16 unregistered nurses (healthcare assistants). Three staff members had left the service in the past 12 months. The ward had five vacancies for registered nurses and one for an unregistered nurse (healthcare assistant). Regular bank and agency staff were used to maintain safe staffing levels and consistency of care. The ward was actively recruiting to fill vacant posts.

Escorted leave and ward activities were not cancelled due to staff shortages. Nursing staff had time to facilitate weekly one to one time with patients and ward activities such as outings and film nights.

During the inspection we reviewed the personnel files of five staff working at the hospital. These showed that the provider checked staff qualifications, registrations, references and character prior to their starting employment.

### Medical staff

The ward had medical cover at all times. A specialist doctor was on the ward during office hours. A consultant was in the hospital two days per week and available on-call. Out-of-hours, an on-call specialty doctor was also available. Nursing staff said they had experienced no issues in accessing medical cover, including at evenings and weekends.

## Mandatory training

At our previous inspection of this hospital in June 2017, we recommended the provider take action to improve mandatory training compliance. Information submitted by



## Forensic inpatient/secure wards

the provider in advance of our inspection showed that overall, 83% of staff across the hospital had completed their mandatory training. However, some training courses had a take up rate below the providers target of 80%.

Seven mandatory training courses had take up rates below 75%. These were prescription writing and administration standards (56%), recovery refresher (63%), rapid tranquillisation (64%), clozapine dose titration (69%), security awareness (71%), fire awareness (74%), information governance (74%).

A recent change in the hospitals training database, meant that accurate, up to date training records for each ward was not available at the time of the inspection. Further improvements to mandatory training were needed to ensure that all staff had received and were up to date with appropriate mandatory training.

Staff were positive about the training on offer. They considered the topics relevant to their job. Training consisted of face to face and online learning. Nursing staff were positive about the yearly mandatory training they received on learning disabilities and autism, about the regular refresher trainings by the Royal College of Psychiatrists and about autism training provided by a service user. The provider also organized simulations to maintain staff's skills in cardiopulmonary resuscitation. Agency staff submitted evidence of having completed required mandatory training to the provider through their agency.

Staff were trained to carry out physical interventions. Compliance for the three different trainings on the prevention and management of violence and aggression (PMVA) was between 83 and 93%.

### Assessing and managing risk to patients and staff

#### Assessment of patient risk

Staff conducted a risk assessment with a recognized tool for every patient upon admission and updated it regularly. We reviewed eight patient care records. All had an up-to-date risk assessment upon admission, using the short-term assessment of risk and treatability (START) and/or historical clinical risk (HCR-20).

#### Management of patient risk

Staff were aware of and acted to manage and mitigate risks. The eight patient care records and handover records

we reviewed showed that staff identified and responded to changing risks to, or posed by, patients. Staff reviewed patient risk at handovers, daily huddles and in multidisciplinary reviews. In interview, staff demonstrated that they knew their patients, their potential risks and how to manage changes in risk.

Staff followed the provider's search policy. A registered nurse took the lead for searches and explained the policy for bedroom searches to us in detail, including seeking the permission of the patient and having the patient present during the search. At the previous inspection in June 2017, we found that searches were not recorded. During this inspection we saw improvements. We found that searches were recorded on a document that was countersigned by the patient. Two staff members mentioned the additional sensitivity that patients with autistic spectrum disorder can have when others touch or move their belongings. Staff said they informed patients before the search that they would attempt to put everything back in the same place as much as possible.

Patients were searched when returning to the unit from unescorted leave. Staff used the downstairs airlock and ensured patients' privacy and dignity by searching only when staff and visitors had left the area. All patients were subject to random and routine body or room searches, subject to risk assessment.

Staff minimized the use of blanket restrictions. Staff described efforts to keep restrictions as individualized as possible. Recently, patients had requested wireless internet access on the ward. The ward manager summarized the discussions that were ongoing with the hospital management. These showed careful consideration of balancing patient risks and rights.

A list of contraband items had been identified and these were not allowed on the ward. Smartphones, tobacco products, e-cigarettes with liquid and plastic bags were not allowed on the ward, but were accessible during leave off the ward. Staff stored potentially dangerous items such as lighters, matches, razors and aerosols in a locked cupboard.

Patients with leave could smoke in the designated smoking area at the hospital entrance driveway. Doctors prescribed a range of nicotine replacement therapy products for the patients, such as chewing gum and patches.

# Forensic inpatient/secure wards

The ward was a low secure forensic setting and its admission criteria required that patients were detained under the Mental Health Act.

## Use of restrictive interventions

Staff minimized the use of restrictive interventions and reported them appropriately when used. We reviewed records relating to seclusion and the use of restraint for the previous 12 months.

Between 01 February 2018 and 31 July 2018, two patients had been secluded.

Seclusion records showed appropriate authorization by the nurse in charge and assessment by a doctor. Staff recorded 15-minute observations and two-hourly checks, where the need to maintain seclusion was reviewed. These records also showed evidence that staff had considered and tried other interventions before resorting to seclusion, including de-escalation.

The seclusion room was sometimes used for de-escalation only, where staff could have a one to one with a patient with the door open. In these circumstances staff understood that the patient should be allowed to leave the room at any time to prevent defacto seclusion.

In the past 12 months, there had been no incidents of long-term segregation.

Staff reported five incidents of restraint on five different service users in the past six months. Records of restraint showed that staff had tried verbal de-escalation before resorting to the use of restraint.

Staff had not used prone restraint in the past six months.

Rapid tranquilisation had not been administered to patients on the ward in the last 12 months.

The ward manager said that they were in the process of developing a box with items and activities that could help patients to de-escalate. Discussions were ongoing on the pros and cons of individual patient boxes versus a ward box. This was in the framework of the 'Safewards' project.

The provider audited the use of restrictive interventions. Staff briefed other wards and hospital management on the use of restraint and seclusion in the daily safety meeting.

The Clinical Quality and Compliance Lead reviewed the frequency and practice during these interventions, including reviews of CCTV images. Staff were aware of the provider's programme on reducing restrictive interventions.

## Safeguarding

Staff were up to date with their mandatory training in safeguarding, knew their responsibilities and how to raise an alert. Training records showed that 84% of the hospital's eligible staff had completed training for safeguarding adults.

Staff could give examples of how they had safeguarded patients on the ward and felt confident to raise an alert if required. The ward manager was the safeguarding lead for the ward.

Staff made appropriate arrangements for children that visited. Patients with leave could receive visits from children in the meeting room at the hospital's reception, so children did not have to go on the ward.

## Staff access to essential information

All information needed to deliver patient care was available to staff, including agency, when they needed it and was in an accessible form.

The hospital had transitioned to electronic patient records for patients' daily progress notes. Other information, such as risk assessments, care plan, physical health records, GP referral information, was not uploaded to the electronic record, but saved on paper. Staff kept these papers for six months in the patient folders on the ward. After which they were archived on site. Staff said that archived paper files were easily retrievable if needed.

Agency and bank staff were well informed about where to access essential information. Staff also said that the transition to electronic records had been managed well.

## Medicines management

Staff ensured that medicines were well managed. Medicines requiring refrigeration had been stored correctly. Staff ensured appropriate stock levels. We randomly checked a sample of medicines and did not find items past their expiry date. Staff felt well supported by the pharmacist visiting the ward each week.

The prescription and dispensing of medicines were managed effectively. We reviewed 10 medicine records. All



# Forensic inpatient/secure wards

prescriptions were signed, dated and reviewed in ward rounds. The records had correct consent to treatment forms attached. Prescriptions complied with the T2 forms and were within BNF limits. There were no errors or omissions observed.

At the time of our inspection no patients were prescribed high doses of anti-psychotic medicines.

## Track record on safety

In the past 12 months, staff had recorded five serious incidents. One was subsequently downgraded. The other four were related to violence against other service users or staff (2), absence without leave (1) and to damage to property (1).

## Reporting incidents and learning from when things go wrong

The ward had a good track record on safety and managed patient safety incidents well. Staff recognised incidents and reported them appropriately. All incidents that should be reported were reported. Managers investigated incidents and shared lessons learned with the whole team. Staff and patients could debrief after incidents.

At the previous inspection in June 2017, we found that minutes of team meetings did not demonstrate that there was learning and feedback from incidents. At this inspection, we saw improvement. We found evidence of discussions at team meetings. For example, about communication and the importance of safety simulations.

Lessons learned from investigations were shared with the ward staff, other wards and other Cygnet hospitals as appropriate. The hospital leadership informed staff about incidents and lessons learned on other wards via a newsletter. The ward manager also received this information in the hospital's daily safety meeting and shared it with the ward staff in handover meetings and in the monthly staff meetings.

## Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

Staff assessed patients' health needs on admission and addressed them in care plans. We reviewed eight patient care records. All had an initial assessment of the patient's mental and physical health, medical history and physical examination. All eight records also had up-to-date care plans that reflected the needs identified in these assessments. All members from the multidisciplinary team could contribute to the care records.

Staff performed regularly the relevant checks of patient's physical health in line with national guidance. Staff registered patients with a local GP upon admission for their primary care. Ward doctors also assessed and addressed patients' physical health and liaised with the GP when needed. Ward doctors undertook clozapine monitoring when needed.

Care plans were personalised, holistic, recovery oriented and included positive behaviour support and communication passports.

## Best practice in treatment and care

Staff provided a wide range of care and treatment interventions suitable for patients with autism and/or learning disabilities. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence (NICE), for example staff used psychosocial interventions which supported patients with social interaction, community access and integration, life skills development, managing challenging behaviour and pharmacology interventions.

Patients had access to wide range evidence based of psychological therapies as recommended by NICE, including group and individual support.

The activity schedule included evening and weekend activities, such as movie and take-away nights. Patients also had access to a pool table, gym equipment, computers with internet, books, magazines, newspapers, board games, DVDs, etc. on the ward. Staff offered both group and one to one activities. Internal audits showed that 93% of the patients had over 25 hours of meaningful activity per week and the remaining seven percent had over 21 hours.

## Assessment of needs and planning of care

## Forensic inpatient/secure wards

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. All patients on Spring Unit were registered with a local GP and could access other specialists such as optician, dentist, dietician and chiropodist.

Staff assessed and met patients' needs for food and drink. Staff monitored patients' food and fluid intake using food and fluid charts where required.

Staff supported patients to live healthier lives.

Staff used recognised rating scales such as Model of Human Occupation Screening tool (MOHOST). Staff measured patients progress and the effectiveness of their treatment at each ward round and against individual recovery goals.

Staff used technology to support patients effectively. The hospital used an online care model called 'myPath'. This monitored patient engagement levels, care planning, progress monitoring and outcome measures and was evaluated through clinical and governance frameworks within the hospital.

At the inspection in June 2017, we saw little evidence of completed audits. In this inspection we saw improvement. We found that all audits had been completed as per the provider's policy. The ward manager kept an overview of the ward's system of audits. Staff conducted monthly audits on clinical records and close observations, quarterly audits on physical health care and environmental checks, half yearly audits on blanket restrictions and yearly audits on safeguarding. The Clinical Quality and Compliance Lead conducted at least monthly internal audits, for example on frequency and quality of supervision and the use of restrictive interventions.

The ward supported patients with smoking cessation. The ward manager was the smoking cessation lead. Nicotine replacement such as patches were available.

### **Skilled staff to deliver care**

The team included the full range of specialists required to meet the needs of patients on the ward. This included nurses, healthcare assistants, a consultant psychiatrist, a specialist doctor, psychologists and assistants and students, an occupational therapist and newly recruited assistant, a recovery college worker and a speech and language therapist.

Staff were qualified, experienced and skilled to meet the patient's needs.

The provider ensured that staff received relevant specialist training. Psychologists were able to provide as required specialist training staff around working with the patient cohort. The multidisciplinary team held reflective practice monthly and after serious incidents. Doctors engaged in a bi-monthly academic programme. Managers encouraged staff to develop professionally and supported most training proposals from staff.

