

Cygnnet Hospital Colchester


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	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive?	Good	
Are services well-led?	Requires improvement	

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 Hospital Colchester as requires improvement because:

- Safety was not a sufficient priority. The provider had not ensured all ward environments were safe. Managers had not identified, rated and mitigated against all ligature risks on all wards. The provider did not ensure the environment on Oak Court was clean, that maintenance issues were repaired, or the décor was updated. There was little evidence of learning from events or of action taken to improve safety. Managers completed investigations of incidents but did not record the outcome of investigations on their incident recording form. Managers did not share lessons learnt with staff in team meetings which posed a risk that similar incidents could reoccur.
- Staff on Flower Adams wards did not consistently assess, monitor or update risks to patients. Four out of six records either did not identify needs, had incorrect information within them, were a repeat of assessment information or information had been copied and pasted from a previous placement. Staff did not always update care plans across all wards, with the exception of Ramsey ward which meant staff were not aware of the changing needs and risks of patients.
- The provider made last minute changes to the service specification for Flower Adams 1 ward, immediately prior to opening. This had impacted on safe care and treatment for patients. Originally planned to be a long stay rehabilitation ward, the decision to change to an acute admission ward, had caused anxiety amongst the staff. The majority of staff told us they did not feel suitably skilled or trained to manage the complexity of needs and risks of this patient group. Patient care records showed high numbers of incidents across both Flower Adams wards since opening. Staff did not receive regular supervisions or appraisals. The provider did not ensure that minutes of team meetings were available for staff reference on all wards except Oak and Larch Court.
- Staff across all wards said moving away from a learning disability service to a service with wards for people with a personality disorder had been challenging and they were still in the process of adjusting to this change. Staff were often moved between services to cover vacant shifts including on both Flower Adams wards. Some staff did not feel adequately trained to meet the specific needs of these patients. We were concerned that continuity of care for patients was disrupted when staff moved between services.
- Staff did not involve all patients in their care plans. We reviewed 23 care plans and eighteen of these were not person centred and lacked the patient voice. Not all patients had signed or had access to a copy of their care plan. Some patients said they were not involved in developing their care plans and said they did not receive a copy.
- Patients on Flower Adams 2 ward were not receiving care and treatment in line with best practice for rehabilitation wards. Staff did not provide patients with training or work opportunities that would enable patients to acquire living skills. No patients had unescorted leave or were responsible for managing their medication as part of gaining independence to move out of hospital. Patients on Flower Adams wards did not all receive psychological formulations and the psychological model had not yet been fully embedded on the wards which meant patients were not receiving all their required treatment in line with National Institute for Health and Care Excellence guidelines.

However:

- Staff were discreet and respectful when caring for patients. We observed staff interacting with patients in a way that was responsive to their needs. Staff described the needs of their patients and how they worked with patients to support them.
- Patients on some wards had access to work opportunities. This included car washing and cleaning jobs. The provider was installing computers in their activity centre for patients to use and were




Summary of findings

due to open a tuck shop for patients to promote patient socialisation and employment experience. Staff were developing a career skills and Curriculum Vitae writing group on Ramsey ward to support patients with seeking employment. Patients were

encouraged to attend a local college to develop their educational knowledge and develop skills and confidence in seeking employment. Patients on Flower Adams wards did not access these opportunities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement 	Flower Adams 1 ward accepted female patients, with a diagnosis of personality disorder, who were in crisis.
Long stay/ rehabilitation mental health wards for working-age adults	Requires improvement 	Flower Adams 2 ward, a female ward for patients with a personality disorder with 11 beds. Ramsey ward, a male ward with 21 beds for patients with a primary diagnosis of mental health disorder including four beds for patients with a secondary diagnosis of Autistic Spectrum Disorder.
Wards for people with learning disabilities or autism	Requires improvement 	Oak Court, a learning disability ward with 12 beds for male patients. Larch Court, a ward for four male patients with learning disability and autistic spectrum disorder.

Summary of findings

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Requires improvement



Cygnnet Hospital Colchester

Services we looked at

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

Summary of this inspection

Background to Cygnet Hospital Colchester

Cygnet Hospital Colchester, formerly known as Cambian Fairview Hospital, is an independent healthcare hospital. The provider, Cygnet Learning Disabilities Limited, recently changed its remit at Cygnet Hospital Colchester from a specialist learning disability service to providing several services. It now includes the following wards:

Flower Adams 1- An acute ward with nine beds for women with a personality disorder which opened in August 2018.

Flower Adams 2- A locked long stay rehabilitation ward with 11 beds for women with a personality disorder. The ward opened in July 2018.

Ramsey ward- A 21 bedded long stay locked rehabilitation ward for men with a primary diagnosis of mental health disorder, with four beds included for patients with a secondary diagnosis of Autistic Spectrum Disorder. The ward opened in September 2018.

Oak Court- A Learning disability ward with 12 beds for men.

Larch Court- An Autistic spectrum disorder ward with four beds for men.

This location is registered with the Care Quality Commission to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- treatment of disease, disorder or injury.

The registered manager is Claire Turner and the nominated individual is Simon Belfield.

This was a comprehensive inspection and included all wards. Both Flower Adams wards and Ramsey ward were inspected for the first time during this inspection. The inspection was announced.

The Care Quality Commission previously carried out focused inspections due to concerns raised where the provider was issued with requirement and warning notices.

A focused inspection was carried out on 6 July 2017. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for:

- Regulation 10, dignity and respect
- Regulation 11, need for consent
- Regulation 12, safe care and treatment and
- Regulation 15, safety and suitability of premises.

The Care Quality Commission carried out another focused inspection of this location on the 29 November 2017, 4, 15, 18 and 19 December 2017 and 7 January 2018. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for the following regulations:

- Regulation nine, person-centred care
- Regulation 12, safe care and treatment
- Regulation 13, safeguarding service users from abuse and improper treatment
- Regulation 17, good governance and
- Regulation 18 staffing.

Warning Notices were issued in respect of regulation 12, safe care and treatment, regulation 17, good governance and regulation 18, staffing.

A further focused visit took place on the 11 July 2018 to follow up on requirement and warning notices previously issued. All actions had been met.

Summary of this inspection

Our inspection team

The team that inspected the service comprised four CQC inspectors, two Inspection managers, two specialist advisors and one expert by experience that had personal experience of caring for someone who used the type of service we were inspecting.

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 and sought feedback from patients and carers.

During the inspection visit, the inspection team:

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

- spoke with nine patients who were using the service
- spoke with the registered manager and managers for each of the wards
- spoke with 20 other staff members including doctors, nurses, occupational therapist technical instructor and psychologist
- attended and observed five hand-over meetings and one multi-disciplinary meetings;
- collected feedback from five relatives via phone interviews
- looked at 23 care and treatment records of patients
- carried out a specific check of the medication management on all wards
- looked at nine medication treatment charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with nine patients and five relatives. Feedback from patients was varied with a mixture of positive and negative comments about the service they received. Patients generally made positive comments about staff who they felt were approachable, kind and supportive. However, some patients on Flower Adams wards made comments about the use of and attitude of some bank and agency staff who were not familiar to them. Some patients said they felt bank and agency staff were unapproachable and could be rude. Patients on Flower

Adams wards referred to an incident which had recently occurred on the ward, some concerns about the safety of the environment and a complaint that was raised. Staff were aware of these issues and managers were in the process of investigating these as part of their internal investigation process.

Summary of this inspection

One patient said they felt unsafe at the hospital and were frightened by the aggressive behaviour of other patients. We relayed this information to managers who supported this patient with their concerns.

Feedback from relatives of patients was varied. Comments were generally positive about the overall care and treatment family members received. However, there were some negative comments related to individual patients. One carer shared a very positive experience of their relatives stay at the hospital. Feedback was that their relative felt safe on the ward, they found the staff caring and supportive and they received therapy during their stay which enabled them to improve and reduce the distress they were experiencing.

One relative said staff communicated very well with them about any issues related to the care of their family member. Staff had enabled them to take part in meetings via conference calls so that they could have an input in to the care and treatment their relative experienced and was happy that the provider organised transport for their family member to go home on visits regularly.

Another relative raised some concerns about the care and treatment their family member received and the long-term plans for their discharge. However, they were able to raise these concerns with the provider and felt able to raise a formal complaint if necessary.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated Cygnet Hospital Colchester as inadequate because:

- Safety was not a sufficient priority. Not all ward environments were safe. Managers had not identified, rated and mitigated against all ligature risks on all wards. For example, staff on Flower Adams 1 ward had not identified all ligature anchor points including the window in the dining room and the thermostat in the corridor or updated the ligature risk assessment with new information. Staff on Flower Adams 2 had not identified all ligature anchor points on the ligature risk assessment including outside door handles in the garden, a bath board which was a ligature risk to one patient and a window in one of the corridors. Staff had not identified a loose drawstring within a curtain that could pose a risk to patients. The bathroom sink on Oak court was not sealed around the edges which created a ligature anchor point. The shower head and hot tap were included on the ligature risk assessments for both Oak and Larch court but did not have any actions to mitigate the risk.
- The environment on Oak court required cleaning, updating and had various maintenance issues. The toilets and bathrooms were dirty and soiled. A bedroom door was not painted, showers in upstairs bedrooms were stained and taps were rusty. Wires were hanging from a patients' toilet ceiling; the quiet lounge and dining room had stains on the flooring and there was a ripped sofa in a patients' sitting room. The ward microwave was damaged, it was not clean, and was very hot to touch despite being used 30 minutes previously. One fire door on Oak ward was found to be propped open and the magnets that ensured the doors remained closed on three of the fire doors were faulty. We informed the provider of all issues and these were all rectified during our inspection. Managers said a refurbishment of Oak ward was due to commence as part of the on-going hospital refurbishment programme. However, no clear timescale was known at the time of the inspection.
- Staff on Flower Adams wards did not consistently assess, monitor or update risks to patients, which posed a risk that staff would not give them the support they needed. For example, staff were not accurately completing risk assessments or updating them after incidents. Staff's risk assessment of Flower Adams wards patients did not match the level of risk presented. For example, staff had rated one patient as a moderate risk of

Inadequate



Summary of this inspection

violence despite them having a history of violence and recent incidents of violence and aggression. Staff rated a patient's history of violence differently on two separate risk assessment documents. Another patient was due to be transferred to the acute ward due to an increase in violence, however, the patient remained on Flower Adams 2 ward. Staff did not consistently update risk assessments following incidents.

- There was little evidence of learning from events or action taken to improve safety. Managers did not complete investigations on incident forms to demonstrate how they had reviewed the incident and taken actions to reduce the risk of reoccurrence. Staff had not completed incident investigations on 25 incident forms we reviewed on Flower Adams wards and Ramsey ward and 12 incident forms from Oak and Larch court.

However:

- Staff followed good practice in medicines management. Staff stored, dispensed, administered and recorded medicines safely. Staff monitored and recorded controlled drugs and kept the controlled drug key in an adjacent ward in line with national guidance.

Are services effective?

