# Cygnet Lodge Kenton

## 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? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

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

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

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

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

We rated Cygnet Lodge Kenton as **good** because:

- The premises were clean and well maintained. The provider had assessed risks to patients due to the layout of the service and taken action to mitigate the risks.
- Although there were a number of vacancies in the staff team these were covered by experienced bank staff.
- Staff had completed mandatory training and had the skills to meet patients' needs.
- The multidisciplinary team ensured each patient had an effective rehabilitation plan which was well coordinated and reviewed regularly.
- The multidisciplinary staff team assessed and reviewed risks to each patient and developed plans to manage identified risks.
- Staff supported patients to express their views and fully participate in planning and reviewing their care and treatment.
- The registered manager and unit manager provided effective leadership and support to the staff team.
- Staff told us they enjoyed their work and felt that the whole staff team was committed to improving the service.
- Cygnet Lodge Kenton has been accredited by the Royal College of Psychiatrists College Centre for Quality Improvement accreditation for inpatient mental health services scheme (AIMS).

# Summary of findings

## Contents

Good

# Cygnet Lodge Kenton

**Services we looked at:**
Long stay/rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to Cygnet Lodge Kenton

Cygnet Lodge Kenton is registered with the CQC as an independent mental health hospital. The service is registered to provide assessment and treatment for up to 15 patients including those detained under the Mental Health Act.The service was called Cygnet Westlands until October 2015. Cygnet Health Care Limited provides the service.

Cygnet Lodge Kenton is a locked rehabilitation unit for female patients with a diagnosis of mental illness or a personality disorder. Mental health commissioners from across the country refer patients to the service. The service aims to provide a care pathway for patients who have been in hospital for some time and require support to prepare for community living. Most patients stay at the service for a period of at least three months.

CQC last inspected the service in February 2014.We found the service was compliant in all the areas we assessed at that time.

The service has a registered manager, who has been in post since 2013 and is responsible for ensuring the service complies with health and social care regulations. A unit manager provides day to day operational management of the service.

At the time of the inspection there were 13 patients using the service.

## Our inspection team

The team that inspected the service comprised two CQC inspectors and a nurse specialist with expert knowledge of rehabilitation services for people with mental health needs.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

Visited Cygnet Lodge Kenton and looked at the quality of the environment and observed how staff were supporting patients.

- Spoke with six patients.
- Spoke with the registered manager and the unit manager for the service.
- Spoke with two nurses, an occupational therapist and two health care assistants.

# Summary of this inspection

- Received feedback about the service from three care co-ordinators.
- Attended and observed a multidisciplinary ward round.
- Looked at five care and treatment records.
- Carried out a check of the clinic room and medicines management.
- Reviewed eight patient medicines administration record charts.
- Looked at a range of policies, procedures and other documents relating to the operation of the service.

## What people who use the service say

Patients were positive about the service. They told us staff were caring and kind and encouraged them to develop their skills and independence.

Patients said staff supported them to understand and manage their mental health needs and make plans for the future.They said staff asked them to give their feedback about the service at meetings and by completing questionnaires.

# 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?

Good

We rated safe as **good** because:

- Cygnet Lodge Kenton premises were clean and well maintained. The provider had assessed risks to patients due to the layout of the service and taken action to mitigate the risks.
- The multidisciplinary staff team assessed and reviewed risks to each patient and developed plans to manage identified risks.
- The service had experienced a period of high staff turnover prior to this inspection. The provider had used bank staff who were familiar with the service to cover for vacancies.
- Staff managed medicines safely.
- Staff knew how to identify and report any concerns about abuse or neglect.

### Are services effective?

Good

We rated effective as **good** because:

- Staff assessed the needs of patients and developed recovery orientated care plans.
- Staff used a range of therapeutic interventions and practical activities to support patients to achieve their rehabilitation goals.
- The multidisciplinary team ensured the delivery of each patient's support and treatment was well coordinated and reviewed regularly.
- Staff had the skills to engage with patients and improve their mental health and wellbeing.
- The provider ensured that staff had appropriate supervision and specialist training.