Nursing staff received monthly supervision. This had improved since our last inspection. Staff valued these one-to-one supervisions in which they discussed their case load, professional development and wellbeing. Supervision was recorded and the records were securely stored.

At the inspection in June 2017, we found that only 68% of staff had received an appraisal. During this inspection we saw improvement. Eighty-three percent of staff had received an appraisal. Appraisals covered training needs and professional development.

New staff received a thorough induction to the ward and patients. We interviewed a newly qualified nurse, who felt supported during their first weeks and had a planned induction and build-up of their duties on the ward.

Managers dealt with poor staff performance promptly and effectively.

### **Multidisciplinary and interagency team work**

The multidisciplinary team held regular and effective meetings. The team had weekly ward rounds, monthly staff meetings and at least monthly reflective practice.

Staff shared relevant information about patients and care at shift handover meetings. Nursing staff held handover meetings twice per day and the nurse in charge joined the handover meeting with the rest of the multidisciplinary team in the morning. The handover template covered patient's presentation and risk.

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Care co-ordinators attended regular care programme approach meetings and community treatment reviews. Staff reported that they had good relationships with the GP, commissioners and local authority social services. Care

# Forensic inpatient/secure wards

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

Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and 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 a Mental Health Act administrator who supported all the wards and reminded staff about section renewal dates, tribunal hearings and second opinion doctors. The MHA administrator carried out regular audits to ensure that the Mental Health Act was being applied correctly.

Policies and procedures on the implementation of the Mental Health Act were available and accessible by staff.

Patients had easy access to information about independent mental health advocacy. The advocate visited the ward each week.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Mental Health Act documentation was available to all staff that needed access. Section 17 leave papers were kept on the ward. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. We found that Section 17 leave forms were reviewed regularly by the multidisciplinary team and all had a start date and review date.

Care plans where appropriate, included Section 117 aftercare services, which must be detailed where the patient has been detained under some sections of the MHA. The manager reported that they worked in collaboration with other agencies, such as the local authority, care co-ordinators and commissioners to ensure that aftercare arrangements were in place.

## Good practice in applying the Mental Capacity Act

The majority of staff had undertaken training in the Mental Capacity Act. There were no patients subject to the Deprivation of Liberty Safeguards.

Staff had a good understanding of the Mental Capacity Act and were able to explain how they worked with patients in a way that promoted their understanding and participation in decision making.

Decision specific assessments were completed where patients lacked capacity to consent to a specific decision.

Patients had access to an independent mental capacity advocate if required.

## Are forensic inpatient/secure wards caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours towards patients showed respect, dignity and responsiveness. We observed caring and positive interactions between staff and patients.

Staff supported patients to understand and manage their care, treatment or condition through one to one sessions, MDT reviews, care and treatment reviews (CTR) and care programme approach (CPA) meetings.

The majority of patients said they were supported and respected by staff, but one patient commented they were not.

Staff showed commitment to understanding each patient and their individual needs including their personal, cultural, social and religious needs. Staff told us there was an open culture within the staff team and they would be confident in raising any concerns about disrespectful or discriminatory behaviour without fear of the consequences.

Staff maintained patient confidentiality and knew what information could be shared with whom and when.

## Involvement in care

### Involvement of patients

Staff provided information and orientation on the ward to newly admitted patients. Patients received a welcome pack on admission with information on groups and activities, the team, timings and complaint procedures.

# Forensic inpatient/secure wards

Staff engaged patients in their care planning. Patients received a copy of their plan.

Staff communicated with patients so that they understood their care and treatment.

Patients could provide feedback on the service and staff acted on this. Patients had input in the daily planning meetings and monthly service user meetings. Patients mainly provided feedback through the weekly community meeting.

A “you said, we did” board was displayed on the ward, showing how staff had implemented changes based on patient feedback. For example, staff started wearing gloves when serving meals and had organized Halloween activities. The community meeting minutes showed that staff had taken action on concerns from patients.

Patients knew how to access advocacy services.

## Involvement of families and carers

Staff enabled patients to involve their family and carers. The ward manager said that carers were invited to care planning meetings and were welcomed to ward rounds. Staff understood the importance of involving family and carers, with the patient’s permission.

Carers could join the quarterly carer’s forum where they could give feedback on the service.

**Are forensic inpatient/secure wards responsive to people’s needs?**  
(for example, to feedback?)

Good 

## Access and discharge

### Bed management

From February to July 2018, the ward had an average bed occupancy of 98%.

The average length of stay for patients discharged between August 2017 and July 2018 was 530 days, which was a decrease from the 552 days in the 12 months before.

The service took referrals from the south of England, as this was a low secure service, placements were commissioned by NHS England. Some patients were placed outside of their home geography.

Patients returning from leave always had a bed available. Patients never moved between wards for non-clinical reasons.

If patients’ mental health deteriorated and they could not be safely managed on the ward, staff could refer patients to other services where patients could be nursed in conditions of medium security. When patients were moved or discharged, this happened at an appropriate time of day.

## Discharge and transfers of care

The ward manager identified two patients on delayed discharge at the time of inspection. This related to the challenges of finding an appropriate community placement.

Staff planned patient’s discharge well in advance. Staff worked with care coordinators and the home authority to update them on patient progress and plan for discharge.

Staff supported patients during transition to other services. Staff had accompanied patients on introduction days to other services they would be moving on to.

## Facilities that promote comfort, dignity and privacy

All patients had their own bedrooms. Patients could personalise bedrooms if they wished with pictures. Each room had storage space for patients’ possessions.

Staff and patients had access to the full range of rooms and equipment to support treatment and care.

Patients could access quiet areas. We observed that the noise levels on the ward could change considerably during the day. However, the downstairs part of the ward and the garden were overall quieter and patients could use the quiet sensory room there. The ward had sufficient communal areas for patients to be able to find their own space without having to stay in their bedroom.

Patients had access to outside space. Patients without leave had access to the ward’s garden, adjacent to the security office. The garden was large enough for activities such as badminton.

Patients could use a cordless phone to make private phone calls.

## Forensic inpatient/secure wards

Patient information was kept confidential. There was no confidential information visible in the nursing office, clinic room or other communal areas.

Patients gave mixed reviews on the food. Three patients found the food tasty and varied. Two said that food portions were too small and that the flavours were too strong. Patients could prepare their own food. Some patients occasionally prepared their own meals in the occupational therapy kitchen. Basic food items such as herbs and oil were available. Patients could store their food in the fridge.

Patients had access to make hot drinks and snacks day and night. The small kitchen adjacent to the upstairs dining room had facilities to make coffee and tea.

### Patient's engagement with the wider community

Patients could engage with the wider community. Patients with leave were encouraged to have their meals in the hospital's dining room, rather than in the ward's dining room, to enhance engagement. Patients with leave visited the library, sports club, community centre and one patient attended the local college twice per week.

The ward provided a variety of activities. The recovery college offered sessions on how to care for a pet, interview skills and song writing. The service had recruited staff to increase recovery college activities from two to five days per week. An English and maths tutor supported patients at least once per week. Occupational therapists offered smoothie groups, social café groups and cooking sessions.

Nursing staff organized day outings to the beach, a yearly barbeque, take-away and movie nights. Staff shared with patients their individual activity plans.

Staff gave patients work opportunities. The ward manager was in discussion with kitchen staff about a potential job opportunity for a patient in stock counts.

Staff supported patients to maintain contact with their families, carers and others that were important to them.

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

The ward was accessible to wheelchair users. People who use a wheelchair could access the first floor by lift. The ward had no steps between rooms or to access the shower.

Staff provided information to patients in an accessible form on services and care. Staff maintained information boards

on the ward with information on advocacy, community meetings and staff allocations. The ward's welcome brochure was in easy read format and contained information on how to make a complaint.

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

Eighty-four percent of staff had completed diversity training. Staff supported patients in addressing their religious needs. Staff facilitated for a priest and pastor to visit patients. Two patients attended church on Sundays. Representatives of other faiths could be contacted. Patients had access to a multi-faith room.

The service provided food that met religious needs and patient diets. Staff told us that the ward provided vegetarian and halal food. The service informed patients about the menu on the day itself.

### Listening to and learning from concerns and complaints

From October 2017 to July 2018, the provider had received four complaints concerning Springs Unit. None was upheld. Information about how to make a complaint was displayed on the ward and was included in patients' welcome pack.

The patients we interviewed preferred to take up concerns directly with the ward manager, rather than through more formal processes. Patients were satisfied with how these were dealt with.

Staff knew how to handle complaints appropriately. Staff protected patients who raised concerns or complaints from discrimination and harassment.

### Are forensic inpatient/secure wards well-led?

Good 

### Leadership

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



# Forensic inpatient/secure wards

Staff members were encouraged to take up leadership tasks and develop professionally. Ward staff could represent the ward at the hospital's daily safety meeting. The ward manager used to be clinical team lead on the ward. The ward had two preceptorship nurses.

The ward manager and senior staff were approachable and supportive. All interviewed staff valued the ward manager's supportive management style and approachability. Patients also felt they could approach the ward manager easily. Staff said that senior managers were visible in the service.

## Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff were familiar with the organisation's values of helpful, responsible, respectful, honest and empathic. Staff spoke proudly of the values in place and how these supported patient's recovery journey.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service, through the staff induction programme, away days and ward team meetings

## Culture

Staff felt supported in their work and reported good morale. Staff was overall positive about the support from the team and ward manager. The staff we spoke to were happy in their role. A contracted agency staff member felt as well valued in the team as permanent staff members.

Staff knew how to use the providers whistle blowing process and felt able to raise concerns without fear of retribution. Teams worked well together and where there were difficulties these were addressed promptly and appropriately.

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

Black and minority ethnic staff reported no incidents of discrimination by other staff or the provider. They had however experienced verbal racial abuse by patients.

## Governance

Overall, effective systems and processes were in place to ensure the safe and effective running of the ward. There were clear responsibilities, roles, processes and systems of accountability. We found that governance systems had improved since our last inspection.

The hospital had a clear governance framework at ward level, which local leaders oversaw and fed into the providers overarching governance structure and assurance framework.

Staff carried out checks to ensure the ward was clean, well-maintained and safe for patients. Incidents were reported, investigated, monitored and learning shared. The manager ensured staffing levels were appropriate to meet the needs of patients. Overall, staff were trained and supported to carry out their roles and provided with opportunities for professional development. The multi-disciplinary team worked in collaboration with patients, carers and external stakeholders to provide effective, holistic, care planning, risk management and discharge planning. Staff ensured that legal requirements were met in relation to the Mental Health Act and the Mental Capacity Act.

Some improvements in governance were required to ensure that all staff undertook mandatory training, to ensure that equipment was calibrated and that risks from potential ligature anchor points were mitigated.

There was a clear framework of what must be discussed at a ward and governance meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. A hospital wide safety huddle took place each morning. Senior leaders at the hospital attended this meeting which addressed staffing levels, policy updates, incidents and any other important updates that affected the day-to-day running of the hospital.

Staff undertook or participated in local clinical audits to ensure they were providing good care. Action plans were in place to follow up on issues identified so that improvements could be made.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. We saw examples, of partnership working with social services, commissioners and local general practitioner. This ensured that patients received co-ordinated person-centred care.

# Forensic inpatient/secure wards

## Management of risk, issues and performance

There were systems to assess, monitor and manage risks to patient safety. Staff told us they could escalate concerns through their managers when this was necessary. The hospital risk register was reviewed at the monthly clinical governance meeting attended by the senior management team. The risks for the hospital included an ongoing programme of reducing ligature risks, fire safety with regards to the older parts of the hospital and training, supervision and appraisal compliance.

Contingency plans were in place for adverse weather or a flu outbreak. The hospital had a business contingency plan in case of an emergency.