We rated effective as **requires improvement** because:

- The provider had not ensured that all staff received regular supervision or appraisal. The percentage of staff's compliance with supervision between September 2018 and November 2018 was 65% for Flower Adams 1 ward, 64% for Flower Adams 2, 73% for Ramsey ward, 78% for Oak court and 78% for Larch court.
- The percentage of staff that had an appraisal between September 2018 and November 2018 was 22% on Flower Adams 1, 13% for Flower Adams 2 ward, 38% for Ramsey Ward, 50% for Oak Court and 37% for Larch Court.
- Staff had access to regular team meetings. However, minutes of meetings on all wards, except Oak and Larch Court, were not accessible to staff in team offices for further reference, or for staff unable to attend the meetings. During the inspection staff were not able to locate meeting minutes. This meant that staff were not able to easily access feedback about the hospital. Managers did not share lessons learnt with staff in team meetings which posed a risk that similar incidents could reoccur.
- Some staff told the CQC inspection team that they did not believe that they had the experience or qualifications to meet

Requires improvement



Summary of this inspection

the needs of the patient group on Flower Adams wards and that they required further training to enable them to do so. Staff said they had been reluctant to work on the wards due to the high level of needs of the patient group.

- Staff on Flower Adams 2 ward were not delivering care and treatment to patients in line with best practice for rehabilitation wards. For example, staff did not ensure that patients were given opportunities to increase their independence before going to live in the community.

However:

- Staff followed the National Institute of Health and Care Excellence guidance when prescribing medications. Doctors prescribed antipsychotic medication in line with recommended limits and routine monitoring of patients was in place.
- Staff identified the physical health needs of patients and made sure patients had access to physical health care, including specialists as required. A physical health nurse supported ward teams and patients. The provider had a visiting general practitioner once a week and a practice nurse.
- Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Are services caring?

We rated caring as requires improvement because:

- Staff did not create collaborative care plans or risk assessments with patients to demonstrate their involvement and patients did not sign care plans or have their own copies. Eighteen out of the 23 care records we reviewed, did not demonstrate patient involvement.

However:

- Staff were discreet, respectful, and responsive when caring for patients. We observed staff interacting with patients in a way that was responsive to their needs. Staff described the needs of their patients and how they worked with patients to support them.

Requires improvement



Summary of this inspection

Are services responsive?

We rated responsive as good because:

- Managers monitored the number of patients with delayed transfers of care and knew which wards had the highest number. Staff planned for patients' discharge, including good liaison with care managers and care co-ordinators. However, it was too early to judge the quality of discharge practice on Flower Adams and Ramsey wards as these had recently opened.
- Patients had their own bedrooms which they could personalise and store their belongings in a secure place. The service had a full range of rooms and equipment to support treatment and care. The service had quiet areas and a room where patients could meet with visitors in private. Patients could make phone calls in private. Wards had outside space that patients could access easily. The service offered food of good quality and variety. Staff provided food that met patients cultural and dietary needs.
- The provider ensured working opportunities including car washing and cleaning jobs were available for patients. The provider was installing computers in their activity centre for patients to use and were due to open a tuck shop for patients to be able to meet, socialise and gain employment experience. Staff were developing a career skills and Curriculum Vitae writing group for patients on Ramsey ward to support patients seeking employment. Patients were encouraged to attend a local college to develop their education, skills and confidence in seeking employment. Staff were setting up volunteering opportunities for patients at a college and at a wildlife trust.
- Patients knew how to complain or raise concerns. They told us staff supported them to do this. Patients received feedback from managers after the investigation into their complaint.

Good



Are services well-led?

We rated well-led as requires improvement because:

- The provider had not ensured that all ward environments had operated safely. Managers did not have an oversight of environmental issues on Oak court and risks on all wards.
- The provider did not adequately plan or implement their new service strategy. Senior managers explained the last-minute changes to the service specification for Flower Adams 1 ward had been implemented immediately prior to opening. This had impacted on safe care and treatment for patients. Originally planned to be a long stay rehabilitation ward, the decision to

Requires improvement



Summary of this inspection

change to an acute admission ward, had caused anxiety amongst the staff. The majority of staff told us they did not feel suitably skilled or trained to manage the complexity of needs and risks of this patient group. Patient care records showed high numbers of incidents across both Flower Adams wards since opening.

- The provider did not ensure learning from incidents and complaints were shared with staff in team meetings. We reviewed team meeting minutes, and found these did not include learning from incidents, investigations or outcomes of complaints as a standard agenda item
- Managers had not ensured all staff were fully supported for their roles. Managers had not ensured that all staff across all wards were in receipt of regular supervision and appraisal.
- Some staff on Ramsey ward said they felt bullied by senior staff and did not feel able to raise concerns. We raised this with managers, who believed this to relate to recent service changes, movement of staff within the service and performance management issues. However, our conversations with staff referred to difficult relationships between some staff and their managers.

However:

- Managers had consulted with staff when determining the vision and values of the hospital and staff could find information when needed on the intranet. Managers had allocated staff as 'values champions' and had organised a roadshow for champions to attend. Managers shared the cygnet bulletin with staff containing information on the values and distributed promotional items and posters across the hospital.

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.

All staff had received training in the Mental Health Act. Staff received training on the Mental Health Act and the Mental Health Act Code of Practice and described the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and staff supported patients who lacked capacity by referring to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary in accordance with the Mental Health Act Code of Practice and recorded it clearly in the patient's notes each time.

Staff requested an opinion from a Second Opinion Appointed Doctor when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when they needed to.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this.

Care plans included information about after care services available for those patients who qualified for section 117 aftercare under the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had had training in the Mental Capacity Act. Staff received training in the Mental Capacity Act and had good understanding of the five principles.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff only made applications for a Deprivation of Liberty Safeguards order when necessary and monitored the progress of these applications.

The service monitored how well it adhered to the Mental Capacity Act and made changes to practice when necessary. Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

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

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

Requires improvement 

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

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

Inadequate 

Managers had not identified and mitigated against all ligature risks on the ward. Ligature anchor points are anything that could be used to attach a cord, rope or other material for the purpose of strangulation. Staff had not identified ligature points including the window in the dining room and the thermostat in the corridor on Flower Adams 1 ward. Staff had not updated the ligature risk assessment to include foam doors in the bathrooms which still referred to hinges being present.

Staff were not able to observe all parts of the wards due to blind spots. The provider had installed convex mirrors to mitigate blind spots and used closed circuit television but it was not routinely monitored by staff to observe patients. Staff nursed patients on continuous observations to further mitigate any identified risks, when needed. However, staff had not updated all patient risk assessments and we were concerned that staff did not always have sufficient up to date information to safely care for patients within this environment.

The ward complied with the Department of Health guidance on eliminating mixed sex accommodation. The ward was single sex with en suite facilities within each bedroom.

Staff had easy access to alarms and patients had easy access to nurse call systems.

The provider had recently renovated Flower Adams 1 which was clean and bright in appearance. Staff had maintained a clean environment with good furnishings.

Staff completed daily cleaning records which were up to date and demonstrated regular cleaning of the ward areas.

Staff adhered to infection control principles. We observed hand washing guidance displayed throughout the wards next to hand basins for staff and patient use.

The provider did not have any seclusion rooms at the location. Seclusion is the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others. Managers reported no patients were secluded within the last six months between 01 February 2018 and 31 July 2018.

Staff ensured the clinic room was fully equipped with accessible resuscitation equipment and emergency drugs which were checked regularly. The treatment room had an examination couch where clinical procedures could take place.

Staff maintained equipment well and kept it clean.

Safe staffing

The service had significant vacancies for registered nurses. The establishment for registered nurses was eight, with four vacancies (50%). The service also had a 25% vacancy rate for support workers.

The service used bank and agency staff to cover sickness, absence, vacancies and continuous observations. Between September 2018 and November 2018 424 vacancies were filled by either bank or agency staff.

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

Requires improvement



Managers had calculated the number and grade of nurses required using an organisational staffing analysis tool. Staffing levels increased depending on the number of patients on the ward and the number of continuous observations required. Managers used high levels of bank and agency staff. Where possible, managers booked staff familiar with the wards and booked staff in advance. However, staff and patients raised concerns about the challenge to maintain staffing levels and three patients told us there were times when there were bank and agency staff who they were unfamiliar with.

Staffing levels were maintained by rotating staff from other wards to fill any gaps in staffing numbers. Staff expressed frustration about the challenges they faced in maintaining staffing levels and that they did not feel sufficiently skilled to care for this patient group. Managers had recognised the impact this had on staff and patients and had capped the amount of admissions to the ward to six patients until they could recruit more staff.

Staff sickness rates were provided on a monthly basis at the time of the inspection between September 2018 and November 2018. For Flower Adams 1 ward staff sickness rates were 10% for September; 29% for October and 11% for November 2018.

The turnover rate from September 2018 and November 2018 for Flower Adams 1 ward was 3%.

Managers made sure all bank and agency staff had a full induction and understood the patient needs before starting their shift.

Managers ensured the service had enough staff on each shift to carry out any physical interventions safely. Wards located near each other would request support if required.

The service had enough daytime and night time medical cover and a doctor was available to come to the ward quickly in an emergency.

Staff had received and were up to date with the majority of appropriate mandatory training. The provider set a target of 85% for completion of mandatory and statutory training. However, rates for an 'introduction to monitoring physical health' were 71%.

Managers kept track of staff mandatory training rates. Staff received alerts so they knew when to update or complete training modules. Staff used the 'achieve' on line learning system to complete relevant online training.

Assessing and managing risk to patients and staff

Staff were not undertaking thorough risk assessments for every patient. We reviewed four patient records and found that three admission risk assessments were incomplete, and the level of risk was not recorded.

Staff were not robustly assessing risks for patients which posed a risk that staff would not give them the support they needed. For example, staff were not accurately completing risk assessments or updating them after incidents. Although staff used the Short-Term Assessment of Risk and Treatability (START) tool to record patient risks, these were not updated following incidents. Staff attended daily team and hospital wide hand-over meetings where patient risks were discussed, and actions were taken to manage the risks accordingly. However, staff did not always update patients' risk assessments following these discussions. We were concerned that not all staff would have access to up to date risk information to safely care for patients.

Staff managed incidents by building a therapeutic relationship with patients, using verbal de-escalation and physical interventions only if needed. Records showed high numbers of incidences of violence and aggression and self-harming behaviours.

The provider had not implemented a smoke free policy on the ward despite the provider following a smoke free strategy in 2016. Patients were able to smoke in certain areas of the garden with supervision from staff.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this.

Staff followed policies and procedures for use of observations and for searching patients or their bedrooms. Staff applied blanket restrictions on patients' freedom only when justified. For example, some patients access to personal belongings were restricted due to self-harm behaviours.

The provider had provided data between the dates of 02 July 2018 and 31 July 2018 which showed that no patients were secluded on Flower Adams 1 ward during this time. There were no episodes of long term segregation. There were 29 incidents of restraint over the same reporting period. There were no prone restraints of patients or administration of rapid tranquilisation reported.

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

Requires improvement



The provider used the training Management of Actual and Potential Aggression (MAPA) to enable staff to manage challenging behaviours, which focuses on management and intervention techniques to cope with challenging behaviours. The provider participated in 'the reducing restrictive practice programme' led organisationally by the deputy directors of nursing.

The provider were in the process of implementing the 'Safewards' model on the ward. The model aims to support staff in understanding the factors that influence staff and patient behaviours on incident occurrences with a focus on reducing the level of incidents.

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

The provider had a policy covering the monitoring of physical healthcare checks following administration of rapid tranquilisation. Managers completed audits to monitor staff compliance, as required.

Safeguarding

Sixty-six percent of staff received safeguarding training which was below the providers standard of 85%. However, staff that we spoke with knew how to recognise adults and children at risk of, or suffering harm, gave clear examples of how to protect patients from harassment and discrimination and worked with other agencies to protect them. Staff made appropriate safeguarding referrals.

Staff followed clear procedures to keep children visiting the ward safe.