### Are services caring?

Good

We rated caring as **good** because:

- Patients reported that staff were kind and treated them respectfully.
- We observed that staff were polite and friendly when interacting with patients.
- Staff supported patients to express their views and fully participate in planning and reviewing their care and treatment.
- Patients were involved in staff recruitment and selection.

### Are services responsive?

Good

We rated responsive as **good** because:

# Summary of this inspection

- There were contingency plans to cover situations where a patient may need more intensive care.
- The service was well laid-out and provided a suitable environment for patients.
- Patients were able to have food and snacks of their choice.
- Staff supported patients to follow their interests and gain work experience.
- There was a full programme of individual and group therapeutic activities for patients.

## Are services well-led?

Good

We rated well-led as **good** because:

- The registered manager and unit manager provided effective leadership and support to the staff team.
- Staff told us they enjoyed their work and felt that the whole staff team was committed to improving the service.
- Cygnet Lodge Kenton has been accredited by the Royal College of Psychiatrists College Centre for Quality Improvement accreditation for inpatient mental health services scheme (AIMS).
- Staff in the service carried out research on how patients responded to the service provided.

# 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.

We found:

- Training on the Mental Health Act (MHA) Code of Practice was mandatory for staff in the service and in December 2015 94% of staff had received training on this. The unit manager and other staff we spoke with were clear on the guiding principles underlying mental health legislation.
- The detained patients in the service were assessed as able to consent to their treatment and consequently there was no requirement for treatment forms to be attached to their medicines administration charts.
- There were good administration arrangements in place to ensure patients received information on their rights on admission and thereafter. The files of detained patients had been audited to ensure detention paperwork was correct and up to date. There was a record that staff had told patients about their rights.
- We spoke to four patients who were detained under the MHA. They told us that they understood how the MHA applied to them and they knew about their rights to appeal. Patients told us they could access independent mental health advocacy services when needed.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act (MCA). Staff we spoke with understood the basic principles of the MCA. They said that all of the patients using the service had mental capacity in relation to decisions about their care and treatment.

There had been no Deprivation of Liberty Safeguards (DoLS) applications in the previous year.

## Overview of ratings

Our ratings for this location are:

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

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

Good

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

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

Good

### Safe and clean environment

- The service was located in a building which had several rooms on the ground floor and patient bedrooms upstairs. Consequently, staff could not easily observe patients at all times. Staff observed new patients, and any patients judged to be at risk, in accordance with the provider's policy for close observation. Additionally, staff made regular hourly checks on the location of all patients within the building. Staff could observe 'blind spots', such as the stairwell through the use of CCTV monitors in the staff office.
- The building was not ligature free. Managers told us that the provider's intention was to provide support to patients in an environment which was similar to the type of domestic setting patients were aiming to move on to when they left the service. The provider's risk assessment in relation to the premises set out how ligature risks, including those from taps, bannisters and windows were mitigated by staff regularly reviewing and managing risks to individual patients. During the inspection, we observed that staff effectively put these measures into action to ensure patients were as safe as possible.
- There was a suitably equipped clinic room. Staff dispensed patient medicines from a hatch. Equipment, such as a blood pressure monitors and scales was serviced regularly. Emergency equipment included a grab bag, defibrillator, oxygen cylinder, suction machine, first aid box and ligature cutters. Records showed staff checked the equipment daily and the contents of the grab bag once each week. Defibrillator pads were in date. The clinic room was very small with no treatment couch.
- Staff carried out physical health checks every week, for example they checked each patient's blood pressure. There was not enough space for staff to carry out these checks in the clinic room. Staff made these checks at the door hatch, if the patient was happy with this. Otherwise, staff carried out these tests in the patient's bedroom. Doctors and nurses carried out any physical examinations in the patient's bedroom.
- All parts of the service were clean, well maintained and appropriately furnished. A designated member of staff carried out monthly infection control audits which included a check that staff safely carried out hand washing. We confirmed that staff carried out health and safety checks of the building and made sure there was action on any maintenance issues. Staff had ensured appropriate maintenance and tests had been carried out of fire safety equipment, the heating system and other services at the required intervals.
- There were appropriate alarm systems in place and staff made tests to ensure these alarms worked properly.