## Information management

Staff used the systems in place to collect data from the ward, and had access to the equipment and information technology needed to do their work. Information governance systems included confidentiality of patient records.

The ward manager had access to information to support them with their management role. This included information on the performance of the ward, staffing and patient care. Patient care was monitored through the use of the 'myPath' model. This included care planning, outcomes and patient engagement levels.

Staff made notifications to external bodies as needed. Staff provided notifications on patients absent without leave, allegations of abuse and any incidents involving the police to the Care Quality Commission (CQC) as required.

## Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider. The hospital provided staff with information through the intranet, staff newsletters and communication dashboard. The provider had a comprehensive website and social media to keep the public informed of the work they were undertaking to support patients, families and carers.

The hospital sent satisfaction surveys out to both patients and carers to seek feedback. Senior managers had recognised that the return rate for these surveys was low. They had plans in place to increase engagement with carers and had a corporate expert by experience who visited patients and feedback into the quality governance meetings.

A former patient had been recruited as an expert by experience for the service.






## Learning, continuous improvement and innovation

The ward was a member of the Royal College of Psychiatry Network for forensic mental health services. The ward received peer reviews from staff from similar services and senior staff learned by peer reviewing other similar wards.

The service had a quality improvement plan in place, progress against which was monitored each month.

# Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Requires improvement 

### Safe and clean environment

#### Safety of the ward layout

Staff carried out regular risk assessments of the care environment to ensure that patients were safe. Staff completed records of environmental checks which they carried out on each shift. Any hazards or maintenance issues were followed up promptly and discussed in the handover.

The ward layout allowed staff to observe most parts of the ward and communal areas. The ward was situated over two floors. Blind spots identified on the stairwells were mitigated by staff carrying out regular safety checks, patient observations, use of convex mirrors and CCTV.

A ligature risk assessment had been completed by the hospital health and safety advisor. Staff mitigated ligature risks through individual care planning and staff supervision. For example, ligature points identified in the laundry room were mitigated by the laundry being locked and only accessed under staff supervision.

Anti-ligature fittings such as taps, door handles and showers were installed in individual bedrooms and communal toilets and bathroom.

Ligature cutters were available in the nursing office. They were clearly labelled and visible and staff knew where they were kept.

Springs Wing accommodated male patients only.

Staff had access to personal alarms and patients could access wall-mounted alarms in bedrooms and communal toilets and bathroom. However, the alarm system on Springs Wing was not connected to the main hospital alarm system. Staff reported that they used the hospital radio system if they needed emergency support from the main hospital.

#### Maintenance, cleanliness and infection control

Patients were provided with care in a clean and hygienic environment. All areas we inspected were visibly clean, had good furnishings and were well-maintained. Domestic staff completed a record of the areas of the ward which they had cleaned.

Staff followed infection control procedures to keep patients safe. Disposable gloves, aprons and liquid gel were available. Infection control audits were carried out and staff had undertaken infection control training. Hand washing posters were displayed above sink areas.

#### Seclusion room

There was no seclusion room on the ward. If seclusion was required, staff accessed a separate facility on the hospital site. There were no recorded incidents of seclusion in the 12 months before the inspection.

#### Clinic room and equipment

The ward had a fully equipped clinic room, which was clean, well-organised and with handwashing facilities. Staff had access to appropriate equipment and emergency



# Long stay/rehabilitation mental health wards for working age adults

Good 

medicines for immediate life support. Staff checked the emergency bag weekly and ensured that the equipment and medicines were fit for use. Oxygen cylinders were available and full.

At our previous inspection in June 2017 we found that expired medical items had not been removed from the ward. During this inspection we found improvements. There were no expired medical items on the ward.

Medical equipment to carry out physical health checks such as weighing scales and blood glucose monitor was not calibrated. For example, for one patient we found that the weight records indicated that they had lost over 5kgs in one month. The ward doctor reported that this was incorrect, that the patient was being reviewed daily and at the weekly ward round. Staff had not followed up on the readings and this meant that the patient was at risk of receiving unsafe care and treatment.

## Safe staffing

### Nursing staff

The provider planned the number and grade of staff required on the ward to ensure patients were cared for safely. The manager reported that there had been a review of staffing levels since the last inspection and that staffing had increased on the ward. During the day shift there was one nurse and three nursing assistants on duty.

The ward manager could adjust staffing levels daily to take account of the needs of the patients. For example, if patients required increased observations, patient escorts, staff sickness cover and activities in the community.

The ward manager planned and reviewed the staffing skill mix to ensure patients received safe care and treatment.

Any staff shortages were responded to appropriately. The hospital operated a staff bank system and very rarely used agency staff. To ensure continuity of care for patients, staff that were familiar with the ward were booked to work.

Bank and agency staff received an induction to ensure they were familiar with the ward. Completed induction records provided bank staff with essential information for their shift.

We observed that both registered nurses and unregistered nurses (health care assistants) were present in communal areas of the ward at all times.

Patients reported that they had regular one to one sessions with their keyworkers and that escorted leave was rarely cancelled. Care records demonstrated that patients met with their keyworker regularly. Some patients were provided with one to one sessions on every shift to meet their needs.

The ward manager ensured there were always enough staff who were trained and available on each shift to safely carry out physical interventions.

During the inspection we reviewed the personnel files of five staff working at the hospital. These showed that the provider checked staff qualifications, registrations, references and character prior to their starting employment.

### Medical staff

The ward had appropriate medical cover which included a ward doctor and consultant psychiatrist to ensure that patients received co-ordinated medical treatment and care. On Springs Wing all patients were registered with a GP to support them with their physical healthcare.

Access to doctors out of hours was via an on-call system. There was no duty doctor on site at night and staff reported that in the event of an emergency they would contact the emergency services.

### Mandatory training

At our previous inspection in June 2017, we recommended the provider take action to improve mandatory training compliance. Information submitted by the provider in advance of our inspection showed that overall, 83% of staff across the hospital had completed their mandatory training. However, some training courses had a take up rate below the providers target of 80%.

Seven mandatory training courses had take up rates below 75%. These were prescription writing and administration standards (56%), recovery refresher (63%), rapid tranquillisation (64%), clozapine dose titration (69%), security awareness (71%), fire awareness (74%), information governance (74%).

A recent change in the hospitals training database, meant that accurate, up to date training records for each ward

# Long stay/rehabilitation mental health wards for working age adults

Good 

were not available at the time of the inspection. Further improvements to mandatory training were needed to ensure that all staff had received and were up to date with appropriate mandatory training.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

We reviewed six patient records and found that all patients had a comprehensive risk assessment which was up to date. The multidisciplinary team (MDT) discussed patient risk at the referral meeting to ensure the suitability of the ward in meeting the person's needs.

Risk assessments were reviewed regularly during multidisciplinary meetings, care programme approach meetings, community treatment reviews, following incidents or more frequently if there was a change in the patient's circumstance. For example, we saw updates to a patient risk assessment following an incident of disruptive behaviour.

Staff used recognised risk assessment tools such as the Historical Clinical Risk Management Tool (HCR-20) and the short-term assessment of risk and treatability (START).

### Management of patient risk

Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies and monitoring or changes in behaviour. Risk management plans included accessing the community, managing violence and aggression and specific risks in relation to people's autism such as obsessive-compulsive behaviour.

Staff worked collaboratively with patients on positive risk taking. For example, for one patient we saw that prior to overnight leave discussions around risk had taken place. Daily review risk rating reviews were undertaken by the night staff to ensure that up to date information was available.

During the inspection, we attended one multidisciplinary ward round. At this meeting staff reviewed the current risks presented by the patient and the plans in place to mitigate the risks. We observed that patients were involved in discussions about their risk management plans.

Staff followed and understood the policies and procedures for use of observation and for searching patients or their bedrooms to ensure the patient and others were safe.

Levels of observation required for individual patients were discussed and agreed with the MDT. Staff carried out routine, intermittent and enhanced observations as appropriate. Records were maintained and all patients on the ward were checked hourly.

Staff had applied a blanket restriction to patients accessing the communal toilets. On Springs wing ward staff locked the communal toilets on the ground floor. This meant that patients had to request staff to open the door when they wanted to use the toilet. From discussion with the manager and staff there was no clearly identified information about the restriction and the reasons for the restriction. This meant that unwarranted restrictions had been placed upon patients accessing the communal toilets freely. The toilets were unlocked when we raised this with the manager.

The hospital had a smoke free policy. Patients were supported with smoking cessation and nicotine replacement therapy.

Staff ensured that informal patients understood their right to leave the ward when they wished. A notice was displayed at the ward entrance stating that informal patients had the right to leave the ward.

### Use of restrictive interventions

There were no incidents of seclusion reported during the 12 months before our inspection.

There were no incidents of long-term segregation reported during the 12 months before our inspection.

Staff carried out physical interventions rarely. Between 1 February 2018 and 31 July 2018, the hospital reported that there had been three incidents of restraint involving one patient. None of the incidents of restraint were performed in the prone position or resulted in the use of rapid tranquilisation.

Staff had been trained in the use of physical interventions. Staff reported that they used physical interventions as a last resort if verbal de-escalation failed. Staff we spoke with emphasised that knowing and understanding the patient and being aware of any triggers was essential to keeping the patient and others safe. For example, for one patient staff were aware that increased levels of noise were a trigger for increased anxiety and supported the person with managing their anxiety and using diversion strategies.

# Long stay/rehabilitation mental health wards for working age adults

Good 

All staff we spoke with were aware of the providers reducing restrictive practice initiative across the hospital. The ward had a reducing restrictive practice lead on the ward. The hospital was in the process of recruiting ward patient representatives to join the hospitals reducing restrictive practice group.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint. We reviewed an incident of restraint on the ward which had been planned to give a patient a depot injection. The records demonstrated that the decision to restrain the patient took place as a last resort and was undertaken in the best interest of the patient. The patient had refused the injection despite staff encouraging them to take it voluntarily. The restraint was clearly recorded and an incident form completed.

## Safeguarding

All staff had a good understanding of safeguarding issues and knew how to make a safeguarding referral. Training in both safeguarding adults and children was delivered to staff.

Staff worked effectively and in partnership with other agencies such as social services, clinical commissioning groups and the police when making safeguarding referrals and completing safeguarding investigations.

Staff followed safe procedures for children visiting the hospital. Children did not visit the ward. Patients were able to use the visitors lounge in the main hospital.

## Staff access to essential information

Staff used a combination of electronic and paper records. For example, there was a paper record for recording physical observations such as blood pressure, temperature, pulse, weight, food and fluid charts. The electronic record was the main record that staff used.

Patient information was accessible to all staff working on the ward including bank and agency staff. Staff we spoke with knew where to locate information patient information. There were no concerns reported with accessing information.

## Medicines management

Arrangements were in place for patients to receive their medicines safely and in line with national guidance. All medicines used were within their expiry dates and were

stored appropriately. The temperature of the medicine refrigerator was checked daily and within the required range. Controlled drugs were stored correctly and balances reconciled. An external pharmacist visited the ward weekly and carried out regular audits. Where any shortfalls were identified we saw that corrective action was implemented. For example, the ward doctor was requested to review an unclear prescription.

Staff reviewed the effects of medication on patients' physical health regularly and in line with NICE guidance. For example, when patients were administered high levels of anti-psychotic medication, additional and more frequent physical health checks such as ECG and blood monitoring took place and these were documented.

## Track record on safety

The ward reported two serious incidents in the last 12 months. The hospital clinical manager had oversight of all incidents, serious incidents and investigations.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Incidents were reported using a paper based system. We viewed five recent incident records and found that they had been appropriately completed, detailed any actions taken such as debriefing the patient and contacting family members.

Staff reported all incidents that they should. For example, restraint, incidents of aggression and medicine recording errors were reported and recorded. All incidents across the hospital were discussed at the daily 'huddle' and handover meeting. All senior staff and ward managers attended the 'daily huddle' meeting and reviewed information from all the wards for the previous 24 hours and to put in place actions to address any issues in the service.