Staff access to essential information

Staff kept comprehensive patient notes in paper and electronic form which were available to all relevant staff when they needed it.

Medicines management

Staff followed good practice in medicines management. Staff stored, dispensed, administered and recorded medicines safely. We observed staff competently administering medicines to patients during the inspection. Staff monitored and recorded controlled drugs and kept the controlled drug key in an adjacent ward in line with national guidance.

Staff reviewed the effects of medication on patient's physical health regularly. Staff observed for any side effect symptoms patients experienced and responded to these effectively.

Track record on safety

The provider supplied data prior to the inspection which showed there had been no serious incidents reported in the twelve months up to July 2018. During the inspection, managers reported one serious incident on Flower Adams 1 ward which was currently being investigated and led to a series of out of hours visits as part of the internal investigation process.

Reporting incidents and learning from when things go wrong

Managers did not always complete the investigation sections of the incident recording form to demonstrate they had reviewed them and identified learning following incidents. We reviewed 25 incident forms and found no investigation sections of the form completed.

Staff did not receive lessons learnt information in team meetings. We reviewed five team meeting minutes for Flower Adams 1 ward and found that lessons learnt were not included in the standard agenda.

Managers discussed learning identified as relevant to the provider and wider organisation at two morning ward and hospital wide handover meetings. However, not all staff were able to attend these and were, therefore unable to receive this learning. Staff reported incidents on a paper incident recording form. Staff knew the types of events that required reporting.

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

Managers told us that staff received email bulletins from the wider organisation based on events at other locations called the 'red top alerts' which was printed and displayed in the hospital.

Staff were de-briefed and received support after serious incidents.

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

Requires improvement



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 examined four care plan records. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff created comprehensive care plans for patients although these were very lengthy and two records out of the five reviewed were incomplete. Staff did not create a care plan for one patient's needs that was identified during their assessment and one patient's Mental Health Act status was not updated within the patient's care plan. Staff updated the care plans in the review section to reflect any changes to the patients care.

Best practice in treatment and care

Staff followed the National Institute of Health and Care Excellence guidance when prescribing medications. Doctors prescribed antipsychotic medication in line with recommended limits and routine monitoring of patients was in place.

Staff did not provide a range of treatment and care interventions suitable for the patient group. Although, staff provided informal activities on the wards and occupational therapists and technical instructors provided therapeutic activities, patients were not all receiving psychologically based treatment interventions. Staff had not completed a psychological formulation for all patients which meant it was unclear what treatment interventions they would require. Staff told us they were using the 'Five Ps' model to develop patient formulations which included predisposing, precipitating, perpetuating, protective and presenting factors. However, when we looked at four patients' records, only one patient had a psychological formulation in place.

Some staff had received some training in a brief dialectical behavioural therapy (DBT) and the psychologist was providing a mixture of DBT groups and one to one DBT/cognitive behavioural therapy sessions to some patients.

Staff identified the physical health needs of patients and made sure patients had access to physical health care, including specialists as required. A physical health nurse supported ward teams and patients. The provider had a visiting general practitioner once a week and a practice nurse.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff supported patients to live healthier. Staff offered all patients appropriate smoking cessation advice.

Staff used recognised rating scales to assess and record severity and outcomes for example, Flower Adams wards used the Emotional Regulation Scale (DERS); Distress Tolerance Scale, Beck Anxiety Inventory, (BAI), Beck Depression Inventory (BDI) and the Rosenberg Self-Esteem Scale (RSE). Staff repeated assessments once patients were fully engaged in individual psychological treatment or group work to assess change.

Staff participated in numerous clinical audits to ensure the quality of clinical care being delivered. These included audits of engagement and observations; health and safety, infection control, physical healthcare, safeguarding, Mental Health Act and ligature audits.

Skilled staff to deliver care

The team had the full range of specialists to meet the needs of patients on the ward including nurses, doctors, occupational therapists, technical instructors, speech and language therapists, pharmacists and psychologists.

Staff expressed concerns at not feeling experienced or qualified to meet the needs of the patient group. Staff commented on the high acuity levels on the ward and that they did not feel adequately skilled to manage the challenging behaviour presented by this patient group. Although managers said they provided specialist training to staff such as 'working with personality disorders', 'post traumatic stress disorder', 'managing professional boundaries' and dialectic behaviour therapy skills training, staff feedback showed this had not yet been provided to the majority of staff to ensure all staff had adequate skills to care for the client group.

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

Requires improvement



Managers provided new staff with an appropriate induction.

Managers did not provide staff with regular supervision. The percentage of staff supervision between September 2018 and November 2018 was 65% for Flower Adams 1 ward which was below the providers target of 85%.

Managers had not ensured that staff received regular appraisals. The percentage of staff that had an appraisal within the last three months between September 2018 and November 2018 was 22%. Out of 21 staff, three appraisals were not due, four had been completed and 14 were due for completion. We were not assured staff were receiving appropriate support for their roles to identify performance issues or training needs.

Staff had access to regular team meetings. However, minutes of meetings were not accessible to staff in team offices for further reference, or for staff unable to attend the meetings. During the inspection staff were not able to locate meeting minutes. This meant that staff were not able to easily access feedback about the hospital.

Managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

Staff held regular multidisciplinary meetings to discuss patients and documented plans in patient notes.

We observed one handover meeting, staff shared clear information about patients and any changes in their care.

Staff on all wards reported working well with other teams. However, staff from other wards being moved to support Flower Adams 1 ward with staff shortages, expressed reluctance about this due to the acuity levels on the ward and not having sufficient training for the needs of the patient group.

Ward teams had effective working relationships with external teams and organisations. We saw examples of positive working relationships with social care organisations, local authorities, commissioners and housing providers.

Adherence to the MHA and the MHA Code of Practice

All staff had had training in the Mental Health Act. Staff received training on the Mental Health Act and the Mental Health Act Code of Practice and described the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and staff supported patients who lacked capacity by referring to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary in accordance with the Mental Health Act Code of Practice and recorded it clearly in the patient's notes each time.

Staff requested an opinion from a Second Opinion Appointed Doctor when they needed to.

Staff stored copies of patient's detention papers and associated records correctly and staff could access them when they needed to.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this.

Care plans included information about after care services available for those patients who qualified for section 117 aftercare under the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the MCA

All staff had had training in the Mental Capacity Act. Staff received training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Requires improvement



Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff only made applications for a Deprivation of Liberty Safeguards order when necessary and monitored the progress of these applications.

The service monitored how well it adhered to the Mental Capacity Act and made changes to practice when necessary. Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

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

Requires improvement



Kindness, privacy, dignity, respect, compassion and support

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interacting with patients in a way that was responsive to their needs. Staff described the needs of their patients and how they worked with patients to support them.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said most staff treated them well and behaved kindly. However, patients told us that they did not always feel supported by staff who worked at night. Managers were investigating these concerns.

Staff told us they felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and were supported to do so.

Staff followed the hospital's policy to keep patient information confidential.

Involvement in care

Staff introduced patients to the ward and the services as part of their admission.

Staff did not create collaborative care plans or risk assessments with patients to demonstrate their involvement and patients did not sign care plans or have their own copies. Staff wrote risk assessments and care plans in formal language that did not represent the patient voice. Two out of three patients said they were not involved in developing their care plan and all three patients said they did not receive a copy of their care plan.

Staff communicated with patients so that they understood their care and treatment as observed in multi-disciplinary meetings with patients.

The provider developed the 'People's Council' chaired by an expert by experience to gain feedback from service users and carers on issues within the hospital, ways to improve, learn and to develop the service.

Staff gave patients the opportunity to get involved in the service by taking part in community meetings, patient forums and patient surveys. Patients could give feedback on the service and their treatment and staff supported them to do this. However, when we reviewed community meetings, three out of six meetings between 6th October 2018 until the 17th November 2018 were cancelled due to 'staff shortages and incidents'. Staff did not provide details of the actions they had taken following patient feedback.

Staff did not support patients to make advanced decisions on their care. Four records did not have advance decision information recorded.

Staff ensured that patients could access advocacy services.

Care plans contained details of families and carers, where patients had consented to having people involved. Staff recorded contact they had with carers in electronic notes.

Families and carers were invited to multi-disciplinary meetings to discuss their loved ones' care, and to inform and provide carers with support when needed.

Relatives were able to give feedback on the service they received through surveys which the provider analysed at a hospital wide level.

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

Requires improvement



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

The average length of stay for patients was 27 days. The ward had recently opened so lengths of stay were low at the time of our inspection.

The provider accepted patients from the local area and across the country, based on individual referrals. Seventeen patients were from out of area locations at the time of our inspection.

Staff kept beds available for patients when they returned from leave. Patients were not moved between wards during an admission episode. Patients were moved or discharged at appropriate times of the day.

Staff could make referrals to a psychiatric intensive care unit (PICU) if a patient required more intensive care. and this was sufficiently close for the person to maintain contact with family and friends. This was also dependent on authorisation of funding and agreed clinical need by the commissioning team.

Managers monitored the number of delayed discharges. There were no patients with delayed discharges reported.

Ten patients had been discharged since the service opened in August 2018.

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

Patients' discharges were never delayed for other than clinical reasons.

Staff supported patients during referrals and transfers between services for example if they required treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

Patients were accommodated in single bedrooms with en suite facilities. Patients could personalise their bedrooms and had access to a secure place to store possessions.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

Wards had outside space that patients could access easily.

The service offered a variety of food choices, which were of good quality. Staff provided food that met patients cultural and dietary needs.

Patients' engagement with the wider community

Staff supported patients to maintain contact with their families and carers. The hospital had a visitor's room for patients to use outside of the ward areas.

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

Meeting the needs of all people who use the service

The service could support and make adjustments for people with disabilities, communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. The service had information leaflets which staff could make available in a variety of languages, if needed.

Managers made sure staff and patients could arrange interpreters or signers when needed.

Patients had access to spiritual, religious and cultural support. Staff supported patients with sexuality and ethnicity as required. The provider was in the process of expanding the resources available to support service users in exercising their cultural and religious beliefs, including provision of religious artefacts and texts library, and were creating a space within the hospital to be adapted to offer a quiet space for worship, prayer or reflection.

Listening to and learning from concerns and complaints

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

Requires improvement 

The provider had a complaints policy, which staff understood and had access to. Staff managed complaints appropriately and in accordance with the policy. Managers investigated complaints and identified themes.

Patients knew how to complain or raise concerns. They told us staff supported them to do this, so they did not feel any fear about doing so.

Patients received feedback from managers after the investigation into their complaint. However, staff did not receive feedback from managers after investigations. Managers did not document learning from investigations or incidents within team meetings, although learning from these were discussed within morning meetings.

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

Requires improvement 

Leadership

The provider did not adequately plan or implement their new service strategy. Senior managers explained the last-minute changes to the service specification for Flower Adams 1 ward had been implemented immediately prior to opening. This had impacted on safe care and treatment for patients. Originally planned to be a long stay rehabilitation ward, the decision to change to an acute admission ward, had caused anxiety amongst the staff. The majority of staff told us they did not feel suitably skilled or trained to manage the complexity of needs and risks of this patient group. Patient care records showed high numbers of incidents across both Flower Adams wards since opening.

Managers we spoke with knew their service and their staff and patients. Managers had the skills required for their role. They displayed passion for their jobs and put patient care and staff support first.

Patients and staff knew who their managers were and we saw them on the wards engaging with staff and patients.