### Safe staffing

- The provider had assessed the number and grade of nurses required at the service, using an in-house tool. This assessment had set the whole time staffing level as eight qualified nurses and seven unqualified nurses. At the time of the inspection there were two vacancies for qualified nurses. Two nurses had been recently recruited and were due to start work at the service within the next two months. There were no vacancies for unqualified nurses.

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

Good

- We reviewed rotas and staffing returns. Every shift in the last three months was fully staffed but the team on duty on every shift had included at least one bank worker. This was because there had been two nurse vacancies in the staff team and also a nurse had been seconded to work in another service. The bank staff who worked at the service did so regularly and knew the patients and their needs. Agency staff were not used by the service. Staff we spoke with told us there were enough staff to deal with physical interventions.
- For the period 01 July 2015 to 31 December 2015, the vacancy rate for staff overall was 20.8%. There had been high staff turnover rate of 58% during this period, with 11 staff leaving from a staffing complement of 19. The provider had acknowledged the issue of high staff turnover at the service and it was on their risk register. There were new measures to improve the selection and retention of staff which involved enhancing the quality of the recruitment process and providing better induction and support for new staff. At the time of the inspection, two nurses had recently been recruited to the team and there were no vacancies for unqualified nursing staff.Staff told us they felt the staff team was stabilising and had 'settled down' since the appointment of the current unit manager in June 2015.
- Patients told us there were sufficient staff to meet their needs. They said that their leave and rehabilitation activities went ahead as planned. Care records showed that patients had regular one to one time with their named nurse or with another member of staff when their named nurse was not on duty.
- The unit manager was able to promptly arrange extra staff resources if a patient's needs increased. The service had clear agreements with commissioners about how the service should manage such situations.
- A consultant psychiatrist visited patients at the service twice each week and was available on-call 24 hours. Additionally, a locum mental health specialist doctor visited the service four days per week. The registered manager told us the location of the service meant that it could not be guaranteed that a doctor could be on site quickly in an emergency. They said this was taken into account when they assessed whether the service could safely meet the needs of an individual patient. Consequently, the service declined to accept referrals for patients with a high level of need and had, when necessary made arrangements for patients whose needs had increased to move a more intensive setting.
- Staff were trained to safely meet the needs of patients. The provider specified a wide range of mandatory training courses that staff should complete to meet patient need. Data showed that the service had achieved a 96% completion rate for mandatory training in December 2015.

### Assessing and managingrisk to patients and staff

- We reviewed information from the provider on physical interventions at the service. There had been six incidents of restraint, in relation to three patients, in the period 01 July 2015 to 31 December 2015; one of these was in the prone position. None of the incidents involved rapid tranquilisation. Staff had appropriately recorded information on the circumstances of these incidents and on how staff had restrained the patient. Staff had carried out these episodes of restraint appropriately and had minimised the risk of harm to the patient and to staff. There had been no incidents of patient seclusion or segregation in this period.
- We checked six care and treatment records. Staff had used START (short-term assessment of risk and treatability) which is a recognised tool to evaluate the risks for each patient. Staff had identified each patient's risk in relation to violence,suicide, self-harm, neglect, unauthorised absence, substance use and victimisation. These risk assessments were made in the first week of the patient's admission to the service and there was evidence of multidisciplinary input.The risks were reviewed every three months thereafter and following risk events. Current risk management measures were identified.
- There were no blanket restrictions in the service but patients were asked to agree to a set of ground rules when they moved into the service about how they should behave. The rules had been drawn up by staff with patients and were regularly reviewed and amended. Patients told us they saw the benefits of these ground rules, such as patients going up to their bedrooms by 12 midnight. Informal patients confirmed they could freely come and go from the service.