Staff and managers understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if things went wrong.

Staff received feedback from investigations of incidents so that learning and improvements could be made. Staff reported that learning from incidents was shared in a number of ways. This included feedback at individual supervision, staff meetings, handovers, lessons learnt newsletter and clinical governance meetings.

# Long stay/rehabilitation mental health wards for working age adults

Good 

Staff and patients were debriefed and received support after a serious incident. For example, we saw that both staff and a patient were offered a debriefing session following a restraint incident.

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

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

There was a holistic approach to assessing, planning and delivering care and treatment to support the rehabilitation pathway. We reviewed six care and treatment records. All six patients had detailed and timely assessments of their current mental state, previous history, physical healthcare needs and risk behaviours. Assessments were completed by nursing, medical and psychology staff and included sensory, functional behaviour and communication. All patients had a detailed positive behaviour support plan and staff used a positive behaviour approach when supporting patients.

At our previous inspection we recommended that physical health interventions were carried out consistently and in line with the patients care plan. At this inspection we found improvements had been made. Physical health interventions were being carried out in accordance with individual care plans. Regular physical health monitoring audits were taking place and any shortfalls were identified and addressed with individual staff.

Staff assessed patients' physical health needs in a timely manner after admission. There was evidence of ongoing monitoring of physical health problems. This included regular blood pressure monitoring, weights being monitored, blood tests and electrocardiography monitoring. We saw that nursing staff followed these up using the modified early warning system (MEWS) to record physical health checks. Where scores which indicated the need of refer on for further medical advice, or to increase frequency of observations staff had done so. For example, we saw additional monitoring of a patients pulse and

blood pressure monitoring due to an erratic pulse rate and dizziness. This demonstrated that patient's physical health was being monitored and reviewed appropriately and effectively.

Staff developed care plans that met the needs identified during assessment. Care plans contained up to date, holistic, personalised and recovery focused information. They reflected the patient's views, voice and involvement. Care plans detailed individual recovery goals set by the patient and the interventions required to achieve this. Care plans focused on individual strengths. The staff team worked in collaboration with individual patients. For example, we saw that a patient had been supported to write their own care plan with input from staff. Patients confirmed they were actively involved in the development and review of their care so that they could be supported in the way they wanted.

### Best practice in treatment and care

Staff provided a wide range of care and treatment interventions suitable for patients who required rehabilitation. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence, for example staff used psychosocial interventions which supported patients with social interaction, community access and integration, life skills development, managing challenging behaviour and pharmacology interventions. Patients had access to wide range evidence based of psychological therapies as recommended by NICE, including group and individual support. For example, the psychologist used adapted cognitive behavioural therapy to support a patient with their social skills.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. All patients on Spring Wing were registered with a general practitioner and could access other specialists such as optician, dentist, dietician and chiropodist. For example, we saw that staff arranged for a dentist appointment when a patient complained of tooth ache. Staff reported that they had good working arrangements with the local GP.

Staff assessed and met patients' needs for food and drink. Staff monitored patients' food and fluid intake using food and fluid charts where required.

Staff supported patients to live healthier lives. For example, care plans demonstrated that patients were provided with

# Long stay/rehabilitation mental health wards for working age adults

Good 

healthy eating advice, weight reduction and exercise programmes. Patients confirmed that they were supported to access and attend the local gym and could access support from the physical health instructor based at the hospital. Staff encouraged and supported patients to be involved in managing their health, for example the occupational therapist ran a healthy eating group.

Staff used recognised rating scales such as Health of the Nation Outcome Scales (HONOS), Model of Human Occupation Screening tool (MOHOST) and Beck's Depression Inventory to assess and record severity and outcomes. Staff measured patients progress and effectiveness of treatment at each ward round and against individual recovery goals.

Staff used technology to support patients effectively. The hospital used an online care model called 'myPath'. This monitored patient engagement levels, care planning, progress monitoring and outcome measures and was evaluated through clinical and governance frameworks within the hospital. The ward doctor reported that they had prompt access to blood test results.

At our previous inspection we found that ward staff were not fully involved in a comprehensive programme of audits. At this inspection we found this had improved. Staff participated in a wide range of clinical audits to monitor the effectiveness of the service. Audits included incidents, physical health monitoring, record keeping, medicines, completion of care programme approach (CPA), community treatment reviews (CTR), care planning and risk assessment. Audit results were discussed at team meetings and at individual supervision. Action plans were in place where shortfalls had been identified.

## **Skilled staff to deliver care**

The team included or had access to the full range of specialists required to meet the needs of patients on the ward. As well as doctors and nurses, patients had access to occupational therapists, clinical psychologists, social workers and speech and language therapists. Domestic and administrative staff supported the ward.

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. The ward manager, doctor, consultant and all the staff we spoke with were confident, experienced and knowledgeable about the needs of supporting people with autism and rehabilitation. Most of the staff had undertaken

autism training and could articulate how they supported patients with their individual needs, routines and preferred method of care. For example, a member told us they sat in the lounge regularly as they were aware that some patients had anxiety when entering the room.

New staff were provided with appropriate induction so that they could care and support patients effectively. The hospital had a comprehensive induction programme for new staff. Healthcare assistants were supported to obtain the Care Certificate.

At our last inspection we found that supervision records were brief, not stored appropriately and did not always include details of how staff were supported to develop their clinical practice. At this inspection we found that improvements had been made. We reviewed three supervision records and saw that clinical practice discussions were recorded and records were appropriately stored.

Staff confirmed that they received an annual appraisal and regular supervision sessions to discuss, case management, reflect on and learn from practice, their learning and development, work performance and any issues they had about their role at the service. Staff confirmed they had access to regular team meetings.

Staff told us they had opportunities to develop their skills and knowledge. This included trained nurses being supported with their nursing revalidation, preceptorship programmes for newly qualified nurses and nursing apprenticeship programmes for healthcare assistants. Staff received the necessary specialist training for their roles, including training in autism. The occupational therapist had been supported to access level 3 sensory training.

Poor staff performance was dealt with promptly and effectively. The ward manager told us they were supported by the human resources department to deal with poor staff performance.

## **Multidisciplinary and interagency team work**

Staff held regular and effective multidisciplinary meetings to discuss referrals, review patient risk, care and treatment and discharge planning. Patients were invited to attend the meeting. We observed one meeting and saw that the



# Long stay/rehabilitation mental health wards for working age adults

Good 

patient was provided with opportunities to feedback on their care, treatment and future goals. All members of the MDT and staff worked together to understand and meet the range and complexity of people's needs.

Staff shared information about patients at effective handover meetings within the team and at each shift change. Key information on each patient was shared including changes in patient presentation and risk. This ensured that staff coming onto the shift were provided with up to date information to care for patients safely.

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Care co-ordinators attended regular care programme approach meetings and community treatment reviews. Staff reported that they had good relationships with the GP, commissioners and local authority social services. Care plans were shared with other agencies where relevant with the permission of the patient.

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

Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The hospital had a Mental Health Act administrator that supported all the wards and reminded staff about section renewal dates, tribunal hearings and second opinion doctors. The MHA administrator did regular audits to ensure that the Mental Health Act was being applied correctly.

Policies and procedures on the implementation of the Mental Health Act were available and accessible by staff.

Patients had easy access to information about independent mental health advocacy. Posters were displayed throughout the ward. We spoke with the advocate on the ward. They reported that staff made patients aware of the advocacy service at the weekly community meeting. Patients were provided with advocacy support when they were attending ward rounds, CPA, CTR and discharge meetings.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Records showed that patients were regularly informed of their rights.

Detention papers were stored in the Mental Health Act administrator's office. These records were available to all staff that needed access to them. Section 17 leave papers were kept on the ward. Copies of consent to treatment forms were kept with the medicine administration record. Staff requested an opinion from a second opinion appointed doctor when necessary.

The ward displayed a notice to tell informal patients that they could leave the ward freely. We observed informal patients do so throughout our inspection.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. All patients we spoke with reported that there leave was rarely cancelled.

At our previous inspection we found that care plans for patients detained under sections 3 and 37 of the MHA did not include details of the patients' rights to aftercare. At this inspection we found improvements. Care plans where appropriate referred to identified Section 117 aftercare services. These aftercare services were to be provided for those who had been subject to section 3 or equivalent powers authorising admission to hospital for treatment. The manager reported that they worked in collaboration with other agencies, such as the local authority, care co-ordinators and commissioners to ensure that aftercare arrangements were in place and safeguarded the patient.

## **Good practice in applying the Mental Capacity Act**

The majority of staff had undertaken training in the Mental Capacity Act. There were no patients subject to the Deprivation of Liberty Safeguards at the time of our inspection.

Staff had a good understanding of the Mental Capacity Act and were able to explain how they worked with patients in a way that promoted their understanding and participation in decision making, for example staff repeated information to a patient to ensure that they understood and retained

# Long stay/rehabilitation mental health wards for working age adults

Good 

what was being communicated. Staff were aware that if a patient made an unwise decision this may not indicate a lack of capacity. Patients capacity was discussed at each ward round and clearly recorded in the patient record.

Staff obtained consent from patients before providing care. They understood their legal obligations on how to support people who could not consent to their own care and treatment. For example, we observed staff seeking consent about which people to invite to their community treatment review.

Decision specific assessments were completed where patients lacked capacity to consent to a specific decision. For example, we saw that assessments had been completed in relation to supporting a patient with their medicine and personal hygiene. Where appropriate staff involved family members and carers in best interest discussions and staff recognised the importance of the person's wishes, feelings, culture and history.

Patients had access to an independent mental capacity advocate if required.

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

Good 

### Kindness, privacy, dignity, respect, compassion and support

We observed staff to be respectful, discreet, responsive, kind and compassionate in all interactions with people using the service. Staff communicated in a meaningful way that patients understood.

Staff provided patients with help, emotional support and advice at the time they needed it. They respected patient's privacy and dignity and respected their individual needs, for example we observed a member of staff constantly sitting in the living room instead of the nursing station to try and engage with patients.

Staff supported patients to understand and manage their care, treatment or condition through one to one sessions, MDT reviews, care and treatment reviews (CTR) and care programme approach (CPA) meetings. The consultant met

with individual patients and family members as requested. We saw the ward doctor responding to a telephone call from a patient on leave who was concerned about their medicine. The doctor calmly reassured them and gave them plenty of time to ask questions.

Staff directed patients and carers to other services when appropriate and, if required, supported them to access those services, for example we saw that staff had supported carers with discharge planning information.

Five patients told us that they were always treated with kindness, dignity and respect by staff. They gave examples such as staff knocking on their bedroom door and seeking permission before entering. One patient explained that staff went over and above to meet their needs by providing a taxi so that they could visit family.

All staff we met showed commitment to understanding each patient and their individual needs including their personal, cultural, social and religious needs. Staff spoke about patients with warmth and respect and all interactions we observed were person-centred and not task orientated. Staff showed a strong person-centred and caring ethos and often referred to the ward as the patients' home.

Staff told us there was an open culture within the staff team and they would be confident in raising any concerns about disrespectful or discriminatory behaviour without fear of the consequences.

Staff maintained confidentiality of information about patients. Any discussions regarding patients were carried out in the nursing office and patient records were stored securely.

### Involvement in care

#### Involvement of patients

Patients told us that they received a warm welcome upon admission and a tour of the ward to ensure that they became familiar with the ward environment and staff. Staff considered how to reduce any anxiety for patients when being admitted to the ward, for example pre-admission visits were arranged where possible and each patient received a welcome booklet which contained useful information and photographs of the ward.

Staff involved patients in care planning and risk assessment. All patients we spoke with confirmed they

# Long stay/rehabilitation mental health wards for working age adults

Good 

were involved in developing and reviewing their care plans and risk assessments and worked in partnership with the team. We saw that one patient had been supported to write their own care plan and another had requested their care plan be produced in an easy read format.