Vision and strategy

Managers had consulted with staff when determining the vision and values of the provider and staff could find

information when needed on the intranet. Managers had allocated staff as 'values champions' and had organised a roadshow for champions to attend. Managers shared the cygnet bulletin with staff containing information on the values and distributed promotional items and posters across the hospital.

Ward managers knew their budgets and worked creatively to ensure they delivered good care.

Culture

The provider had not ensured all staff were in receipt of adequate support for their roles. The provider had a target of 85% compliance with staff supervision. Data provided in November 2018 showed overall compliance for Flower Adams 1 at 65%. The provider had not ensured all eligible staff had received an appraisal. Data provided in November 2018 showed overall compliance for Flower Adams 1 at 22%. We were concerned that staff were not receiving appropriate support to identify performance issues or training needs. This was particularly concerning given that staff were now supporting a different patient demographic following service re-design.

Staff generally described local morale as positive and gave examples of how ward teams supported each other, despite challenges with staffing levels.

Staff were positive and proud of the work they did, and described their focus as giving the best patient care possible. Staff commented on the recent changes to the wards where three new wards had opened. Staff felt moving away from a learning disability service to a service now with wards for people with a personality disorder had been challenging and they were still in the process of adjusting to this change.

Staff described being confident in raising concerns.

Staff understood the whistle-blowing policy and knew where to access the policy.

Local teams worked well together, and their manager dealt with any difficulties when they happened.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. The provider had recently updated their equality and diversity and

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

Requires improvement



transgender policies. Staff had received training on lesbian gay bisexual and transgender issues. Managers told us their human resources department were in the process of implementing the Workforce Race Equality Standard.

Managers addressed sickness and absence appropriately and supported ward staff to return to work.

Senior managers recognised staff success within the service and were re-introducing the staff awards.

Governance

Managers had a clear framework of items they discussed at directorate meetings but did include these within team meetings. We reviewed five team meeting minutes, and found these did not include learning from incidents, investigations or outcomes of complaints as a standard agenda item. We were not assured all staff had access to outcomes and learning to prevent recurrence.

Staff regularly undertook and participated in local clinical audits. Staff acted on the results when needed.

Staff understood the trust's arrangements for working with other teams both inside and outside the hospital.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. Staff concerns matched those on the risk register.

The service had clear plans for dealing with emergencies and staff understood these.

Information management

The systems to collect ward and directorate data did not create extra work for frontline staff.

Staff had access to equipment and technology to support them to do their work.

Information governance systems clearly stated policy on confidentiality of patient records.

Team managers had access to information that supported them.

Staff notified and shared information with external organisations when necessary, seeking patient consent when required to do so.

Engagement

Staff expressed frustration about the challenges they faced in maintaining staffing levels on Flower Adams wards and that they did not feel sufficiently skilled to care for this patient group.

Staff, patients and carers had up to date information about the work of the provider and the services they used through the intranet, bulletins and information boards.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs through staff and patient surveys. The provider analysed this data at hospital wide level rather than at service specific level. Patients scored highly on being able to raise concerns and complain when they had specific concerns about the service.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

Patients and carers were involved in decision making about changes to the service.

Patients and staff could meet with members of the provider's senior leadership team to give feedback. Staff held regular clinical governance meetings, ward forum and patient council meetings to do this.

Directorate leaders engaged regularly with external stakeholders including commissioners.

Learning, continuous improvement and innovation

Staff were given opportunities to develop their professional development through the implementation of the Royal College of Nursing online learning resource.






Staff had set up and implemented the people's council chaired by Cygnet's expert by experience where improvements to the service have been actioned as a result of the meetings.

Staff were in the process of setting up a research project led by psychologists and Cygnet's expert by experience on the effectiveness of the recently developed people's council meeting.

Staff were in the process of embedding 'Safewards' across the service and were currently arranging for a 'train the trainers' event to take place to support the implementation of this.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

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

Requires improvement 

Safe and clean environment

Managers had not identified and mitigated against ligature risks on Flower Adams 2 ward. Staff had not identified all ligature anchor points on the ligature risk assessment including outside door handles in the garden, a bath board which was a ligature risk to one patient and a window in one of the corridors. Staff had not identified a drawstring within a curtain that could have easily been removed and used as a ligature. The provider removed this immediately. Ramsey ward had a completed and up to date ligature risk assessment which identified all potential risks. Risks identified had management plans in place to keep patients safe.

Staff were not able to observe all parts of the wards due to blind spots. The provider had installed convex mirrors to mitigate blind spots and used closed circuit television but it was not routinely monitored by staff to observe patients. Staff nursed patients on continuous observations to further mitigate any identified risks, when needed. Staff on Ramsey ward mitigated blind spots with 'floor walkers' whose responsibility was to walk around the ward and observe patients. However, staff had not updated all patient risk assessments on Flower Adams 2 ward and we were concerned that staff did not always have sufficient up to date information to safely care for patients within this environment.

Both wards complied with the Department of Health guidance on eliminating mixed sex accommodation. Both wards were single sex with en suite facilities within each bedroom.

Staff had easy access to alarms and patients had easy access to nurse call systems.

The provider had recently renovated Flower Adams 2 and Ramsey ward which was clean and bright in appearance. Staff had maintained a clean environment with good furnishings.

Staff completed daily cleaning records which were up to date and demonstrated regular cleaning of the ward areas.

Staff adhered to infection control principles. We observed hand washing guidance displayed throughout the wards next to hand basins for staff and patient use.

The provider did not have any seclusion rooms at the location. Managers reported no seclusions in the six months between 01 February 2018 and 31 July 2018.

Staff ensured the clinic room was fully equipped with accessible resuscitation equipment and emergency drugs which were checked regularly. Flower Adams 2 ward shared their treatment room with Flower Adams 1 ward which had an examination couch where clinical procedures could take place.

Staff maintained equipment well and kept it clean.

Safe staffing

The service had sufficient staff with the right qualifications and experience for safe care and treatment of patients. The

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

current establishment levels for Flower Adams 2 ward were six registered nurses with five in post and 24 support workers with 17 in post. The wards' vacancy rates were one for qualified nurses and seven for support workers.

The current establishment levels for Ramsey ward were 12 qualified nurses with ten in post and 20 support workers with 14 in post. The wards vacancy rates were two for qualified nurse and six for support workers.

The number of shifts filled by bank and agency staff to cover sickness, absence and vacancies between September 2018 and November 2018 were 121 shifts for Flower Adams 2 ward and 28 shifts for Ramsey ward. No shifts remained unfilled.

Staff sickness rates were provided on a monthly basis between September 2018 and November 2018. Flower Adams 2 ward's staff sickness rates were 10% for September; 29% for October and 14% for November 2018. Ramsey ward sickness rates were 11% for October and 25% for November 2018.

The turnover rate from September 2018 and November 2018 for Flower Adams 2 ward was 3% and 19% for Ramsey Ward. Both wards had recently opened which had resulted in movement of staff between wards and some staff leaving the service.

Managers had calculated the number and grade of nurses required using an organisational staffing analysis tool. Staffing levels would increase depending on the number of patients on the ward and the number of continuous observations were required. Managers used high levels of bank and agency staff. Where possible, managers booked staff familiar with the wards and booked staff in advance. Ramsey ward staff said they were being regularly moved to Flower Adams 2 ward to support the ward due to short staffing.

Managers made sure all bank and agency staff had a full induction and understood the patient needs before starting their shift.

Managers ensured the service had enough staff on each shift to carry out any physical interventions safely. Wards located near each other would request support if required.

The service had enough daytime and night time medical cover and a doctor available to come to the ward quickly in an emergency.

Staff had received and were up to date with the majority of appropriate mandatory training. The provider set a target of 85% for completion of mandatory and statutory training. However, rates for Mental Health Act (MHA) Awareness were at 38% on Flower Adams 2 ward and 65% on Ramsey ward. The provider also required staff to complete another MHA mandatory training which was above 85%.

Managers kept track of staff mandatory training rates. Staff received alerts, so they knew when to update or complete training modules. Staff used the 'Achieve' on line learning system to complete relevant online training.

Assessing and managing risk to patients and staff

Staff were not undertaking thorough risk assessments for every patient on Flower Adams 2 ward. We reviewed three patient records on Flower Adams 2 ward and found risk assessments were incomplete, unavailable and not updated. We reviewed three pre-admission risk assessments on Flower Adams 2 ward and found that two assessments were unavailable.

Staff were not robustly assessing risks for patients which posed a risk that staff would not give them the support they needed. For example, staff were not accurately completing risk assessments or updating them after incidents. Staff's risk assessment of Flower Adams 2 ward patients did not match the level of risk presented. For example, staff had rated one patient as a moderate risk of violence despite them having a history of violence and that they had recent incidents of violence and aggression. Staff rated a patient's history of violence differently on two separate risk assessment documents. Another patient was due to be transferred to the acute ward due to an increase in violence, however, the patient remained on Flower Adams 2 ward. Staff did not consistently update risk assessments following incidents.

Staff on Ramsey ward completed the hospital risk assessment tool and the Short-Term Assessment of Risk and Treatability (START) risk assessment for their patients. Three patient records we reviewed, indicated these had been updated following incidents.

Staff did not consistently update risk assessments following incidents. We observed the ward's and hospital wide handover meetings where risks to and by patients were discussed and actions were taken to manage the risks

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



accordingly. However, staff did not always update patients' risk assessments following these discussions. We were concerned that not all staff would have access to up to date risk information to safely care for patients.

Staff managed incidents by building a therapeutic relationship with patients, using verbal de-escalation and physical interventions only if needed. Records showed high numbers of incidence of violence and aggression on Flower Adams 2 ward.

Staff followed good policies and procedures for use of observations and for searching patients or their bedrooms. Staff applied blanket restrictions on patient's freedom only when justified.

The provider had not implemented a smoke free policy on the ward despite the provider following a smoke free strategy in 2016. Patients were able to smoke in certain areas of the garden with supervision from staff.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this. However, during our visit there were no informal patients on the ward.

The provider's data on seclusion between 02 July 2018 and 31 July 2018 showed that no patients were secluded on Flower Adams 2 ward during this time or on Ramsey ward since opening in September 2018. There were no episodes of long term segregation. There were 29 incidents of restraint between the dates of 02 July 2018 and 31 July 2018 for Flower Adams 2 ward and 0 for Ramsey ward. There were no incidents of prone restraint or administration of rapid tranquilisation between these dates on either ward.

Staff and managers worked to keep the use of restrictive interventions to a minimum. The provider used the training management of actual and potential aggression (MAPA) to enable staff to manage challenging behaviours which focused on management and intervention techniques to cope with challenging behaviours. Staff made every attempt to avoid using restraint by using de-escalation techniques and only restrained patients when these failed and when necessary to keep the patient or others safe. The provider participated in the 'reducing restrictive practice programme' led organisationally by the deputy directors of nursing.

The provider was in the process of implementing the 'Safewards' model on the ward. The model aims to support staff in understanding the factors that influence staff and patient behaviours on incident occurrences with a focus on reducing the level of incidents.

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

The provider had a policy covering the monitoring of physical healthcare checks following administration of rapid tranquilisation. Managers completed audits to monitor staff compliance, as required.

Safeguarding

Not all staff had received training in safeguarding in accordance with the provider's target of 85% compliance. Seventy percent of staff on Flower Adams 2 ward and 71% of staff on Ramsey ward received safeguarding training. However, staff knew how to recognise adults and children at risk of, or suffering harm, gave clear examples of how to protect patients from harassment and discrimination and worked with other agencies to protect them. Staff made appropriate safeguarding referrals.

Staff followed clear procedures to keep children visiting the ward safe.