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

Good

- Policies and procedures on searching patients and patient bedrooms were clear and patients told us staff did not conduct searches outside of these protocols.
- The provider had set procedures on how staff should observe patients to promote their safety. These were used by staff when monitoring patients who were new to the service and when the multidisciplinary team had decided that patients required increased observation because of the level of risk. Staff regularly reviewed risks to patients at multidisciplinary meetings and adjusted management plans to ensure patients were as safe as possible.
- There was no separate seclusion room at the service; we confirmed that patients had not been segregated in their bedrooms or elsewhere.
- Staff had raised eight safeguarding alerts in the year prior to the inspection. None of these had resulted in a finding of abuse or neglect by any staff at the service. Staff we spoke with knew about the signs and symptoms of the different types of abuse. They knew how to take action to promote patient safety through use of the provider's adult safeguarding procedures.
- The arrangements for managing medicines were safe. Medicines were stored securely in dedicated room. There was a locked medicines fridge and staff checked temperatures daily. The temperatures were within the recommended range. A locked cupboard contained controlled drugs and other medicines liable to misuse (such as diazepam). Staff said the controlled drugs should be checked daily as per policy however, in the seven days prior to the inspection it was signed on three occasions only. We randomly checked four boxes of medicines and they were all in date.
- We reviewed eight medicines administration record charts. The charts were completed comprehensively and showed that staff had supported patients to receive their medicines as prescribed. A pharmacist had audited medicines administration arrangements in January 2016.
- The service supported patients to become more independent with their medicines. At the time of the inspection, three patients were self-medicating. Staff had followed the provider's procedures in relation to this and had appropriately managed the risks associated with self-medication. For example, staff supported patients to gradually take more personal responsibility for storing and managing their medicines.

### Track record on safety

- We reviewed information on five serious incidents requiring investigation which had occurred in the 12 months before the date of this inspection. One of these serious incidents involved medicines. A report on the incident had identified a number of learning outcomes and had made recommendations to improve practice. The incident was discussed in team meetings and staff advised of the changes to practice. During the inspection we confirmed that staff had amended their practice in relation to the handling of patient medicines to take into account the lessons learnt.
- Additionally, there were four separate serious incidents of self-harm, relating to one patient who was no longer at the service, having moved to a more intensive service.

### Reporting incidents and learning from when things go wrong

- Staff understood their responsibilities in relation to using the provider's incident reporting system. Our review of six case records confirmed that incidents were reported promptly.
- Staff were offered debriefing and support from their managers after incidents. Staff told us about two incidents, one when a patient self-harmed and another when the fire alarm was let off by a patient during the night.After the fire alarm incident they said all staff and patients met together to discuss what had happened and how it could be avoided in future.
- Staff told us they received relevant information via the registered manager of any incidents that happened elsewhere in the provider's services.

## 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**

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

Good

- There was evidence in the six care and treatment records we reviewed that staff assessed each patient's needs on admission to the service. There were clear admission notes, an assessment of needs and a physical health assessment by the medical team.
- Staff supported patients with their physical health needs. Patients were registered with a local GP. Patients told us staff gave them appropriate advice and treatment when they were physically unwell.
- All the care plans were comprehensive, focused on the patient's individual needs and recovery orientated. For example, they covered the patient's relationships with their family, friends and significant others. Staff had reviewed care plans each month.
- In five of the six patient records, staff had completed the care plans in what appeared to be the patient's own words. In one record, the words used did not seem to reflect the everyday language that a patient might use. For example, "I will be concordant with all my prescribed medications". These were multidisciplinary notes and MDT members used a stamp to show who had written in the notes. But these stamps were not always used, so it was sometimes unclear who had made the entry on the notes.
- The service used a document called 'My shared pathway' to support patients to identify their goals and help plan their treatment and support. These documents appeared to have been completed by the patients themselves in their own handwriting and words.
- Staff completed a 'recovery star' with each patient, every three months. The 'recovery star' identified patients' personal goals and these were fed into their care plans.
- Care and treatment records were paper-based. Records were safely stored and available to staff when required.