Staff on the ward explored effective ways to communicate with patients with communication difficulties so that they understood their care and treatment. Upon admission all patients had a communication assessment undertaken. Where appropriate detailed communication passports were available and outlined patients preferred method of communication. For example, a patient carried laminated picture cards with them to support their communication with staff. Speech and language therapist input also helped to manage communication needs.

Patients were enabled to feedback on the service so that improvements could be made. The ward held a weekly community meeting facilitated by the occupational therapist. This enabled patients to discuss any issues and for staff to update patients on any changes to the ward and service. Meeting minutes showed that patients had provided feedback on a variety of areas including cleanliness, maintenance, meals and activities. Staff followed up on issues raised, for example housekeeping staff steam cleaned a patient's carpet after they had raised cleanliness as a concern. This showed that patients were listened to and staff acted on feedback provided.

The advocate attended the ward weekly. They supported patients as needed and encouraged the patients to be active partners in their own care.

Staff celebrated patient's achievements. For example, a leaving party was held for a patient who was due to be discharged. This gave patients and staff the opportunity to say goodbye to the patient and for staff to reflect on the patient's recovery journey.

## Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Care records showed that carers were fully involved in the patient's care. We spoke with two carers who confirmed they were actively involved in their family members care and treatment. This included attending review meetings and being involved in discharge planning.

The ward social worker supported a family member to complete a referral for respite care.

Staff enabled families and carers to give feedback on the service they received at review meetings and were encouraged to raise any concerns with the manager and ward staff so that they could be addressed. Both carers reported that staff were professional and caring in their approach to them and provided excellent care to their family member. Carers could also complete an online family and friends' satisfaction survey.

Ward social workers provided carers with information about how to access a carer's assessment.

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

Good 

## Access and discharge

### Bed management

The ward admitted patients from across the country and responded to requests for pre-admission assessments within five days. At the time of the inspection there were no vacancies and a waiting list was in operation. Referrals were received from commissioners, social services and other hospitals within the Cygnet group.

The ward provided longer term high dependency rehabilitation for patients.

Average bed occupancy in the 12 months prior to our inspection was 97%. The average length of stay on the ward in the six months before the inspection was 448 days.

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

Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient. The manager reported that patients were only moved if they required admission to the general hospital or their mental health deteriorated and they required an acute admission ward.



# Long stay/rehabilitation mental health wards for working age adults

Good 

When patients were moved or discharged, this happened at an appropriate time of day. All discharges were planned to take place in the day, so that enough time was allowed for the patient to settle into their new setting.

There had been no instances where a patient required a bed in a psychiatric intensive care unit.

## Discharge and transfers of care

The manager reported that there had been one delayed discharge in the last 12 months. The consultant psychiatrist reported that one of the main reasons for delayed discharges was identifying a suitable community placement to meet the specific needs of patients and funding.

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators, commissioners and community mental health teams. Care and treatment records showed that discharge planning was discussed at the ward round and individual CPA and CTR reviews. We saw that staff supported patients to complete 'my CTR planner' booklet and this allowed patient to provide feedback on their discharge plans.

Staff supported patients during referrals and transfers between services. We saw high quality transition plans in place for patients who were close to discharge. We observed a ward round where the MDT discussed the length of a transition period and how this supported the individual to move safely into the community. A patient who was close to discharge told us they were fully aware and involved in their transition to a new service. This included visiting the service and meeting support staff.

## Facilities that promote comfort, dignity and privacy

All patients had a ensuite bedroom with shower and toilet facility. Patients could personalise bedrooms if they wished with pictures, photographs, personal bedding and music players. Each room had storage space for patients' possessions. Staff individually assessed patients to determine their suitability to keep their own bedroom key.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. These included communal lounge with computer, television and games console, a kitchen, visitors and therapy room. However, we

found that there was no sensory room to meet patient's autism needs due to limitations with space. The provider reported that plans were in place to develop a sensory room within the main hospital.

There were quiet areas on the ward and a room where patients could meet visitors. If this was being occupied staff could use rooms within the main hospital.

Patients could make use their own phone or a cordless ward phone to make a call in private.

Patients had access to a safe and secure outside garden area adjacent to the ward. Landscaping work was taking place to the main garden area and was out of use at the time of our inspection.

Patients could make hot drinks and snacks 24/7. Catering staff provided snacks and fresh fruit. Where able patients could purchase ingredients, and prepare a meal.

## Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. For example, a patient was being supported to attend a carpentry course and another patient obtained paid employment at the hospital working with gardening staff. Patients were supported to attend further education courses.

The occupational therapist carried out a comprehensive assessment of each patient to find out their hobbies, interests and goals. Following the assessment, they developed a 'my skills' care plan with the patient, for example, we saw that a patient liked cooking and a care plan was in place to support them with this. For another patient who liked martial arts a goal had been developed for them to attend a martial arts show.

The occupational therapist provided an excellent programme of activities, which met the individual needs and preferences of each patient. The timetable was available in written and pictorial format and changed weekly. Activities included creative writing, visits to the library, relaxation and cooking groups. Patients were also provided with volunteering opportunities through the 'Stepping stones' group arranged by the charity MIND. Patients could also access the hospitals recovery college.

# Long stay/rehabilitation mental health wards for working age adults

Good 

Staff supported patients to maintain contact with their families, carers and others that were important to them. Care records demonstrated that regular contact was maintained with family members and carers as agreed with the patient.

Staff encouraged patients to develop and maintain relationships with people that mattered to them, both within the service and the wider community. The Occupational therapist was exceptional in making sure that patients were involved within the wider community and could link with other service users. For example, she ensured that patients had an opportunity to attend the London Recovery Outcomes Group. This is a meeting for current and past services users to share stories of their recovery journeys and to discuss topics, such as 'what helps me move forward in my recovery'.

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

The service made adjustments for disabled patients. The ward was located over two floors. Ground floor bedrooms and bathroom were available for patients with physical disabilities and mobility issues. Patients specific communication needs were identified at assessment and where required detailed communication passports and easy read information was provided.

Staff ensured that patients could obtain information on treatments, local services, patients' rights and how to complain. This information was displayed on notice boards throughout the ward. Staff could access translators for patients and could also have information translated for patients and carers if necessary to provide accessible information.

Meals were available to meet individual cultural, religious or dietary requirements. Patients spoke positively about the food provided at the hospital. They told us that choices were available to meet their specific needs and preferences. For example, for a patient on the ward catering staff were provided with a list of specific food items that they liked to eat and these were purchased.

Staff ensured that patients had access to appropriate spiritual support. Where required staff supported patients to attend places of worship. If required staff could arrange for religious leaders to visit the patient on the ward.

## Listening to and learning from concerns and complaints

The ward had not received any formal complaints in the 12 months leading up to the inspection.

Patients we spoke with knew how to make a complaint or raise concerns. The staff took complaints seriously and responded to them appropriately to improve the quality of care. Patients were reminded at the weekly community meeting to raise any concerns with staff or the advocate. The advocate told us that the service was very responsive in addressing any concerns patients made.

When patients complained or raised concerns, they received feedback in a timely manner. For example, a patient reported they were informed of the action the hospital managers were taking in response to the complaint they had raised.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff valued the feedback that patients provided through complaints and used this information to make improvements.

The ward manager and staff were aware of the complaints process and ensured that complaints were handled in line with the complaints policy. All complaints were logged, tracked and reviewed by the quality assurance manager and clinical governance group to ensure any learning took place.

Staff received feedback on the outcome of investigation of complaints and acted on the findings. This was through handover and team meetings. Staff gave examples of where improvements had been made following complaints they had received, for example following a patient complaint new signage had been placed in the car park to remind staff not to leave their cars unattended.

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

Good 

### Leadership

# Long stay/rehabilitation mental health wards for working age adults

Good 

The ward manager had the skills, knowledge and experience to perform their role. They had extensive experience in the management of wards for people with mental health and autism. The ward manager had been in post since August 2018.

The ward manager had a good understanding of the service they managed and could clearly explain how the ward operated and how they ensure patients received a high-quality service. The hospital manager shared information on the key areas of improvement and the actions in place to address these.

Staff reported that senior managers within the hospital and organisation visited the ward regularly and met with patients and staff. All staff said that managers were visible, approachable and responsive to the service needs. Staff believed they were committed to improving standards of care and treatment for all patients and families.

Leadership development opportunities were available, including opportunities for staff below team manager level. Staff had access to leadership development programmes and management apprenticeships to support their career development.

## Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff were familiar with the organisation's values of helpful, responsible, respectful, honest and empathic. Staff spoke proudly of the values in place and how these supported patient's recovery journey.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service, through the staff induction programme, away days and ward team meetings.

Staff had opportunities to contribute to discussions about the strategy for their ward and the hospital. For example, staff had been kept informed about the development of a new admission ward at the hospital.

## Culture

Staff felt respected, supported and valued by their managers. Staff reported that they were positive and proud

about working for the provider and their team. This was evident in all our conversations with staff who spoke highly of the culture of the hospital. Staff reported that morale was high and the Springs Wing was a good place to work.

Staff told us they felt able to raise concerns without fear of retribution. Staff knew how to use the provider's whistle-blowing process if they needed to.

The ward manager explained the process for managing poor staff performance. This included obtaining support and advice from the service manager and the provider's human resources department.

All staff we spoke with commented that there was excellent and cohesive team work to support patients with their care and treatment. This was identified as one of the strengths for staff choosing to work on Springs Wing.

Staff appraisals included conversations about career development and how it could be supported. Staff received a regular annual appraisal in the last year.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff on the ward came from diverse backgrounds and were aware of opportunities within the organisation for them to develop their careers.

Staff had access to support for their own physical and emotional health needs through an occupational health service. All new staff were provided with health screening and immunisations. The hospital provided an employee assistance programme where permanent staff and their family members or partners could access additional support such as counselling, legal and financial advice.

The provider recognised staff success within the service through a staff award scheme.

## Governance

Effective systems and processes were in place to ensure the safe and effective running of the ward. There were clear responsibilities, roles, processes and systems of accountability.

The hospital had a clear governance framework at ward level, which local leaders oversaw and fed into the providers overarching governance structure and assurance framework.

# Long stay/rehabilitation mental health wards for working age adults

Good 

Staff carried out checks to ensure the ward was clean, well-maintained and safe for patients. Incidents were reported, investigated, monitored and learning shared. The manager ensured staffing levels were appropriate to meet the needs of patients. Overall, staff were trained and supported to carry out their roles and provided with opportunities for professional development. The multi-disciplinary team worked in collaboration with patients, carers and external stakeholders to provide effective, holistic, care planning, risk management and discharge planning. Staff ensured that legal requirements were met in relation to the Mental Health Act and the Mental Capacity Act.

Some improvements in governance were required to ensure that all staff undertook mandatory training and to ensure that equipment was calibrated.

There was a clear framework of what must be discussed at a ward and governance meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. A hospital wide safety huddle took place each morning. Senior leaders at the hospital attended this meeting which addressed staffing levels, policy updates, incidents and any other important updates that affected the day-to-day running of the hospital.

Staff undertook or participated in local clinical audits to ensure they were providing good care. Action plans were in place to follow up on issues identified so that improvements could be made.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. We saw examples, of partnership working with social services, commissioners and local general practitioner. This ensured that patients received co-ordinated person-centred care.

## Management of risk, issues and performance

There were systems to assess, monitor and manage risks to patient safety. Staff told us they could escalate concerns through their managers when this was necessary. The hospital risk register was reviewed at the monthly clinical governance meeting attended by the senior management

team. The risks for the hospital included an ongoing programme of reducing ligature risks, fire safety with regards to the older parts of the hospital and training, supervision and appraisal compliance.

Contingency plans were in place for adverse weather or a flu outbreak. The hospital had a business contingency plan in case of an emergency.