Staff access to essential information

Staff kept comprehensive patient notes in paper and electronic form which were available to all relevant staff when they needed it.

Medicines management

Staff followed good practice in medicines management. Staff stored, dispensed, administered and recorded medicines safely. We observed staff competently administering medicines to patients during the inspection. Staff monitored and recorded controlled drugs and kept the controlled drug key in an adjacent ward in line with national guidance.

Staff reviewed the effects of medication on patient's physical health regularly. Staff observed for any side effect symptoms patients experienced and responded to these effectively.

Track record on safety

The provider supplied data prior to the inspection which showed there had been no serious incidents reported in

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



the twelve months from July 2018. During the inspection, managers reported one serious incident Flower Adams 2 ward which was currently being investigated and led to a series of out of hours visits as part of the internal investigation process.

Reporting incidents and learning from when things go wrong

Staff reported incidents on a paper incident recording form. Staff knew the types of events that required reporting. Managers did not always complete the investigation sections of the incident recording form to demonstrate they had reviewed them and identified learning following incidents. We reviewed 25 incident forms and found no investigation sections of the form completed.

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

Managers discussed learning relevant to the hospital and wider organisation at two morning ward and hospital wide handover meetings. However, not all staff were able to attend these and were, therefore unable to receive this learning.

Managers told us that the hospital staff received email bulletins from the wider organisation based on learning from events at other locations called the 'red top alerts' which was printed and displayed in the hospital.

Staff did not receive lessons learnt information in team meetings. We reviewed team meeting minutes for Flower Adams 2 and Ramsey ward and found that lessons learnt were not discussed or included in the standard agenda which posed a risk that similar incidents could reoccur.

Staff were de-briefed and received support after serious incidents.

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

(for example, treatment is effective)

Requires improvement



Assessment of needs and planning of care

We examined three care plan records for Flower Adams 2 and three for Ramsey ward. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff on Flower Adams 2 ward created comprehensive care plans that were personalised, holistic and recovery-orientated. However, these were very lengthy, one care plan appeared to be a repeat of the assessment information and one care plan referred to a patient's previous placement indicating they had been copied. Staff did not regularly update the care plans to reflect any changes to the patients' care.

Staff on Ramsey ward created comprehensive care plans that were personalised, holistic and recovery-orientated. We reviewed three care plans and found clear plans demonstrating numerous rehabilitation goals that were individualised to patients' needs. Staff also completed positive behavioural support plans for patients.

Best practice in treatment and care

Staff followed the National Institute of Health and Care Excellence guidance when prescribing medications. Doctors prescribed antipsychotic medication in line with recommended limits and routine monitoring of patients was in place.

Staff on Flower Adams ward 2 did not provide a range of treatment and care interventions suitable for the patient group. Although staff provided informal activities on both wards and occupational therapists and technical instructors provided therapeutic activities, patients on Flower Adams 2 ward were not all receiving psychologically based treatment interventions. Staff had not completed a psychological formulation for all patients which meant it was unclear what treatment interventions they would require. Staff told us they were using the 'Five Ps' model to develop patient formulations which included predisposing, precipitating, perpetuating, protective and presenting factors. However, when we looked at three patients' records on Flower Adams 2 ward, one patient did not have a psychological formulation in place despite being admitted in July 2018 and one patients' records stated the assessment was in progress. Some staff had received some

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



training in a brief dialectical behavioural therapy (DBT) and the psychologist was providing a mixture of DBT groups and one to one DBT/cognitive behavioural therapy sessions to some patients.

Staff on Flower Adams 2 ward were not delivering care and treatment to patients in line with best practice for rehabilitation wards. For example, staff did not ensure that patients were given opportunities to increase their independence before going to live in the community. Patients on Flower Adams 2 ward did not have training and work opportunities to acquire living skills. Some patients presented as a high risk with challenging behaviours and we were concerned that their needs would be difficult to meet on a rehabilitation ward. Patients did not have unescorted leave and there had not been a consideration for patients commencing self-medication.

Staff on Ramsey ward encouraged and supported patients to work towards unescorted leave and community leave. Staff completed interest's checklists with patients and developed individualised timetables. Staff empowered patients' to be able to live independently and supported patients to build their skills and confidence to do this. The provider ensured working opportunities including car washing and cleaning jobs were available for patients. The provider were installing computers in their activity centre for patients to use and were due to open a tuck shop for patients to be able to meet, socialise and gain employment experience. Staff were developing a career skills and Curriculum Vitae writing group for patients on Ramsey ward to support patients seeking employment. Patients were encouraged to attend a local college to develop their education, skills and confidence in seeking employment. Staff were setting up volunteering opportunities for patients at a college and at a wildlife trust.

Staff identified the physical health needs of patients and made sure patients had access to physical health care, including specialists as required. A physical health nurse supported ward teams and patients. The provider had a visiting general practitioner once a week and a practice nurse.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff supported patients to live healthier lives. Staff offered all patients appropriate smoking cessation advice.

Staff used recognised rating scales to assess and record severity and outcomes for example, Flower Adams wards used the Emotional Regulation Scale (DERS); Distress Tolerance Scale, Beck Anxiety Inventory, (BAI), Beck Depression Inventory (BDI) and the Rosenberg Self-Esteem Scale (RSE). Staff repeated relevant assessments once patients were fully engaged in individual psychological treatment or group work to assess change.

Ramsey ward used the Clinical Outcomes Routine Evaluation – 10 (CORE-10); Beck Depression, Anxiety & Hopelessness Inventories, The Stages of Change Readiness and Treatment Eagerness Scale, Rosenberg Self-Esteem Scale, Psychotic Symptoms Rating Scales (PSYRATS) and the Brief Symptom Inventory. Staff repeated relevant assessments once the patients were fully engaged in individual treatment to assess progression.

Staff participated in numerous clinical audits to ensure the quality of clinical care being delivered. These included audits of engagement and observations; health and safety, infection control, physical healthcare, safeguarding, Mental Health Act and ligature audits.

Skilled staff to deliver care

The teams had the full range of specialists to meet the needs of patients on the ward including nurses, doctors, occupational therapists, technical instructors, speech and language therapists, pharmacists and psychologists.

Staff on both wards were experienced and qualified to meet the needs of the patient group. However, two staff on Flower Adams 2 ward expressed concerns on the high acuity levels on the ward and that they did not feel adequately skilled to manage the challenging behaviour presented by this patient group. Although managers provided specialist training to staff relevant to working with the patient group on Flower Adams 2 ward such as 'working with personality disorders'; 'Post traumatic stress disorder', 'Managing professional boundaries' and Dialectic Behaviour Therapy skills training, staff feedback suggested this had not yet been provided to all staff.

Managers provided new staff with an appropriate induction.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



Managers did not provide staff with regular supervision. The percentage of staff supervision between September 2018 and November 2018 was 64% for Flower Adams 2 and 73% for Ramsey ward, which was below the providers target of 85%.

Managers had not ensured that staff received regular appraisals. The percentage of staff that had an appraisal between September 2018 and November 2018 was 13% for Flower Adams 2 ward and 38% for Ramsey Ward. Out of 23 staff on Flower Adams 2 ward, seven were not due an appraisal, two had been completed and 14 were due for completion. On Ramsey ward, out of 24 staff, four were not due an appraisal, six had been completed and 14 were due for completion. We were not assured staff were receiving appropriate support for their roles to identify performance issues or training needs.

Staff had access to regular team meetings. However, minutes of meetings were not accessible to staff in team offices for further reference, or for staff unable to attend the meetings. During the inspection staff were not able to locate meeting minutes. This meant that staff were not able to easily access feedback about the hospital. Staff on both wards did not receive lessons learnt in team meetings which posed a risk that similar incidents could reoccur.

Staff were given the opportunity to enhance their professional development by joining a nurse associate apprenticeship course and a leadership and management apprenticeship programme.

Managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

Staff held regular multidisciplinary meetings to discuss patients and documented plans in patient notes.

We observed one handover meeting, staff shared clear information about patients and any changes in their care.

Staff on all wards reported working well with other teams. However, staff from other wards being moved to support Flower Adams wards with staff shortages, expressed reluctance about this due to the acuity levels of the patient group.

Ward teams had effective working relationships with external teams and organisations. We saw examples of positive working relationships with social care organisations, local authorities and housing providers.

Adherence to the MHA and the MHA Code of Practice

All staff had had training in the Mental Health Act. Staff received training on the Mental Health Act and the Mental Health Act Code of Practice and described the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and staff supported patients who lacked capacity by referring to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary in accordance with the Mental Health Act Code of Practice and recorded it clearly in the patient's notes each time.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patient's detention papers and associated records correctly and staff could access them when they needed to.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this.

Care plans included information about after care services available for those patients who qualified for section 117 aftercare under the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the MCA

All staff had had training in the Mental Capacity Act. Staff received training in the Mental Capacity Act and had a good understanding of at least the five principles.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for them before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff only made applications for a Deprivation of Liberty Safeguards order when necessary and monitored the progress of these applications.

The service monitored how well it adhered to the Mental Capacity Act and made changes to practice when necessary. Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

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

Requires improvement



Kindness, privacy, dignity, respect, compassion and support

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interacting with patients in a way that was responsive to their needs. Staff described the needs of their patients and how they worked with patients to support them.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said most staff treated them well and behaved kindly.

Staff told us they felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed the hospital's policy to keep patient information confidential.

Involvement in care

Staff introduced patients to the ward and the services as part of their admission.

Staff on Flower Adams 2 ward did not create collaborative care plans or risk assessments with patients to demonstrate their involvement. Out of the three care records we reviewed, staff wrote risk assessments and care plans in formal language that did not represent the patient voice. However, staff on Ramsey ward involved patients in care planning and risk assessments and the patient voice was evident. Patients on both Flower Adams ward and Ramsey ward did not sign care plans or have their own copies. Patients on Ramsey ward said they were involved in developing their care plans although patients on both wards said they did not receive a copy of their care plan.

Staff communicated with patients so that they understood their care and treatment as observed in multi-disciplinary meetings with patients.

The provider developed the 'People's Council' chaired by an expert by experience to gain feedback from service users and carers on issues within the hospital, ways to improve these, learn and to develop the service.

Staff gave patients the opportunity to get involved in the service by taking part in community meetings, patient forums and patient surveys. Patients could give feedback on the service and their treatment and staff supported them to do this. However, between October 2018 and November 2018 only two community meetings took place on Flower Adams 2 ward and no actions on patients' feedback were provided. Ramsey ward held regular community meetings on a weekly basis.

Staff did not support patients to make advanced decisions on their care. Four records did not have advance decision information recorded.

Staff ensured that patients could access advocacy services.

Care plans contained details of families and carers, where patients had consented to having people involved. Staff recorded contact they had with carers in electronic notes.

Families and carers were invited to multi-disciplinary meetings to discuss their loved ones' care, and to inform and provide carers with support when needed.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Relatives were able to give feedback on the service they received through surveys which the provider analysed at a hospital wide level.

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

Good



Access and discharge

The average length of stay for patients on Flower Adams 2 was 58 days and 46 days for Ramsey ward. Both wards had recently opened so lengths of stay were low at the time of our inspection.

The provider accepted patients from the local area and across the country, based on individual referrals. Two patients were from out of area locations on Flower Adams 2 ward and 2 on Ramsey ward at the time of our inspection.

Staff kept beds available for patients when they returned from leave. Patients were not moved between wards during an admission episode. Patients were moved or discharged at appropriate times of the day.