**Best practice in treatment and care**

- We reviewed eight patient medicines charts. Prescribing doctors had followed NICE guidance in relation to the use and dose of medicines. A pharmacist had made regular checks and ensured prescribing regimes were appropriate.
- Staff carried out physical health checks every week, for example they checked each patient's blood pressure. There was not enough space for staff to carry out these checks in the clinic room. Staff made these checks at the door hatch, if the patient was happy with this. Otherwise, staff carried out these tests in the patient's bedroom. Doctors and nurses carried out any physical examinations in the patient's bedroom.
- Patients had access to a range of psychological therapies. Patients attended groups and individual sessions with psychologists, occupational therapists and other staff who were trained to deliver a variety of individual and group interventions to improve well-being and develop life-skills. Staff in the service used DBT (Dialectical Behavioural Therapy) when working with people with borderline personality disorders. Patients spoke positively about the range of therapeutic activities which were available to them such as art, music and drama therapy. Patients developed their independence and life skills through activities available at the service, such as cookery classes and groups on managing their own health needs.
- Some patients in the service had food allergies. The service had taken the appropriate steps to ensure they were offered a safe diet that met their nutritional needs.
- The MDT used HoNOS (Health of the Nation Outcome Scores) to assess the severity of patients' mental health needs and monitor how patients were progressing.
- There was on-going clinical audit in the service which included a programme of audits of clinical records. Psychologists in the service had carried out an audit in November 2015 on the levels of stress and anxiety of 19 patients at different stages of their stay.
- We spoke to two care co-ordinators who supported patients using the service. They told us staff effectively engaged with patients and improved the mental health and well-being of patients.

**Skilled staff to deliver care**

- The staff team at the service included the full range of appropriate disciplines. There were occupational therapy staff, a psychologist and a psychology assistant, a social worker and doctors and nursing staff.
- Staff working at the service had relevant qualifications and experience. For example, the unit manager had several years of relevant nursing management experience in the NHS, before starting work at the service in June 2015. Induction arrangements for new

staff had recently been revamped. Staff told us they were effective in orientating them to the service and enabling them to understand and meet the needs of patients.

- Staff had regular support from their managers. We reviewed three sets of supervision notes and saw that staff were given the opportunity to explore any difficulties in meeting the needs of patients and their work role. Patients told us staff related to them well and were experienced and helpful.
- Team meetings were held weekly and there was also a separate meeting for nursing staff. Staff told us they felt these meetings were productive and contributed to the development of the team.
- Seven staff at the service received an appraisal in the period 1 January 2015 to 31 December 2016. The majority of staff had started to work at the service within the 12 months prior to the date of the inspection. We read appraisals of two current staff who had been working in the service for over a year. The appraisals covered the competence of staff to carry out their work role and identified their training and development needs.
- Staff told us that their managers promptly addressed any issues of poor performance.

**Multidisciplinary and inter-agency team work**

- There were weekly multidisciplinary team meetings. We attended one meeting and observed that it was well organised and effectively involved patients in reviewing in planning their care.
- Staff told us handover meetings between shifts were informative and well-run. The unit manager had devised a form for use at handover. This meant that the incoming staff had written information about each patient in terms of their mental health and progress on the previous shift. It was also clearly recorded what tasks need to be followed up by the incoming shift to ensure the patient received appropriately coordinated and effective support.
- Staff told us the service worked closely with another of the provider's services when patients required a more intensive service. For example, patients were able to move to a PICU (psychiatric intensive care unit) when this was appropriate.
- The service worked effectively with community mental health teams. For example, staff invited each patient's key worker to regular reviews of the patient's progress and to agree discharge plans. The multidisciplinary team could set up reviews as a teleconference if care coordinators were located at a distance from the service. Three care coordinators told us the staff team routinely kept them informed about the progress of the patients they supported.