## Information management

Staff used the systems in place to collect data from the ward, and had access to the equipment and information technology needed to do their work. Information governance systems included confidentiality of patient records.

The ward manager had access to information to support them with their management role. This included information on the performance of the ward, staffing and patient care. Patient care was monitored through the use of the 'myPath' model. This included care planning, outcomes and patient engagement levels.

Staff made notifications to external bodies as needed. Staff provided notifications on patients absent without leave, allegations of abuse and any incidents involving the police to the Care Quality Commission (CQC) as required.

## Engagement






Staff, patients and carers had access to up-to-date information about the work of the provider. The hospital provided staff with information through the intranet, staff newsletters and communication dashboard. The provider had a comprehensive website and social media to keep the public informed of the work they were undertaking to support patients, families and carers.

The hospital sent satisfaction surveys out to both patients and carers to seek feedback. Senior managers had recognised that the return rate for these surveys was low. They had plans in place to increase engagement with carers and had a corporate expert by experience who visited patients and feedback into the quality governance meetings.

## Learning, continuous improvement and innovation

At the time of the inspection no research or quality improvement programmes were taking place on the ward.

# Wards for people with learning disabilities or autism

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

## Are wards for people with learning disabilities or autism safe?

Requires improvement 

### Safe and clean environment

#### Safety of the ward layout

Springs centre is a locked ward located on the first floor of the hospital, it was opened in January 2018. All bedrooms and communal areas were situated on two corridors with a nursing office at the central point to allow a line of sight between the two areas of the corridor. The layout of the ward meant that most communal areas could be observed. Staff completed regular risk assessments for patients and at the time of our inspection one patient on the ward was on enhanced observations.

The hospital had undertaken an annual ligature audit which was completed in June 2018. The audit flagged ligature points that may pose a risk to patients. All patient bedrooms except one had been fitted with anti-ligature doors. Staff were aware of ligature points and had an action plan to mitigate these risks. For example, the patient bedroom where the ensuite door presented a risk was due to be replaced imminently. Staff audited the environment at every shift handover to identify any new risks. Staff kept ligature cutters in the nursing office, there were notices displayed to indicate their location.

Springs Centre accommodated male patients only.

All staff carried alarms to call for assistance when necessary. Staff completed checks on these alarms to know they were in working order. The alarm system on Springs

Centre was not connected to the main hospital alarm system. Staff reported that they used the hospital radio system if they needed emergency support from the main hospital.

However, we found that patients did not have access to any wall mounted or personal alarms in the case of an emergency. We raised this at the time of inspection. Staff told us that they were visible at all times and that the patients could easily access a member of staff immediately.

#### Maintenance, cleanliness and infection control

The ward was clean and tidy. The ward had recently been built and opened in January 2018, all furnishings were new to the ward and were comfortable.

Housekeeping staff kept cleaning records and the ward areas were visibly clean. Staff supported patients to keep their rooms clean however, we found that some patients had removed protective covers from their mattresses which meant that they could not be cleaned in accordance with infection control policies. The manager told us that this was due to patients disliking the plastic cover related to their sensory needs and that they were working with patients to find replacement mattresses.

Staff adhered to infection control principles, including handwashing. Handwashing posters were visible in kitchen and toilet areas.

#### Seclusion room

The ward did not have a seclusion room. If seclusion was required patients would be transferred to the seclusion room based on the Springs Unit adjacent to the ward.

#### Clinic room and equipment



# Wards for people with learning disabilities or autism

The ward had a clinic room which was fully equipped. An emergency equipment bag was stored in the nursing office. This contained appropriate equipment in the event of a physical health emergency including oxygen, defibrillator, aspirin and auto-injectors of adrenaline. Staff checked these regularly.

Medical equipment to carry out physical health checks such as weighing scales and blood pressure monitors was not calibrated. There were “I am clean” stickers in place within the clinic which ensured that equipment was clean to prevent any risk of infection.

## Safe staffing

### Nursing staff

The ward ensured that safe levels of staffing were maintained at all times. The ward employed 11 substantive members of staff. At the time of inspection there were seven vacancies for registered nurses and two vacancies for unregistered nurses (healthcare assistants). These vacancies were being recruited to and agency nurses were filling the vacant roles. Two agency nurses were on long term contracts.

Between opening in January 2018 and 31 October 2018 the staff sickness rate for this core service was 2.1%. This was below the national average of 3 to 4%. During this time period seven members of permanent staff had left the service. Of the staff who left one member of staff joined the psychology team and two staff remained on the nursing bank for the hospital. The manager told us that the other staff who left did not want to work with higher levels of acuity when the crisis beds were open. The provider recognised that there were difficulties recruiting registered nurses.

The service calculated the number of staff needed on each shift using a matrix provided by Cygnet Health Care. This meant that the amount of staff increased according to the number of patients on the ward and the level of patient acuity. There was a minimum of two registered nurses on each shift and three unregistered nurses to a maximum of 14 patients. We found that the ward had filled all vacant shifts caused by sickness, absence or vacancies. Staff told us they would be flexible to meet staffing levels. For example, they would swap shifts or move staff from other wards within the hospital to fulfil the shift.

When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward and the patients’ needs.

There was always a registered nurse available to patients in the communal areas of the ward. Patients told us that they regularly received a one-to-one time with their named nurse. For one patient with increased needs, we saw they received up to three one-to-one sessions a day.

Outings and leave were rarely cancelled due to staff shortage. Patients told us they were able to access leave mostly without delay.

Overall 83% of staff on the ward were trained in the prevention and management of violence and aggression (PMVA) therefore were trained to safely restrain patients, should this be required following de-escalation.

During the inspection we reviewed the personnel files of five staff working at the hospital. These showed that the provider checked staff qualifications, registrations, references and character prior to their starting employment.

### Medical staff

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The ward employed two doctors, one consultant psychiatrist with a specialist qualification in learning disabilities and a junior doctor. The consultant worked on the ward for four days a week and the junior doctor was full time. At night the hospital had out of hours medical cover provided by doctors’ familiar with the hospital and a consultant psychiatrist.

### Mandatory training

At our previous inspection of this hospital in June 2017, we recommended the provider take action to improve mandatory training compliance. Information submitted by the provider in advance of our inspection showed that overall, 83% of staff across the hospital had completed their mandatory training. However, some training courses had a take up rate below the providers target of 80%.

Seven mandatory training courses had take up rates below 75%. These were prescription writing and administration

# Wards for people with learning disabilities or autism

standards (56%), recovery refresher (63%), rapid tranquillisation (64%), clozapine dose titration (69%), security awareness (71%), fire awareness (74%), information governance (74%).

A recent change in the hospitals training database, meant that accurate, up to date training records for each ward were not available at the time of the inspection. Further improvements to mandatory training were needed to ensure that all staff had received and were up to date with appropriate mandatory training.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

We looked at the care and treatment records of four patients. Staff completed a risk assessment of every patient on admission and updated it regularly, including after any incident. Staff used a recognised risk assessment tool called Short-Term Assessment of Risk and Treatability (START). Patients' risk assessments were detailed and up to date.

Ward staff also used other risk assessment tools such as the Historical Clinical Risk Management (HCR-20) which is a violence risk assessment tool.

### Management of patient risk

Staff identified and responded to changing risks to, or posed by, patients.

Staff followed good policies and procedures for use of observation and for searching patients or their bedrooms. Patients' risk behaviours were discussed at each handover of shift and at the weekly multidisciplinary ward round. Observation levels were reviewed and changed as needed. For example, when a patient presented with increased risk of self-harming behaviour, their observations had been increased. Staff undertook both planned and random searches in accordance with the hospital search policy on a regular basis to ensure a safe environment.

Staff applied blanket restrictions on patients' freedom only when justified. The ward had a list of prohibited items including lighters.

The ward was smoke free with no reports of patients smoking. For patients who wished to smoke and were able to take leave, there was a smoking area at the front of the hospital. Patients were supported with smoking cessation and nicotine replacement therapy.

At the time of inspection there were no informal patients on the ward. Staff told us they understood that informal patients could freely leave the ward.

### Use of restrictive interventions

Between 1 February 2018 to the time of inspection 13 patients from the Springs Centre had been nursed in seclusion. This represented the highest number of seclusions compared to the other wards in the hospital. However, the manager told us that in June 2018 the ward closed the two crisis beds due to the disruption to other patients. Since the closure of the crisis beds the number of patients being nursed in seclusion had reduced significantly.

There were no long-term segregation of any patients since the ward had opened in January 2018.

Between 1 February 2018 and 31 July 2018 there were 32 incidents of restraint of which 13 were in the prone position. Staff told us that prone restraint was used only for the administration of medication for rapid tranquillisation. The restraints involved nine different patients and staff we spoke to told us these incidents occurred when patients were admitted to the crisis beds.

Between 1 September 2018 and 31 October 2018 there have been three episodes of restraint recorded, none of which were prone.

Staff used restraint only after de-escalation had failed. We found that every patient had an individualised care plan which specified how staff could support the patient when they became distressed to de-escalate them.

The provider had an ongoing initiative to reduce restrictive practice across the hospital. We found that ward staff were actively trying to reduce restrictive interventions and blanket rules, this included reviewing CCTV footage from restraint incidents and de-brief discussions for both staff and patients following incidents.

All staff and patients on the ward received a de-brief following an episode of restraint and all episodes of prone restraint were reviewed in monthly information governance meetings by managers.

Staff followed NICE guidance when using rapid tranquillisation including undertaking physical healthcare observations such as blood pressure, respiration rate and



# Wards for people with learning disabilities or autism

temperature at specified intervals following administration of rapid tranquilisation. This meant that patients were closely monitored for any adverse side-effects from the medication.

We found that seclusion records were kept in paper form and audited regularly by a senior clinician and manager to ensure seclusion was used appropriately and followed best practice guidance.

## Safeguarding

Across the hospital 84% of staff were trained in safeguarding adults. Staff we spoke to knew how to make a safeguarding alert and who the hospital's safeguarding lead was. The hospital had a clear system in place for making referral to the local safeguarding authority. Safeguarding alerts were notified to the Care Quality Commission in a timely way and investigated by the provider in accordance with their policies. In the twelve months prior to inspection the hospital had made five safeguarding referrals to the local authority. At the time of inspection there were no safeguarding investigations related to the ward.

Staff gave examples of how to protect patients from harassment and discrimination for example when a patient identified as transgender staff were supportive of the patient's gender identity and used the preferred pronoun and name.

Staff told us that visits that involved children took place in the visitors' room off the ward and that these visits would be risk assessed by the social worker and supervised by staff or an appropriate adult.

## Staff access to essential information

The hospital used a combination of electronic notes and paper notes. The majority of patient information was kept in paper form in large folders. Staff did not report any difficulties in having a mix of the two systems. All patient care records were stored securely in locked cabinets and offices. Agency staff were able to access all information relevant to undertaking their roles.

## Medicines management

Staff followed good practice in medicines management including administration and reconciliation of medicines. An external pharmacist visited the ward on a weekly basis and audits were completed and results fed back directly to

the ward manager. Medicines were stored in locked medicine cupboards in the ward clinic room. The clinic room had temperature control systems in place and a locked fridge for those medicines requiring refrigeration. Staff recorded room and fridge temperatures on a daily basis. We looked at records that showed temperatures were within the recommended ranges.

Patients who were on high dose antipsychotic medication were regularly monitored for side effects and this information was recorded on a specific form. This side effect monitoring was in line with the Royal College of Psychiatrists guidance. We looked at five prescription charts and found that one patient when they received prn medication would be on high dose antipsychotic regime however this had not been recorded. We raised this at the time of inspection and staff acted immediately to ensure that the patient was monitored.

## Track record on safety

The ward had two serious incidents in the twelve months prior to this inspection. Both incidents had been recorded and investigated by the provider and recommendations were shared amongst staff.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Incidents were recorded using a paper system. The ward manager and hospital health and safety lead reviewed all incidents in a timely way.