Staff could make referrals to a psychiatric intensive care unit (PICU) if a patient required more intensive care. and this was sufficiently close for the person to maintain contact with family and friends. This was also dependent on authorisation of funding and agreed clinical need by the commissioning team.

Managers monitored the number of delayed discharges. There were no patients with delayed discharges reported.

Two patients on Flower Adams 2 had been discharged since the service opened in July 2018 and no patients had been discharged from Ramsey ward since the ward opened in September 2018. However, both wards had recently opened so it was too early to judge the quality of discharge practices.

Staff supported patients during referrals and transfers between services for example if they required treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

Patients were accommodated in single bedrooms with en suite facilities. Patients could personalise their bedrooms and had access to a secure place to store possessions. The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

Wards had outside space that patients could access easily.

The provider offered a variety of food choices, which were of good quality. Staff provided food that met patients' cultural and dietary needs.

Patients' engagement with the wider community

Working opportunities were available for patients including car washing and cleaning jobs. The provider were installing computers in to their activity centre for patients to use and were due to open a tuck shop for patients to be able to meet, socialise and gain employment experience. Staff were developing a career skills and CV writing group for patients on Ramsey ward to support patients with employment. Patients were encouraged to attend a local college to develop their educational knowledge and develop skills and confidence in seeking employment. However, the service had recently opened so patients were not accessing these opportunities at the time of our inspection. Staff on Ramsey ward supported patients' in developing their skills with budgeting, setting goals, community skills and cooking sessions. Staff were also setting up volunteering opportunities for patients to volunteer at a college and at a wildlife trust.

Staff supported patients to maintain contact with their families and carers. The provider had a visitor's room for patients to use outside of the ward areas.

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

Meeting the needs of all people who use the service

The service supported and made adjustments for people with disabilities, communication needs or other specific needs.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



Staff made sure patients could access information on treatment, local services, their rights and how to complain. The service had information leaflets in a variety of languages, if needed. Managers made sure staff and patients could arrange interpreters or signers when needed.

Patients had access to spiritual, religious and cultural support. Staff supported patients with sexuality and ethnicity as required. The provider were in the process of expanding the resources available to support service users in exercising their cultural and religious beliefs, including provision of religious artefacts and texts library, and were creating a space within the hospital to be adapted to offer a quiet space for worship, prayer or reflection.

Listening to and learning from concerns and complaints

The provider had a complaints policy, which staff understood and had access to. Staff managed complaints appropriately and in accordance with the policy. Managers investigated complaints and identified themes.

Patients knew how to complain or raise concerns. They told us staff supported them to do this, so they did not feel any fear about doing so.

Patients received feedback from managers after the investigation into their complaint. However, staff did not receive feedback from managers after investigations. Managers did not feedback or document learning from investigations and incidents within team meetings, although this was discussed within morning meetings.

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

Requires improvement



Leadership

Managers we spoke with knew their service and their staff and patients. Managers had the skills required for their role. They displayed passion for their jobs and put patient care and staff support first.

Patients and staff knew who their managers were, and we saw them on the wards engaging with staff and patients.

Staff on Ramsey ward described learning opportunities provided to them and how they could access specialist training for their roles. However, staff on Flower Adams wards expressed a need for specialist training on personality disorders to support them with caring for this patient group.

Vision and strategy

Managers had consulted with staff when determining the vision and values of the hospital and staff could find information when needed on the intranet. Managers had allocated staff as 'values champions' and had organised a roadshow for champions to attend. Managers shared the Cygnet bulletin with staff containing information on the values and distributed promotional items and posters across the hospital.

Staff described some opportunities available to contribute to discussions about service strategy, although some staff raised concerns about the short notice of the change of remit to Flower Adams 1 ward and they had not been consulted on this.

Ward managers knew their budgets and worked creatively to ensure they delivered good care.

Culture

The provider had not ensured all staff were in receipt of adequate support for their roles. The provider had a target of 85% compliance with staff supervision. Data provided in November 2018 showed overall compliance of 64% for Flower Adams 2 and 73% for Ramsey ward. The provider had not ensured all eligible staff had received an appraisal. Data provided in November 2018 showed overall compliance was 13% for Flower Adams 2 ward and 38% for Ramsey Ward. We were concerned staff were not receiving appropriate support to identify performance issues or training needs.

Staff generally described local morale as positive and gave examples of how ward teams supported each other, despite challenges with staffing levels.

Staff were positive and proud of the work they did, and described their focus as giving the best patient care possible. Staff commented on the recent changes to the wards where three new wards had opened. Staff felt

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



moving away from a Learning disability service to a service now with wards for people with a personality disorder had been challenging and they were still in the process of adjusting to this change.

Some staff on Ramsey ward said they felt bullied by senior staff and did not feel able to raise concerns. We raised this with managers, who believed this to relate to recent service changes, movement of staff within the service and performance management issues. However, our conversations with staff referred to difficult relationships between some staff and their managers.

Staff described being confident in raising concerns.

Staff understood the whistle-blowing policy and knew where to access the policy.

Local teams worked well together, and their manager dealt with any difficulties when they happened.

Managers made referrals to occupational health, if required.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. The provider had recently updated their equality and diversity and transgender policies. Staff had received training on lesbian gay bisexual and transgender issues. Managers told us their human resources department were in the process of implementing the Workforce Race Equality Standard.

Managers addressed sickness and absence appropriately and supported ward staff to return to work.

Local managers recognised staff success within the service and were re-introducing the staff awards.

Governance

Managers had a clear framework of items they must discuss at directorate meetings but did not within team meetings. We reviewed team meeting minutes, and these did not include learning from incidents, investigations or outcomes of complaints as a standard agenda item. We were not assured all staff had access to outcomes and learning to prevent recurrence.

Staff regularly undertook and participated in local clinical audits. Staff acted on the results when needed.

Staff understood the provider's arrangements for working with other teams both inside and outside the hospital.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. Staff concerns matched those on the risk register.

The service had clear plans for dealing with emergencies and staff understood these.

Information management

The systems to collect ward and directorate data did not create extra work for frontline staff.

Staff had access to equipment and technology to support them to do their work.

Information governance systems included confidentiality of patient records.

Team managers had access to information that supported them.

Staff notified and shared information with external organisations when necessary, seeking patient consent when required to do so.

Engagement

Staff on both wards expressed frustration about the challenges they faced in maintaining staffing levels on the wards that had recently opened and that they did not feel sufficiently skilled to care for this patient group.

Staff, patients and carers had up to date information about the work of the provider and the services they used through the intranet, bulletins and information boards.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs through staff and patient surveys. The provider analysed this data at hospital wide level rather than at service specific level. Patients scored highly on being able to raise concerns and complain when they had specific concerns about the service.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

Patients and carers were involved in decision making about changes to the service.

Patients and staff could meet with members of the provider's senior leadership team to give feedback. Staff held regular clinical governance meetings, ward forums and patient council meetings to do this.

Directorate leaders engaged regularly with external stakeholders including commissioners.

Learning, continuous improvement and innovation






Staff were given opportunities to develop their professional development through the implementation of the Royal College of Nursing online learning resource.

Staff had set up and implemented the people's council chaired by Cygnet's expert by experience where improvements to the service have been actioned as a result of the meetings.

Staff were in the process of setting up a research project led by psychologists and Cygnet's expert by experience on the effectiveness of the recently developed people's council meeting.

Staff were in the process of embedding 'Safewards' across the service and were currently arranging for a 'train the trainers' event to take place to support the implementation of this.

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Inadequate 

Safe and clean environment

The environment on Oak court was tired, dirty and there were some maintenance issues. The toilets and bathrooms were dirty and soiled. One bedroom door was not painted, showers in upstairs bedrooms were stained and taps were rusty. Wires were hanging from a patient's toilet ceiling; the quiet lounge and dining room had stains on the flooring and there was a ripped sofa in a patient's sitting room. The ward microwave had damage to its lining which was flaking, it was not clean, and was very hot to touch despite being used 30 minutes previously. One fire door on Oak ward was found to be propped open and the magnets that ensured the doors remained closed on three of the fire doors were faulty. We informed the provider of all issues including the hanging wires, microwave and fire doors and these were all rectified during our inspection. Managers said a refurbishment of Oak ward was due to commence as part of the on-going hospital refurbishment programme. However, no clear timescale was known at the time of the inspection.

The environment on Larch court was tidy although the furniture in the activity room was very tired and there was a foul-smelling odour in all bedrooms.

Safety was not a sufficient priority. Managers had not identified and mitigated against ligature risks on Oak and Larch court. Staff had not identified all ligature anchor points on the ligature risk assessment. The bathroom sink

on Oak court was not sealed around the edges which created a ligature anchor point. However, when we informed staff, this was immediately repaired. The shower head and hot tap were included on the ligature risk assessments for both wards, but they did not have any actions to mitigate the risk.

Staff were not able to observe all parts of both wards due to blind spots. However, staff placed patients on continuous observations to mitigate any risks posed to or by patients. The provider had installed convex mirrors to mitigate blind spots.

Both wards complied with the Department of Health guidance on eliminating mixed sex

accommodation. Both wards were single sex with en suite facilities within each bedroom.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Staff completed daily cleaning records which were up to date and demonstrated regular cleaning of the ward areas. However, despite records of regular cleaning, the foul-smelling odour remained.

Staff adhered to infection control principles. We observed hand washing guidance displayed throughout the wards next to hand basins for staff and patient use.

The provider did not have any seclusion rooms at the location. Managers reported no seclusions between 01 February 2018 and 31 July 2018.

Staff ensured the clinic room was fully equipped with accessible resuscitation equipment and emergency drugs

Wards for people with learning disabilities or autism

which were checked regularly. Staff told us another room was used where the physical health nurse and GP were based which had an examination couch for clinical procedures to take place.

Staff maintained equipment well and kept it clean.

Safe staffing

The service had sufficient staff with the right qualifications and experience for safe care and treatment of patients. The current establishment levels for Larch Court were 5 qualified nurses with 5 in post and 32 support workers with 25 in post. The wards vacancy rates were 0.5 for registered nurses and 7 for support workers.

The current establishment levels for Oak Court were 8 qualified nurses with 6 in post and 14 support workers with 15 in post. The wards vacancy rates were 2 for qualified nurse and -1 for support workers.

The number of shifts filled by bank and agency staff to cover sickness, absence or vacancies on Oak ward between September 2018 and November 2018 were 103 shifts.

The number of shifts filled by bank and agency staff to cover sickness, absence or vacancies on Larch ward between September 2018 and November 2018 were 50 shifts. No shifts remained unfilled.

The service reported staff sickness rates monthly between September 2018 and November 2018 for both Oak and Larch court. Staff sickness for Larch court were 0% for September; 12% for October and 10% for November 2018. Staff sickness rates for Oak court were 22% for September; 16% for October and 11% for November 2018.

The service reported staff turnover rates between September 2018 and November 2018 for Larch court as 13% and 41% for Oak court. Both wards had recently been affected by the recent changes to services which had resulted in movement of staff between wards and some staff leaving the service.

Managers had calculated the number and grade of nurses required using an organisational staffing analysis tool. Staffing levels would increase depending on the number of patients on the ward and the number of continuous observations were required. Managers used high levels of bank and agency staff. Where possible, managers booked staff familiar with the wards and booked staff in advance.

Managers made sure all bank and agency staff had a full induction and understood the patient needs before starting their shift.

Managers ensured the service had enough staff on each shift to carry out any physical interventions safely. Wards located near each other would request support if required.

The service had enough daytime and night time medical cover and a doctor available to come to the ward quickly in an emergency.