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

- Training on the Mental Health Act (MHA) and the Code of Practice was mandatory and in December 2015 94% of staff had received training on this. The unit manager and other staff we spoke with were clear on the guiding principles underlying mental health legislation.
- Treatment forms were attached to detained patients' medicines administration charts when this was applicable.
- There were good administration arrangements in place to ensure patients received information on their rights and thereafter. The files of detained patients had been audited to ensure detention paperwork was correct and up to date and there was a record that staff had told patients about their rights.
- We spoke to four patients who were detained under the MHA 1983. They told us that they understood how the MHA applied to them and they knew about their rights to appeal. All these patients were consenting to medication. Patients told us they could access Independent Mental Health Act advocacy services when needed.

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

- 100% of staff had received training in the Mental Capacity Act (MCA). Staff we spoke with understood the basic principles of the MCA. They said that all of the patients using the service have mental capacity in relation to decisions about their care and treatment. There had been no Deprivation of Liberty Safeguards (DoLS) applications in the previous year.

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

Good

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

Good

### Kindness, dignity, respect and support

- During in the inspection we observed very friendly and positive interactions between staff and patients. Staff knocked on bedroom doors and sought the patient's permission before entering.
- We observed the occupational therapist facilitating the daily planning meeting with all the patients in the service. She gently encouraged all of the patients to contribute and responded positively to the points that patients raised. The occupational therapist patiently encouraged and supported a patient to minute the meeting.
- We attended a ward round. The consultant psychiatrist welcomed patients with warmth and courtesy. The psychiatrist raised issues with a patient about their behaviour towards other patients in a respectful manner. This enabled the patient to calmly reflect on their behaviour and receive practical advice in relation to building relationships with other people. All the staff in the meeting encouraged patients to express themselves and described their progress in the service.
- All six patients we spoke with told us staff treated them with kindness and respected them. Patients said they got on well with staff and staff were always available for them to talk to. When we asked patients if staff treated them with dignity and respect, all the patients said they did. One patient said "very much so" and another patient said "yes, definitely."
- Staff understood the individual needs of each patient. For example, a health care assistant explained how some patients who use the service had feelings of depression and low self- esteem. She described the work the staff team undertook to improve patients' mood and self-confidence. Patients told us that staff understood how they were feeling and tried to help them. For example, they said staff supported them to do things that they could not do on their own.
- A patient told us staff listened to her when she had back pain and had provided a new mattress for her which was more comfortable.

### The involvement of people in the care they receive

- One patient who was new to the service said staff had supported her to settle in. She said a member of staff had accompanied on trips out to familiarise herself with the local area. Additionally, staff routinely asked one of the patients to help orientate a new patient to the service by showing them round and introducing them to patients and staff.
- Patients told us that staff listened to them and said they were involved in decisions about their own care and treatment. One patient told us about a problem she used to have which asked the staff to help her resolve. She said the doctor and other members of the staff team helped her by making a plan to help her deal with the problem and overcome it.
- Each patient attended a ward round with the consultant psychiatrist every two weeks. They told us they found this helpful and felt that staff listened to them. A patient said that staff always asked her "what do you think you should do?" She said that she had to think for herself instead of doctors and nurses always making decisions for her.
- All of the six care plans we read included the views of the patient. Staff wrote care plans from the point of view of the patient, but sometimes the language staff used may not have been easily understood by patients. Patients told us they understood their care plans.
- An advocate visited the service every two weeks to meet with patients and represent their views. Patients told us that they would speak to advocate if they wanted to complain.
- There were facilities for patients to see visitors in private. One patient said that her family was able to see her frequently. Two patients said they were a long way from their home area and their families were unable to visit them.
- The occupational therapist facilitated a planning meeting each week day at 9.30am. The purpose of the meeting was for patients to raise any concerns and make plans for the day. During the inspection we observed a planning meeting. Patients told staff about a shower that was not working, planned how they would participate in the ward round and chose what activities would take place.

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

Good

- One patient told us that she had been on interview panels for new staff. She said had valued being involved in this work and felt her views and opinions had been taken into account.
- Every three months the provider asked patients to complete a short questionnaire about their views of the service. We reviewed two completed questionnaires. The patients' responses showed were satisfied with all aspects of the service.