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

Staff received feedback from investigation of incidents, for example the manager told us that a recent incident on another ward meant that an emergency response to an incident on the ward was slower due to a member of staff using the telephone to summon assistance. This incident had lessons learnt and we found that staff were aware of the recommendations.

Nursing staff received a daily end of shift de-brief on every shift to discuss what could have gone better. All staff we spoke to told us they received de-brief following incidents.

# Wards for people with learning disabilities or autism

**Are wards for people with learning disabilities or autism effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

There was a holistic approach to assessing, planning and delivering care and treatment to patients. We reviewed four care and treatment records. Each had a detailed and timely assessments of their current mental state, previous history, physical healthcare needs and risk behaviours. Assessments were completed by nursing, medical and psychology staff and included sensory profiles, functional behaviour and communication. All patients had a detailed positive behaviour support (PBS) plan and staff used a positive behaviour approach when supporting patients. Two of the patient had easy read versions of their care plans which was appropriate for their level of learning disability.

Physical health interventions were being carried out in accordance with individual care plans. For example, we reviewed a care record for a patient with diabetes and found that their physical health needs including specialist referrals were recorded. The manager ensured regular physical health monitoring audits were taking place and any shortfalls were identified and addressed with individual staff.

Staff assessed patients' physical health needs in a timely manner after admission. There was evidence of ongoing monitoring of physical health problems. This included regular blood pressure monitoring, weights being monitored, blood tests and electrocardiography monitoring. We saw that nursing staff followed these up using the modified early warning system (MEWS) to record physical health checks. The ward doctor was able to take bloods on site and could telephone for these results if they were needed urgently. Where MEWS scores indicated the need of refer on for further medical advice, or to increase frequency of observations staff had done so. For example, we saw additional monitoring of a patients pulse and

blood pressure monitoring and temperature when they reported feeling unwell. This demonstrated that patient's physical health was being monitored and reviewed appropriately and effectively.

Staff developed care plans that met the needs identified during assessment. Care plans contained up to date, holistic, personalised and recovery focused information. They reflected the patient's views, voice and involvement. Care plans detailed individual recovery goals set by the patient and the interventions required to achieve this. Care plans focused on individual strengths. The staff team worked in collaboration with individual patients. For example, we saw that patients had been supported to contribute to their own care plan with input from staff. Patients told us they were actively involved in the development and review of their care so that they could be supported in the way they wanted.

## Best practice in treatment and care

Staff provided a wide range of care and treatment interventions suitable for patients with autism and or learning disabilities. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence, for example staff used psychosocial interventions which supported patients with social interaction, community access and integration, life skills development, managing challenging behaviour and pharmacology interventions. All patients whose records we looked at had a communication passport which identified their communication needs and supportive interventions. Patients had access to wide range evidence based of psychological therapies as recommended by NICE, including group and individual support. For example, the psychologist used adapted cognitive behavioural therapy to support a patient with their social skills.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. All patients on Spring Centre were registered with a general practitioner and could access other specialists such as optician, dentist, dietician and chiropodist. For example, we saw that a patient with diabetes had an appointment with the local diabetic clinic arranged. Staff reported that they had good working arrangements with the local GP.

# Wards for people with learning disabilities or autism

Staff assessed and met patients' needs for food and drink. Staff monitored patients' food and fluid intake using food and fluid charts where required.

Staff supported patients to live healthier lives. For example, care plans demonstrated that patients were provided with healthy eating advice, weight reduction and exercise programmes. Patients we spoke to confirmed that they were supported to access and attend the local gym. Staff encouraged and supported patients to be involved in managing their health, for example patients could access the gardening group, walking groups and table tennis.

Staff used recognised rating scales such as Health of the Nation Outcome Scales (HONOS), Model of Human Occupation Screening tool (MOHOST). Staff measured patients progress and the effectiveness of their treatment at each ward round and against individual recovery goals.

Staff used technology to support patients effectively. The hospital used an online care model called 'myPath'. This monitored patient engagement levels, care planning, progress monitoring and outcome measures and was evaluated through clinical and governance frameworks within the hospital. The ward doctor reported that they had prompt access to blood test results.

Staff participated in a wide range of clinical audits to monitor the effectiveness of the service. Audits included incidents, physical health monitoring, record keeping, medicines, completion of care programme approach (CPA), community treatment reviews (CTR), care planning and risk assessment. Audit results were discussed at team meetings and at individual supervision. Action plans were in place where shortfalls had been identified.

## Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients on the ward including the consultant psychiatrist who was a learning disabilities specialist. As well as doctors and nurses, patients had access to occupational therapists, clinical psychologists, social workers and speech and language therapists. Domestic and administrative staff supported the ward.

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. The ward manager, doctor, consultant and all the staff we spoke with were confident, experienced and

knowledgeable about the needs of supporting people with autism. Most of the staff had undertaken autism training and could articulate how they supported patients with their individual needs, routines and preferred method of care. For example, staff had developed PBS summary sheets which identified individual patient triggers and behaviours, what helped them and what things staff should avoid doing to minimise any distress.

New staff were provided with appropriate induction so that they could care and support patients effectively. The hospital had a comprehensive induction programme for new staff. Healthcare assistants were supported to obtain the Care Certificate.

We reviewed six supervision records and saw that clinical practice discussions were included in supervision sessions and that supervision records were appropriately stored. A new ward manager had taken up post in July 2018. Since they had been in post, regular monthly supervision had been carried out. A supervision tree that identified who should be supervising which staff was in place. Prior to the current ward manager taking up post, staff on the ward had not been regularly supervised.

Staff confirmed that they received an annual appraisal and regular supervision sessions to discuss, case management, reflect on and learn from practice, their learning and development, work performance and any issues they had about their role at the service. Staff confirmed they had access to regular team meetings.

Staff told us they had opportunities to develop their skills and knowledge. This included trained nurses being supported with their nursing revalidation, preceptorship programmes for newly qualified nurses and nursing apprenticeship programmes for healthcare assistants. Staff received the necessary specialist training for their roles, including training in autism.

Poor staff performance was dealt with promptly and effectively. The ward manager told us they were supported by the human resources department to deal with poor staff performance.

## Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings to discuss referrals, review patient risk, care and treatment and discharge planning. Patients were invited to attend the meeting. We observed one meeting and saw that the

# Wards for people with learning disabilities or autism

patient was provided with opportunities to feedback on their care, treatment and future goals. Members of the multidisciplinary team and nursing staff worked together to understand and meet the range and complexity of people's needs.

Staff shared information about patients at effective handover meetings within the team and at each shift change. Key information on each patient was shared including changes in patient presentation and risk. This ensured that staff coming onto the shift were provided with up to date information to care for patients safely.

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Care co-ordinators attended regular care programme approach meetings and community treatment reviews. Staff reported that they had good relationships with the GP, commissioners and local authority social services. Care plans were shared with other agencies where relevant with the permission of the patient.

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

Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and 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 a Mental Health Act administrator that supported all the wards and reminded staff about section renewal dates, tribunal hearings and second opinion doctors. The MHA administrator carried out regular audits to ensure that the Mental Health Act was being applied correctly.

Policies and procedures on the implementation of the Mental Health Act were available and accessible by staff.

Patients had easy access to information about independent mental health advocacy. Posters were displayed throughout the ward. Patients were able to access advocacy support when they were attending ward rounds, Care Programme Approach meetings, Care and Treatment Reviews and discharge meetings.

Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. Records showed that patients were regularly informed of their rights.

Detention papers were stored in the Mental Health Act administrator's office. These records were available to all staff that needed access to them. Section 17 leave papers were kept on the ward. Copies of consent to treatment forms were kept with the medicine administration record. Staff requested an opinion from a second opinion appointed doctor when necessary.

The ward displayed a notice to tell informal patients that they could leave the ward freely. There were no informal patients at the time of our inspection.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. We found that Section 17 leave forms were reviewed regularly by the multidisciplinary team and all had a start date and review date.

Care plans where appropriate, included Section 117 aftercare services, which must be detailed where the patient has been detained under the MHA. The manager reported that they worked in collaboration with other agencies, such as the local authority, care co-ordinators and commissioners to ensure that aftercare arrangements were in place.

## **Good practice in applying the Mental Capacity Act**

Staff had a good understanding of capacity issues. Staff we spoke to knew the five guiding principles when considering capacity. They also understood that capacity assessment should relate to specific decisions. Any concerns regarding patient capacity were reviewed in weekly MDT meetings.

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

The provider had a policy on the Mental Capacity Act. Staff were aware of the policy and had access to it. Staff were able to get advice from senior staff including doctors regarding the Mental Capacity Act.

We found that one patient had a capacity assessment completed in relation to their finances and a court of protection order had been put in place.

# Wards for people with learning disabilities or autism

Staff gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it. We saw that staff had undertaken a capacity assessment in relation to a patient's food intake to help support them to reduce their calorie intake.

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

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

## Are wards for people with learning disabilities or autism caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

We observed staff to be respectful, discreet, responsive, kind and compassionate in all interactions with people using the service. Staff communicated in a meaningful way that patients understood. We found that one patient who required lots of reassurance throughout the day was well supported by staff.

Staff provided patients with help, emotional support and advice at the time they needed it. They respected patient's privacy and dignity and respected their individual needs. Whilst on inspection a patient approached the psychiatrist requesting to speak with them and the doctor immediately took them to a private room to facilitate their needs.

Staff supported patients to understand and manage their care, treatment or condition through one to one sessions, MDT, CTR and CPA meetings. The consultant met with individual patients and family members regularly.

Four patients told us that they were always treated with kindness, dignity and respect by staff. They said that staff understood their individual needs and their mental health condition.

All staff we met showed a good level of understanding for each patient and their individual needs including their personal, cultural, social and religious needs. Staff spoke about patients with warmth and respect and all interactions we observed were person-centred.

Staff told us there was an open culture within the staff team and they would be confident in raising any concerns about disrespectful or discriminatory behaviour without fear of the consequences.

Staff maintained confidentiality of information about patients. Any discussions regarding patients were carried out in the nursing office and patient records were stored securely.

### Involvement in care

#### Involvement of patients

Patients told us that they were welcomed to the ward and shown around to ensure that they became familiar with the ward environment and staff. Staff considered how to reduce any anxiety for patients when being admitted to the ward, for example pre-admission visits were arranged where possible and each patient received a welcome booklet which contained useful information and photographs of the ward.

Staff involved patients in care planning and risk assessment. All patients we spoke with confirmed they were involved in developing and reviewing their care plans and risk assessments and worked in partnership with the team.

Staff on the ward explored effective ways to communicate with patients with communication difficulties so that they understood their care and treatment. Upon admission all patients had a communication assessment undertaken. Where appropriate detailed communication passports were available and outlined patients preferred method of communication. Speech and language therapist input was available to support patients with communication needs.

Patients were enabled to feedback on the service so that improvements could be made. The ward held a weekly community meeting facilitated by the staff. This enabled patients to discuss any issues and for staff to update patients on any changes to the ward and service.

The advocate attended the ward weekly. They supported patients as needed and encouraged the patients to be active partners in their own care.

#### Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Care records showed that carers were fully



# Wards for people with learning disabilities or autism

involved in the patient's care. We spoke with four carers who confirmed they were actively involved in their family members care and treatment. This included attending review meetings and being involved in discharge planning.

Staff enabled families and carers to give feedback on the service they received at care and treatment review meetings and were encouraged to raise any concerns with the manager and ward staff so that they could be addressed. Carers we spoke to had also completed an online family and friends' satisfaction survey. Carers also told us that the service was improving and concerns they had fed back about the service after the ward had initially opened had been listened to and addressed.

Ward social workers provided carers with information about how to access a carer's assessment.

## Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good 

### Access and discharge

#### Bed management

The ward admitted patients from across the country and responded to requests for pre-admission assessments within five days. At the time of the inspection there were no vacancies and a waiting list was in operation. Referrals were received from commissioners, social services and other hospitals within the Cygnet group.

When the ward opened, two beds were classified as crisis beds, for patients requiring urgent admission in response to a sudden deterioration in their mental health. The ward closed its two crisis beds in June 2018 as leaders at the hospital recognised that it could not appropriately meet the needs of patients in crisis.

Average bed occupancy since opening in January 2018 was 75%. Average length of stay on the ward in the six months prior to the inspection was 123 days.

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

Patients were not moved between wards during an admission episode unless it was justified on clinical grounds. The manager reported that patients were only moved if they required admission to the general hospital or their mental health deteriorated and they required an acute admission ward.

When patients were moved or discharged, this happened at an appropriate time of day. All discharges were planned to take place in the day, so that enough time was allowed for the patient to settle into their new setting.

### Discharge and transfers of care

The manager reported that there had been one delayed discharge since the ward had opened in January 2018. The consultant psychiatrist reported that one of the main reasons for delayed discharges was identifying a suitable community placement to meet the specific needs of patients and funding delays.

Staff planned for patients' discharge, including good liaison with care managers/co-ordinators, commissioners and community mental health teams. Care and treatment records showed that discharge planning was discussed at the ward round and individual CPA and CTR reviews.

### Facilities that promote comfort, dignity and privacy

All patients had their own bedrooms with an ensuite shower and toilet facility. Patients could personalise bedrooms if they wished with pictures, photographs, personal bedding and music players. Each room had secure storage space for patients' possessions.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. These included a communal lounge with computer, television and games console, a kitchen, visitors and therapy rooms. However, there was no sensory room to meet patient's autism needs due to limitations with space. The manager reported that the ward was being reconfigured so that a sensory room and a de-escalation were available on the ward. The provider told us subsequently that building works were planned to start between January and June 2019.

Patients could use their own phone or a cordless ward phone to make a call in private.

Patients had access to a safe and secure outside garden area adjacent to the ward. Landscaping work was taking

# Wards for people with learning disabilities or autism

place to the main hospital garden so it was currently out of use. Patients were able to use the smaller garden area adjacent to the ward to access outdoor space and walks in the local area.

Patients could make hot drinks and snacks 24/7. Catering staff provided snacks and fresh fruit. Where able patients could purchase ingredients, and prepare a meal.

## Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. For example, a patient was attending the hospitals recovery college regularly. Patients were supported to attend further education courses.

The occupational therapist carried out a comprehensive assessment of each patient to find out their hobbies, interests and goals. The occupational therapist provided a comprehensive programme of activities, which met the individual needs and preferences of each patient. The timetable was available in written and pictorial format and changed weekly. Activities included creative writing, visits to the library, relaxation and cooking groups. Patients were also provided with volunteering opportunities through the 'Stepping stones' group arranged by the charity MIND.

Staff supported patients to maintain contact with their families, carers and others that were important to them. Care records demonstrated that regular contact was maintained with family members and carers as agreed with the patient.

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

The service made adjustments for disabled patients. The ward was located on the first floor and could be accessed by a lift.

Patients specific communication needs were identified at assessment and where required detailed communication passports and easy read information was provided.

Staff ensured that patients could obtain information on treatments, local services, patients' rights and how to complain. This information was displayed on notice boards throughout the ward this information was in easy read formats. Staff could access translators for patients and could also have information translated for patients and carers if necessary to provide accessible information.

Meals were available to meet individual cultural, religious or dietary requirements. Patients spoke positively about the food provided at the hospital. They told us that choices were available to meet their specific needs and preferences. For example, for a patient on the ward catering staff were provided with a list of specific food items that they liked to eat and these were purchased.

Staff ensured that patients had access to appropriate spiritual support. Where required staff supported patients to attend places of worship. If required staff could arrange for religious leaders to visit the patient on the ward.

## Listening to and learning from concerns and complaints

The service had not received any complaints since opening in January 2018.

Patients we spoke with knew how to make a complaint or raise concerns. The staff took complaints seriously and responded to them appropriately to improve the quality of care. Patients were reminded at the weekly community meeting to raise any concerns with staff or the advocate.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff valued the feedback that patients provided through complaints and used this information to make improvements.

The ward manager and staff were aware of the complaints process and ensured that complaints were handled in line with the complaints policy.

## Are wards for people with learning disabilities or autism well-led?

## Leadership

The ward manager had the skills, knowledge and experience to perform their role. The had extensive experience in the management of wards for people with mental health and autism and had previously managed another ward within the same hospital.



# Wards for people with learning disabilities or autism

The ward manager had a good understanding of the service they managed and could clearly explain how the ward operated and how they ensured patients received a high-quality service. The ward manager was supported by a clinical services manager.

Staff reported that senior managers within the hospital and organisation visited the ward regularly and met with patients and staff. All staff said that managers were visible, approachable and responsive to the service needs. Staff believed they were committed to improving standards of care and treatment for all patients and families.

Leadership development opportunities were available, including opportunities for staff below team manager level. Staff had access to leadership development programmes and management apprenticeships to support their career development.

## Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff were familiar with the organisation's values of helpful, responsible, respectful, honest and empathic. Staff

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service, through the staff induction programme, away days and ward team meetings.

Staff had opportunities to contribute to discussions about the strategy for their ward and the hospital. For example, the closure of the two crisis beds shortly after the ward opened was carried out in consultation with staff on the ward.

## Culture

Staff felt respected, supported and valued by their managers. Staff reported that they were positive about working for the provider and their team. This was evident in all our conversations with staff who spoke highly of the culture of the hospital. Staff reported that morale was improving because the crisis beds had closed and there had been a change of manager.

Staff told us they felt able to raise concerns without fear of retribution. Staff knew how to use the provider's whistle-blowing process if they needed to.

The ward manager explained the process for managing poor staff performance. This included obtaining support and advice from the service manager and the provider's human resources department.

All staff we spoke with commented that there was excellent and cohesive team work to support patients with their care and treatment.

Staff appraisals included conversations about career development and how it could be supported. Staff who had transferred from another ward within the hospital had received an appraisal. New staff had an appraisal date booked.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff on the ward came from diverse backgrounds and were aware of opportunities within the organisation for them to develop their careers.

Staff had access to support for their own physical and emotional health needs through an occupational health service. All new staff were provided with health screening and immunisations. The hospital provided an employee assistance programme where permanent staff and their family members or partners could access additional support such as counselling, legal and financial advice.

The provider recognised staff success within the service through a staff award scheme.

## Governance

Effective systems and processes were in place to ensure the safe and effective running of the ward. There were clear responsibilities, roles, processes and systems of accountability.

The hospital had a clear governance framework at ward level, which local leaders oversaw and fed into the providers overarching governance structure and assurance framework.

Staff carried out checks to ensure the ward was clean, well-maintained and safe for patients. Incidents were reported, investigated, monitored and learning shared. The manager ensured staffing levels were appropriate to meet the needs of patients. Overall, staff were trained and supported to carry out their roles and provided with opportunities for professional development. The

# Wards for people with learning disabilities or autism

multi-disciplinary team worked in collaboration with patients, carers and external stakeholders to provide effective, holistic, care planning, risk management and discharge planning. Staff ensured that legal requirements were met in relation to the Mental Health Act and the Mental Capacity Act.

Some improvements in governance were required to ensure that all staff undertook mandatory training and to ensure that equipment was calibrated.

There was a clear framework of what must be discussed at a ward and governance meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. A hospital wide safety huddle took place each morning. Senior leaders at the hospital attended this meeting which addressed staffing levels, policy updates, incidents and any other important updates that affected the day-to-day running of the hospital.

Staff undertook or participated in local clinical audits to ensure they were providing good care. Action plans were in place to follow up on issues identified so that improvements could be made.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. We saw examples, of partnership working with social services, commissioners and local general practitioner. This ensured that patients received co-ordinated person-centred care.

## Management of risk, issues and performance

There were systems to assess, monitor and manage risks to patient safety. Staff told us they could escalate concerns through their managers when this was necessary. The hospital risk register was reviewed at the monthly clinical governance meeting attended by the senior management team. The risks for the hospital included an ongoing programme of reducing ligature risks, fire safety with regards to the older parts of the hospital and training, supervision and appraisal compliance.

Contingency plans were in place for adverse weather or a flu outbreak. The hospital had a business contingency plan in case of an emergency.

## Information management

Staff used the systems in place to collect data from the ward, and had access to the equipment and information technology needed to do their work. Information governance systems included confidentiality of patient records.

The ward manager had access to information to support them with their management role. This included information on the performance of the ward, staffing and patient care. Patient care was monitored through the use of the 'myPath' model. This included care planning, outcomes and patient engagement levels.

Staff made notifications to external bodies as needed. Staff provided notifications on patients absent without leave, allegations of abuse and any incidents involving the police to the Care Quality Commission (CQC) as required.

## Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider. The hospital provided staff with information through the intranet, staff newsletters and communication dashboard. The provider had a comprehensive website and social media to keep the public informed of the work they were undertaking to support patients, families and carers.

The hospital sent satisfaction surveys out to both patients and carers to seek feedback. Senior managers had recognised that the return rate for these surveys was low. They had plans in place to increase engagement with carers and had a corporate expert by experience who visited patients and feedback into the quality governance meetings.

## Learning, continuous improvement and innovation

At the time of the inspection no research or quality improvement programmes were taking place on the ward.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that controlled drugs on Byron Ward are safely stored, in line with national guidance. They should also ensure that effective systems are in place to monitor stocks of medicines to prevent overstocking.
- The provider must ensure that inappropriate blanket restrictions, for example the locking of communal toilets, are not in place on wards.
- The provider must ensure that all staff are up to date with mandatory training.
- The provider must ensure that equipment used to monitor patients' physical health is calibrated and maintained in line with the manufacturers guidance.
- The provider must ensure that on all wards staff receive regular supervision.

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

- The provider should consider if the window handles that could be used to fix ligatures on the Springs Unit, which are in the providers own risk assessment should be replaced. The provider should also ensure that all

potential ligature anchor points are identified in the ligature risk assessment for Springs Unit and that staff are aware of the measures in place to mitigate and manage these.

- The provider should ensure that planned building works on Byron Ward are undertaken to ensure that the ward complies with national guidance on same sex accommodation.
- The provider should ensure that appropriate patient call alarm systems are in place on all wards to enable patients to alert staff in case of an emergency.
- The provider should ensure that planned works to link all wards via a single emergency call system are carried out.
- The provider should ensure that planned works to improve the environment on autism and learning disability wards, for example the development of sensory rooms, are carried out.
- The provider should ensure that governance systems are further strengthened to ensure they capture quality, safety and effectiveness across each ward and the entire hospital. For example, the calibration of physical health monitoring equipment across all wards and the storage of medicines on Byron Ward.

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<br>Treatment of disease, disorder or injury | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>The provider had not ensured that the care and treatment was appropriate and met the needs of the patients.<br><br>On Springs Wing an inappropriate blanket restriction was in place where patient toilets in communal areas were locked, preventing patients from using them. |

| Regulated activity  | Regulation   |
|---|--|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The provider had not ensured the proper and safe management of medicines on Byron Ward.<br><br>This was a breach of regulation 12(2)(g).<br><br>The provider had not ensured that on all wards, all persons providing care and treatment were up to date with all mandatory training, to ensure they have the qualifications, competence and skills to provide care safely.<br><br>This was a breach of regulation 12(2)(c). |

| Regulated activity  | Regulation  |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment |

This section is primarily information for the provider

## Requirement notices

The provider had not ensured that equipment used to monitor patients' physical health was properly maintained and calibrated.

This was a breach of regulation 15(1)(e).

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured that staff received appropriate supervision.

This was a breach of regulation 18(2)(a).