Staff on both wards had received and were up to date with all the appropriate mandatory training. The provider set a target of 85% for completion of mandatory and statutory training.

Managers kept track of staff mandatory training rates. Staff received alerts, so they knew when to update or complete training modules. Staff used the 'Achieve' on line learning system to complete relevant online training.

Assessing and managing risk to patients and staff

Staff completed a risk assessment of every patient on admission including the Short-Term Assessment of Risk and Treatability (START) tool.

Of the five care records we reviewed on Oak Court and the four on Larch Court, staff had updated risk assessments regularly including after any incidents.

Staff managed risks effectively and responded to changing risks to or posed by patients. Staff discussed risks to and by patients in handover meetings and staff acted to manage the risks accordingly.

Staff used Positive Behaviour support plans (PBS) on both wards to manage the changing risks posed by individual patients. Staff linked these to incident forms and analysed the information to demonstrate either an improvement or deterioration in behaviours and incidents.

Staff managed incidents by building a therapeutic relationship with patients, using verbal de-escalation and physical interventions only if needed.

Staff followed good policies and procedures for use of observations and for searching patients or their bedrooms. Staff applied blanket restrictions on patient's freedom only when justified.

Wards for people with learning disabilities or autism

The provider had not implemented a smoke free policy on the ward despite the provider following a smoke free strategy in 2016. Patients could smoke in certain areas of the garden with supervision from staff.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this. However, during our visit there were no informal patients on the ward to ask.

Managers provided data between 02 July 2018 and 31 July 2018 which showed that no patients were secluded on either Larch Court or Oak Court during this time. There were no episodes of long term segregation. There were 95 incidents of restraint between 02 July 2018 and 31 July 2018 for Larch court involving five different patients. There were 77 incidents of restraint between 02 July 2018 and 31 July 2018 for Oak court involving six different patients. There were no prone restraints or rapid tranquilisation used between these dates.

Staff and managers worked to keep the use of restrictive interventions to a minimum. The provider used the training Management of Actual and Potential Aggression (MAPA) to enable staff to manage challenging behaviours which focuses on management and intervention techniques to cope with challenging behaviours. Staff made every attempt to avoid using restraint by using de-escalation techniques and only restrained patients when these failed and when necessary to keep the patient or others safe. The provider participated in the 'reducing restrictive practice programme' led organisationally by the deputy Directors of nursing.

The provider was in the process of implementing the 'Safewards' model on the ward. The model aims to support staff in understanding the factors that influence staff and patient behaviours on incident occurrences with a focus on reducing the level of incidents.

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

The provider had a policy covering the monitoring of physical healthcare checks following administration of rapid tranquilisation. Managers completed audits to monitor staff compliance, as required.

Safeguarding

Not all staff had received training in safeguarding in accordance with the provider's target of 85% compliance.

Seventy two percent of staff on Oak Court and 78% of staff on Larch court received safeguarding training. However, staff knew how to recognise adults and children at risk of, or suffering harm, gave clear examples of how to protect patients from harassment and discrimination and worked with other agencies to protect them. Staff made appropriate safeguarding referrals.

Staff followed clear procedures to keep children visiting the ward safe.

Staff access to essential information

Staff kept comprehensive patient notes in paper and electronic form which were available to all relevant staff when they needed it.

Medicines management

Staff followed good practice in medicines management. Staff stored, dispensed, administered and recorded medicines safely. We observed staff competently administering medicines to patients during the inspection. Staff monitored and recorded controlled drugs and kept the controlled drug key in an adjacent ward in line with national guidance.

Staff reviewed the effects of medication on patient's physical health regularly. Staff observed for any side effect symptoms patients experienced and responded to these effectively.

Track record on safety

The provider did not report any serious incidents within the last twelve months.

Reporting incidents and learning from when things go wrong

Staff reported incidents on a paper incident recording form. Staff knew the types of events that required reporting.

Managers reviewed and investigated incidents. However, the incident forms were not updated with outcomes of these investigations. We reviewed 12 incident forms and found no investigation sections of the form completed to demonstrate learning following incidents.

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

Wards for people with learning disabilities or autism

Managers discussed learning relevant to the hospital and wider organisation at two morning ward and hospital wide handover meetings. However, not all staff were able to attend these and were, therefore unable to receive this learning.

Managers told us that staff received email bulletins from the wider organisation based on learning from events at other locations called the 'red top' which staff printed and displayed in the hospital.

Staff did not receive lessons learnt information in team meetings. We reviewed six team meeting minutes for both Oak and Larch court and found that lessons learnt were not discussed or included in the standard agenda.

Staff were de-briefed and received support after serious incidents.

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

Requires improvement 

Assessment of needs and planning of care

We examined five care plan records for Oak Court and four for Larch Court. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff on both Oak and Larch court created comprehensive care plans that were personalised, holistic and recovery-orientated. Although these were lengthy, staff regularly updated care plans to reflect any changes to patients' care.

Best practice in treatment and care

Staff followed the National Institute of Health and Care Excellence guidance when prescribing medications. Doctors prescribed antipsychotic medication in line with

recommended limits and routine monitoring of patients was in place. Staff referred to stopping the over medication of people (STOMP) guidance to ensure that patients were not over medicated.

Staff on both wards, provided a range of treatment and care interventions suitable for the patient group. Staff provided informal activities on the wards and occupational therapists and technical instructors provided therapeutic activities.

Patients had communication 'grab sheets' to ensure staff were aware of how to communicate effectively with patients.

Staff used comprehensive Positive Behaviour Support (PBS) plans which psychologists regularly reviewed and updated. Staff produced grab sheet versions so that staff were easily aware of patients' needs and risks. Incident forms showed that staff were using individual PBS plans in the interventions they used with patients.

Patients had reducing restrictive intervention care plans although these had not all had recent reviews.

Patients had recent psychologically based formulations. Psychology staff monitored outcomes in patient behaviours using the Behaviour Problem Inventory (BPI) tool which showed improvements or deterioration in behaviours.

Occupational assessments were completed for all patients. Staff used the Daily Living Skills Observational Scale (DLSOS) to develop plans and improve daily living skills with patients.

Staff identified the physical health needs of patients and made sure patients had access to physical health care, including specialists as required. A physical health nurse supported ward teams and patients. The provider had a visiting general practitioner once a week and a practice nurse. Patients' had Health Action Plans (HAP).

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff provided speech and language therapy assessments and interventions on eating and drinking, and communication. Some patients had individualised symbols and 'now and next' boards for staff to use to communicate effectively with patients and some patients had communication passports.

Wards for people with learning disabilities or autism

Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. Staff offered all patients appropriate smoking cessation advice.

Staff used recognised rating scales to assess and record severity and outcomes for example, Maslow Assessment of Needs Scale- Learning Disability (MANS-LD), Behaviour Problems Inventory (BPI), Health of Nation Outcome Scale (HONOS), World Health Organisation Quality of Life Measures, Functional Communication Skills Profile, Clinical Outcomes Routine Evaluation- Learning Disability (CORE-LD) and the Glasgow anxiety & Depression Scales. Staff repeated relevant assessments once the patients were fully engaged in individual treatment to assess progression.

Staff participated in numerous clinical audits to ensure the quality of clinical care being delivered. These included audits of engagement and observations; health and safety, infection control, physical healthcare, safeguarding, Mental Health Act (MHA) and ligature audits.

Skilled staff to deliver care

The service had the full range of specialists to meet the needs of patients on the ward including nurses, doctors, occupational therapists, technical instructors, speech and language therapists, pharmacists and psychologists.

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

Managers provided new staff with an appropriate induction.

Managers did not provide all staff with regular supervision. The percentage of staff supervision between September 2018 and November 2018 was 78% for Oak court and 78% for Larch court, which was below the providers target of 85%.

Managers had not ensured that staff received regular appraisals. The percentage of staff that had an appraisal within the last three months between September 2018 and November 2018 was 50% for Oak Court and 37% for Larch Court. When we asked for a breakdown of information for this however, out of 22 staff on Oak court, six appraisals were not due, eight had been completed and eight were due for completion. On Larch court, out of 32 staff, eight

were not due, nine had been completed but 15 were due for completion. We were not assured staff were receiving appropriate support for their roles to identify performance issues or training needs.

Managers had ensured that staff had access to regular team meetings. However, we reviewed three minutes of meetings between August 2018 and October 2018 and found the quality of the minutes could be poor with minimal content.

Managers provided staff with opportunities to develop their skills and knowledge. The hospital provided a nurse associate apprenticeship programme and a leadership and management apprenticeship programme.

Managers had provided specialist training to staff relevant to working with this patient group although some staff stated they would like an update in training.

Managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

Staff held regular multidisciplinary meetings to discuss patients and documented plans in patient notes.

We observed one handover meeting, staff shared clear information about patients and any changes in their care.

Staff on all wards reported working well with other teams. However, staff raised concerns about being moved to support Flower Adams wards with staff shortages and expressed reluctance about this due to the acuity levels of the patient group.

Ward teams had effective working relationships with external teams and organisations. We saw examples of positive working relationships with social care organisations, local authorities and housing providers.

Adherence to the MHA and the MHA Code of Practice

All staff had had training in the Mental Health Act. Staff received training on the Mental Health Act and the Mental Health Act Code of Practice and described the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

Wards for people with learning disabilities or autism

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and staff supported patients who lacked capacity by referring to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary in accordance with the Mental Health Act Code of Practice and recorded it clearly in the patient's notes each time.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patient's detention papers and associated records correctly and staff could access them when they needed to.

Staff told us that informal patients could leave at will but there were no signs displayed on the ward to show this.

Care plans included information about after care services available for those patients who qualified for section 117 aftercare under the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the MCA

All staff had had training in the Mental Capacity Act. Staff received training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff only made applications for a Deprivation of Liberty Safeguards order when necessary and monitored the progress of these applications. One patient had been safeguarded under a deprivation of Liberty at the time of our inspection. All documentation was completed appropriately and demonstrated the best interest of the patient.

Staff completed best interest checklists for patients and best interest meetings were minuted when it was deemed a patient did not have capacity to make a specific decision.

The service monitored how well it adhered to the Mental Capacity Act and made changes to practice when necessary. Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Are wards for people with learning disabilities or autism caring?

Requires improvement 

Kindness, privacy, dignity, respect, compassion and support

Staff were discreet, respectful, and responsive when caring for patients. We observed staff interacting with patients in a way that was responsive to their needs. Staff described the needs of their patients and how they worked with patients to support them.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said most staff treated them well and behaved kindly.

Staff told us they felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed the provider's policy to keep patient information confidential.

Involvement in care

Staff introduced patients to the ward and the services as part of their admission.

Staff on both wards did not create collaborative care plans or risk assessments with patients to demonstrate their

Wards for people with learning disabilities or autism

involvement. Staff completed risk assessments and care plans in formal language that did not represent the patient voice. Out of nine care records reviewed, two patients had 'My Care Plans' which demonstrated the patients' voice whereas, the remaining seven did not show involvement patients in care planning. Patients on both wards did not sign care plans, except for the two 'My Care Plans' and all patients did not have their own copies.

Staff communicated with patients so that they understood their care and treatment as observed in multi-disciplinary meetings with patients.

The provider developed the 'People's Council' chaired by an expert by experience to gain feedback from service users and carers on issues within the hospital, ways to improve these, learn and to develop the service.