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

Good

### Access and discharge

- Patients were referred to the service from mental health commissioners across the country to provide a period of rehabilitation. Consequently, some patients were at a distance from friends and family. The staff in the service supported patients to maintain contact with their family through phone calls. The average bed occupancy in the service months was 72%between1 July 2015 and 31 December 2015. There were no instances of patients being unable to access a bed on return from leave.
- Patients had moved on from the service to a psychiatric intensive care service (PICU) or other service when this was appropriate. The provider ensured there were clear agreements with commissioners about what should happen if the service could no longer meet the patient's needs. Staff told us that on one occasion, such a move had taken some time to arrange. They said staffing levels had been increased at the service pending the patient's move from the service.
- Admissions to the service were well-planned. Staff from the service visited patients prior to them moving to the service, to ensure their needs could be safely met at the service. Patients confirmed that their admission to the service had been well-managed.
- At the time of the inspection, there was one delayed discharge. The patient's discharge had been delayed for four months because of issues about the suitability of the accommodation they were moving to. Staff from the service were working with other agencies to resolve these issues and help the patient move on from the service.
- If a patient went on leave their bed was held open for them.

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

- The service benefitted from a range of appropriate facilities. For example, there was a separate chalet in the garden which was used for occupational therapy groups. There were comfortable, well-furnished and spacious communal rooms.
- There were enough rooms for patients to meet with their relatives and have private meetings with staff. Most patient bedrooms were located on the second and first floor. One patient's room was on the ground floor and she told us it was sometimes noisy. All patient bedrooms had a toilet and washbasin. There were shared bathrooms. At the time of the inspection, one bathroom was being refurbished.
- The clinic room was small and staff undertook patient examinations in the patient's bedroom. The laundry room was very small and congested. It was kept locked and patients used it with a staff member.
- Patients had access to a small well-maintained courtyard area at the back of the building. There was a designated area of outside space outside that patients could use for smoking. Patients had access to this space from 6am to midnight and until 1am at the weekends. The provider is due to implement a no smoking policy throughout its services later in 2016 and told us patients will be supported in relation to this.
- Most patients had their own mobile phones and could make calls whenever they wished. Patients were able to use the service's cordless phone in private if they wished.
- Patients told us they could personalise their bedrooms with their own items. They could access their rooms as they wished and were able to keep their possessions securely in their room.
- Patients had access to hot and cold drinks and fruit and biscuits 24 hours a day. Patients prepared their own breakfast and evening meal during the week and all

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

Good

their meals at weekends. Staff assisted patients with cooking in accordance with their individual rehabilitation plan. Patients bought their own food which they stored in the fridge.

- During the week, patients participated in therapeutic activities and consequently had less time to prepare meals. The provider employed a cook to make a fresh meal on site at lunch time. The cook held a meeting with patients to plan the menu and made meals in line with their preferences. There were vegetarian and meat options available each day. Patients told us the cook made meals of very good quality and acted on their views. Patients said they usually had a group meal of take-away food of their choice on a Friday evening.
- There was a range of individual activities and therapeutic groups from Monday to Friday. During weekends and evenings staff supported patients to follow their interests and supported them to access community facilities. Patients told us they often went out of the service into the community. The service had links with a number of local groups and supported patients to find work experience opportunities.

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

- The service had a lift and ramps which made it accessible for people with physical disabilities. One patient we spoke with required support from staff in relation to her mobility. She said that staff were helpful and encouraged her to use her walking stick to help her get around.
- At the time of the inspection, all of the patients using the service were English speaking. The unit manager told us the provider had arrangements for the provision of interpreters should this be required.
- Patients had access to relevant information. There was a noticeboard on the ground floor with leaflets on mental health conditions such as anxiety and depression. There was also information about how patients could access advocacy and make a complaint.
- Patients told us they could easily meet their dietary requirements. They could choose and cook their own food for most meals. A lunch time during the week a cook prepared meals in accordance with patient wishes and preferences. Religious requirements and allergies were taken into account.
- Patients could access appropriate spiritual support if they wished to do so. One patient regularly attended a religious meeting of her choice.