Staff gave patients the opportunity to get involved in the service by taking part in community meetings, patient forums and patient surveys. Patients could give feedback on the service and their treatment and staff supported them to do this. However, between August 2018 and November 2018 not all meetings took place on a weekly basis and there was no feedback on actions. One patient had made five requests within one meeting and feedback was only provided for three out of the five requests at the following meeting.

Staff did not support patients to make advanced decisions on their care. All records did not have advance decision information recorded.

Staff ensured that patients could access advocacy services.

Care plans contained details of families and carers, where patients had consented to having people involved. Staff recorded contact they had with carers in electronic notes.

Families and carers were invited to multi-disciplinary meetings to discuss their loved ones' care, and to inform and provide carers with support when needed.

Relatives were able to give feedback on the service they received through surveys which the provider analysed at a hospital wide level.

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

(for example, to feedback?)

Good

Access and discharge

The average length of stay for patients on Oak court was 277 days and 599 days for Larch court. Staff made every effort to secure appropriate placements and facilitate transfers of care for their patients. However, staff told us this was often a difficult and protracted process as finding suitable placements for patients with complex needs could be challenging.

The provider accepted patients from the local area and across the country, based on individual referrals. Three patients were from out of area locations on Larch court and four on Oak court at the time of our inspection.

Staff kept beds available for patients when they returned from leave. Patients were not moved between wards during an admission episode. Patients were moved or discharged at appropriate times of the day.

Staff could make referrals to a psychiatric intensive care unit (PICU) if a patient required more intensive care and this was sufficiently close for the person to maintain contact with family and friends. This was also dependent on authorisation of funding and agreed clinical need by the commissioning team.

Managers monitored the number of delayed discharges. There were no patients with delayed discharges reported.

Staff planned for patients' discharge, including good liaison with care managers and care co-ordinators. The provider reported seven patients on Oak court and none on Larch court had been discharged within the year to November 2018.

Patients' discharges were never delayed for other than clinical reasons or finding placements.

Staff ensured patients received regular Care Treatment Reviews to ensure the placement was meeting the needs of patients.

Staff produced visual discharge plans for patients. Although these demonstrated the end goal to support discharge, it

Wards for people with learning disabilities or autism

was not clear what goals patients should take to achieve their discharge and they were not regularly reviewed. We reviewed four visual discharge plans and did not find any goals for patients to take to work towards discharge.

Staff supported patients during referrals and transfers between services for example if they required treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

Patients were accommodated in single bedrooms with en suite facilities. Patients could personalise their bedrooms and had access to a secure place to store possessions.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

Wards had outside space that patients could access easily.

The service offered a variety of food choices, which were of good quality. Staff provided food that met patients cultural and dietary needs.

Patients' engagement with the wider community

Working opportunities were available within the hospital including car washing and cleaning jobs. The provider were installing computers in to their activity centre for patients to use and were due to open a tuck shop for patients to be able to meet, socialise and gain employment experience. Patients had the opportunity to attend a local college to develop their educational knowledge and develop skills and confidence in seeking employment. Staff were also setting up volunteering opportunities for patients to volunteer at a college and at a wildlife trust. However, no patients on the learning disability wards were in the position to be able to use these opportunities at the time of our inspection.

Staff supported patients to maintain contact with their families and carers. The provider had a visitor's room for patients to use outside of the ward areas.

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

Meeting the needs of all people who use the service

The service supported and made adjustments for people with disabilities, communication needs or other specific needs.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. The service had information leaflets which staff could make available in a variety of languages, if needed.

Managers made sure staff and patients could arrange interpreters or signers when needed.

Patients had access to spiritual, religious and cultural support. Staff supported patients with sexuality and ethnicity as required. The provider were in the process of expanding the resources available to support service users in exercising their cultural and religious beliefs, including provision of religious artefacts and texts library, and were creating a space within the hospital to be adapted to offer a quiet space for worship, prayer or reflection.

Listening to and learning from concerns and complaints

The provider had a complaints policy, which staff understood and had access to. Staff managed complaints appropriately and in accordance with the policy. Managers investigated complaints and identified themes.

Patients on both wards knew how to complain or raise concerns. They told us staff supported them to do this so they did not feel any fear about doing so.

Patients received feedback from managers after the investigation into their complaint. However, staff did not receive feedback from managers after investigations. Managers did not feedback or document learning from investigations and incidents within team meetings, although this was discussed within morning meetings.

Are wards for people with learning disabilities or autism well-led?

Requires improvement 

Leadership

Safety was not a sufficient priority. The provider had not ensured all ward environments were safe. Managers were not aware that fire doors were either faulty or propped

Wards for people with learning disabilities or autism

open. This posed a risk to patients and staff. We raised this with the provider who took immediate action to rectify. The provider did not ensure the environment on Oak Court was clean, that other maintenance issues were repaired, or the décor was updated. The provider had plans to renovate Oak court.

Managers we spoke with knew their service and their staff and patients. Managers had the skills required for their role. They displayed passion for their jobs and put patient care and staff support first.

Patients and staff knew who their managers were and we saw them on the wards engaging with staff and patients.

All staff we spoke with described learning opportunities and how they could access specialist training for their roles. However, some staff on both wards expressed a need for an update in specialist training on learning disability to support them with caring for this patient group.

Vision and strategy

Managers had consulted with staff when determining the vision and values of the hospital and staff could find information when needed on the intranet. Managers had allocated staff as 'values champions' and had organised a roadshow for champions to attend. Managers shared the Cygnet bulletin with staff containing information on the values and distributed promotional items and posters across the hospital.

Staff described some opportunities available to contribute to discussions about service strategy, although some staff raised concerns about the change of remit to Flower Adams 1 ward and the acuity levels of the patient group on both Flower Adams wards.

Ward managers knew their budgets and worked creatively to ensure they delivered good care.

Culture

The provider had not ensured all staff were in receipt of adequate support for their roles. The provider had a target of 85% compliance with staff supervision. Data provided in November 2018 showed overall compliance of 78% for Oak court and 78% for Larch court. The provider had not ensured all eligible staff had received an appraisal. Data

provided in November 2018 showed overall compliance was 50% for Oak Court and 37% for Larch Court. We were concerned staff were not receiving appropriate support to identify performance issues or training needs.

Staff generally described local morale as positive and gave examples of how ward teams supported each other, despite challenges with staffing levels.

Staff were positive and proud of the work they did, and described their focus as giving the best patient care possible. Staff commented on the recent changes to the wards where three new wards had opened. Staff felt moving away from solely a learning disability service to a service now with wards for people with a personality disorder had been challenging and they were still in the process of adjusting to this change. Staff were not happy to be moved to support the new wards when they were short staffed as they did not feel adequately skilled or trained to work with this patient group.

Staff described being confident in raising concerns.

Staff understood the whistle-blowing policy and knew where to access the policy.

Local teams worked well together, and their manager dealt with any difficulties when they happened.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. The provider had recently updated their equality and diversity and transgender policies. Staff had received training on lesbian gay bisexual and transgender issues. Managers told us their human resources department were in the process of implementing the Workforce Race Equality Standard (WRES).

Managers addressed sickness and absence appropriately and supported ward staff to return to work.

Local managers recognised staff success within the service and were re-introducing the staff awards.

Governance

Managers had a clear framework of items they discussed at directorate meetings but did not within team meetings. We reviewed team meeting minutes, and these did not include

Wards for people with learning disabilities or autism

learning from incidents, investigations or outcomes of complaints as a standard agenda item. We were not assured all staff had access to outcomes and learning to prevent recurrence.

Staff regularly undertook and participated in local clinical audits. Staff acted on the results when needed.

Staff understood the trust's arrangements for working with other teams both inside and outside the hospital.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. Staff concerns matched those on the risk register.

The service had clear plans for dealing with emergencies and staff understood these.

Information management

The systems to collect ward and directorate data did not create extra work for frontline staff.

Staff had access to equipment and technology to support them to do their work.

Information governance systems included confidentiality of patient records.

Team managers had access to information that supported them.

Staff notified and shared information with external organisations when necessary, seeking patient consent when required to do so.

Engagement

Staff, patients and carers had up to date information about the work of the provider and the services they used through the intranet, bulletins and information boards.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs through staff and patient surveys. The

provider analysed this data at hospital wide level rather than at service specific level. Patients scored highly on being able to raise concerns and complain when they had specific concerns about the service.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

Patients and carers were involved in decision making about changes to the service.

Patients and staff could meet with members of the provider's senior leadership team to give feedback. Staff held regular clinical governance meetings, ward forums and patient council meetings to do this.

Directorate leaders engaged regularly with external stakeholders including commissioners.

Learning, continuous improvement and innovation

Staff were given opportunities to develop their professional development through the implementation of the Royal College of Nursing online learning resource.

Staff had set up and implemented the people's council chaired by Cygnet's expert by experience where improvements to the service have been actioned as a result of the meetings.

Staff were in the process of setting up a research project led by psychologists and Cygnet's expert by experience on the effectiveness of the recently developed people's council meeting.

Staff were in the process of embedding 'Safewards' across the service and were currently arranging for a 'train the trainers' event to take place to support the implementation of this.

The service was re-engaging with the Quality Improvement Network for learning disabilities prior to becoming accredited. The provider were in the process of transferring their membership to the current learning disability services which had changed since the service had reconfigured.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all ligature risks are identified, rated and mitigated on Flower Adams wards and Oak and Larch Court.
- The provider must ensure the safety of the environment on Oak and Larch court by maintaining fire doors.
- The provider must ensure staff are skilled to work with patients on Flower Adams ward and receive specialist training on Personality Disorders.
- The provider must ensure patients are involved in developing their care plans on Oak and Larch court and both Flower Adams wards.
- The provider must ensure staff receive regular supervision and all staff receive an appraisal.
- The provider must ensure staff complete consistent risk assessments that match patient's levels of risk on Flower Adams wards.
- The provider must ensure patients on Flower Adams 2 ward receive a model of care in line with best practice for a rehabilitation ward.

- The provider must have sufficient oversight of safety and risk within the hospital.

Action the provider **SHOULD** take to improve

- The provider should ensure psychological interventions are embedded in to the treatment for patients on Flower Adams wards.
- The provider should ensure staff have appropriate forums to raise concerns.
- The provider should ensure the décor and furnishings on Oak ward are improved.
- The provider should improve the quality of care plans and regularly update these.
- The provider should ensure investigations on incidents are completed on incident forms and learning is shared with staff.
- The provider should ensure that minutes of team meetings are available for staff reference.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not identify, rate or mitigate all ligature risks on Flower Adams wards and Oak and Larch court.</p> <p>The provider did not ensure the safety of the environment on Oak and Larch court where fire doors were propped open and three fire doors were faulty.</p> <p>Staff were not all skilled to work with the patient group on Flower Adams ward and did not all receive specialist training on the management of patients diagnosed with personality disorders.</p> <p>Staff did not complete consistent risk assessments that matched the level of risk posed by patients on Flower Adams wards.</p> <p>This was a breach of regulation 12, (1)(2), (a), (b), (c) and (d).</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <ul style="list-style-type: none">Patients were not involved in developing their care plans on Oak and Larch court and both Flower Adams wards. Patients did not sign care plans or keep copies on all wards.Patients were not receiving care and treatment in line with best practice for a rehabilitation ward on Flower Adams 2. <p>This was a breach of regulation 9(3)(a) and (d).</p>

This section is primarily information for the provider

Requirement notices

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

Staff had not received regular supervision and not all staff had received an appraisal.

This was a breach of regulation 18, (2)(a).

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have sufficient oversight of safety and risk within the hospital.

This was a breach of regulation 17, (1), (2),(a),(b) and (c).