### Listening to and learning from concerns and complaints

- There had been three complaints in the past 12 months, of which none had been upheld. No complaints had been referred to the Ombudsman. Patients told us they knew how to make a complaint.
- We read information on these complaints and how staff had responded to them. Staff had dealt with the complaints appropriately and in line with the provider's complaints procedures.
- The unit manager had ensured patients were given information on the outcome of complaints.

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

Good

### Vision and values

- Staff said they were familiar with the provider's vison and values, leaflets about this were pinned-up in the building.
- We interviewed two health care assistants who were able to explain to us how the staff team operated in line with the values of the organisation. They told us about their role in encouraging patients with long-term mental health conditions to take part in activities and build their self-confidence and hope for the future. The health care assistants said all the staff made an effort to get to know patients over time and build constructive relationships with them. They told us this meant staff could identify if a patient was not feeling well at an early stage takes steps to address any heightened risks.
- Staff told us that senior managers from the organisation regularly visited the service to make a check on the premises and to speak with staff and patients.

### Good governance

- The provider had effective systems in place to measure the performance of the service. The unit manager was required to ensure monthly returns were completed on take up of mandatory staff training and compliance with

the provider's standards for supervision and appraisal. Additionally, the provider monitored how shifts were covered and the vacancy and sickness rate at the service.

- The four staff we spoke with said that supervision was effective, covering all aspects of their work performance and their development needs. For example, a health care assistant told us the provider had funded her to complete a NVQ level two training course.
- Staff undertook clinical audits which included checks on the quality of record keeping. The service complied with legislation and guidance in relation to safeguarding adult and the Mental Health Act.
- The registered manager had ensured staff had effectively implemented safeguarding procedures and reported incidents. Lessons were learnt from adverse incidents and changes had been made to improve the service.
- The unit manager told us she felt supported in her role through input from her senior managers and had effective administrative support. She said she was able to make decisions about how the service operated and told us about a number of changes she had introduced to the service since coming into post.
- The unit manager was able to submit items to the organisation's risk register and these were monitored by the organisation. For example, staff recruitment and retention had been identified as a risk at the service and the provider's senior managers were receiving regular updates on this.

### Leadership, morale and staff engagement

- We saw the findings of a staff survey conducted in 2015. Two questions in the staff survey received a low proportion of 'positive' responses: "There are enough staff at my unit to enable me to do my job properly" (54% Positive) and "In the past 12 months I have not personally experienced bullying, harassment or abuse from service users" (54% Positive).
- Four staff told us that, since the new unit manager came into post in July 2015, the recruitment and retention of staff had improved and the staff team was becoming more effective and supportive. They said she had also assisted staff to manage incidents of behaviour from patients that challenged the staff team.
- The staff told us morale was good, there was no bullying at the service and they were encouraged by managers to raise any concerns openly. They were aware of the provider's whistleblowing procedures. One member of staff said, "I enjoy working here so much. I really enjoy being around the patients."
- The unit manager met with all staff once a month. She also coordinated a monthly meeting of nursing staff to discuss clinical matters and dynamics between patients.

### Commitment to quality improvement and innovation

- The service was accredited by the Royal College of Psychiatrists' Centre for Quality Improvement accreditation for inpatient mental health services (AIMS) scheme for mental health rehabilitation units. The service achieved a rating of 'excellent' for a locked rehabilitation service. The registered manager and unit manager had recently completed a training course in order to be approved as accreditors for AIMS. They told us this would give them increased opportunities to learn about innovative practice in rehabilitation services which they could use to enhance the quality of provision at Cygnet Kenton Lodge.
- Psychologists at the service were engaged in research on the impact of therapeutic interventions on patients with a diagnosis of a personality disorder and those with a mental illness.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that when staff record patient views in care plans they ensure they reflect the actual point of view of the patient. If a patients does not wish to give their views or their views differ from staff this should be clearly recorded.
- The provider should ensure that staff always sign or stamp their notes in patient records so that it is clear who has made the record.