

Cygnet Health Care Limited

# Cygnet Hospital Stevenage

## Inspection report

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2021  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services well-led?

Good



# Summary of findings

## Overall summary

Our rating of this location improved. We rated it as good because:

- The service provided safe care. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Observation records were completed fully, and included thorough reviews.
- Staff had completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff.
- Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that staff received training, supervision and appraisal.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Some areas of the hospital were visibly unclean. The processes in place to monitor cleaning schedules were not robust enough to ensure that all patient areas had been fully cleaned.
- The hospital had vacancies for support staff and could not always find bank and agency staff to cover shifts. The provider had put in place steps to mitigate the risk to staff and patients.

# Summary of findings

## Our judgements about each of the main services

### Service

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

### Rating

Good



### Summary of each main service

Our rating of this service improved. We rated it as good because:

- Staff completed thorough risk assessments of ward areas and individualised risk assessments with patients and updated these regularly and / or when risk presentation changed.
- Covid-19 cleaning records were thorough, and all clinic rooms were visibly clean with cleaning schedules in place.
- Managers celebrated staff successes and had developed strategies to boost team morale.
- The provider had worked hard to reduce vacancy rates.

However:

- The decommissioned de-escalation room on Pattison ward was damaged and unclean. However, this was not being used at the time of inspection. Following the inspection, the provider told us they had no intention to reuse the room as a de-escalation room. In addition, extra care area 2 had been used by two patients without it being fully cleaned in-between uses.
- Some staff members said they felt the wards were short staffed.

**Forensic inpatient or secure wards**

Good



Our rating of this service improved. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff completed thorough risk assessments of ward areas and individualised risk assessments with patients and updated these regularly and/ or when risk presentation changed.
- The ward teams included or had access to the full range of specialists required to meet the needs of

# Summary of findings

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patients on the ward. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team.

- Managers celebrated staff successes and had developed strategies to boost team morale.
- The provider had worked hard to reduce vacancy rates.

However;

- Extra Care Area suite 1, which was in use by a patient from forensic inpatient or secure wards was not clean.
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# Summary of findings

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# Summary of this inspection

## Background to Cygnet Hospital Stevenage

Cygnet Hospital Stevenage is part of the Cygnet Health Care group which was founded in 1988 and offers a range of services for individuals with mental health needs and learning disabilities within the UK. Cygnet Hospital Stevenage opened in May 2006 and consists of six wards:

- Orchid Ward – Women’s Acute Inpatient ward with 14 beds
- Chamberlain Ward – Specialist PICU Service for Men with 12 beds
- Pattison Ward – Specialist PICU Service for Men with 12 beds
- Peplau Ward – Men’s Medium Secure ward with 14 beds
- Saunders Ward – Men’s Low Secure Mental Health ward with 15 beds
- Tiffany Ward – Women’s Low Secure Mental Health ward with 15 beds

At the time of inspection 78 patients were receiving care and treatment. At the time of inspection, there was a registered manager and a nominated individual in post.

Cygnet Hospital Stevenage is registered to carry out the following regulated activities:

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

We last inspected this service in January 2020. We did not rate this inspection. The inspection carried out in January 2020 was a focused, unannounced inspection to follow up on specific concerns we had relating to the safe domain.

The last comprehensive inspection of Cygnet Hospital Stevenage took place 08 to 10 January 2018. The provider received an overall rating of Requires Improvement with rating for each of the five key domains as follows:

- Safe: Requires Improvement
- Effective: Good
- Caring: Good
- Responsive: Good
- Well Led: Requires Improvement

Following the January 2020 inspection, we served a Notice of Decision due to immediate concerns we had about the safety of patients. We issued enforcement actions in relation to:

Regulation 12- Safe Care and Treatment – (Notifications to the CQC, risk assessments, observation records and management)

Regulation 17 – Good governance – (medication errors)

# Summary of this inspection

Following the Notice of Decision in January 2020, we met with the provider weekly and all conditions relating to the Notice of Decision were removed in March 2020. During the current inspection we found that the provider had maintained all improvements following our focused inspection in January 2020.

## What people who use the service say

We spoke briefly with five patients during our inspection. Four patients were positive about Cygnet Hospital Stevenage and said that the staff were very good, and they felt supported. Patients said they felt safe. One patient said they had not been able to go to the gym due to short staffing.

## How we carried out this inspection

We have reported on the safe and well led domains. As this was a focused inspection, we looked at specific key lines of enquiries in line with the findings from our inspection in January 2020. Therefore, our report does not include all the headings and information usually found in a comprehensive report. During the inspection visit, the inspection team:

- visited all six wards at the hospital;
- spoke with the registered manager and managers for wards;
- spoke with 21 other staff members; including nurses and support workers;
- Spoke with five patients;
- examined in detail, the care and treatment records of 17 patients;
- examined in detail, the observation records of 14 patients;
- tracked incidents recorded on the providers incident reporting database;
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The provider **MUST** ensure that all areas used by patients are clean and fit for purpose. (Regulation 15 (1) (a)).

### Action the service **SHOULD** take to improve:

- The provider should ensure that the process for monitoring cleaning records and schedules across the hospital is robust and that there is an effective hospital wide cleaning schedule in place.

# Our findings

## 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	Requires Improvement	Not inspected	Not inspected	Not inspected	Good	Good
Forensic inpatient or secure wards	Requires Improvement	Not inspected	Not inspected	Not inspected	Good	Good
<b>Overall</b>	Requires Improvement	Not inspected	Not inspected	Not inspected	Good	Good



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

Good 

Safe

Requires Improvement 

Well-led

Good 

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

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

### Safe and clean care environments

**The ward environments were safe and well equipped. However, they were not always clean.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

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

#### Maintenance, cleanliness and infection control

Communal ward areas were clean, well maintained, well-furnished and fit for purpose. However, de-escalation room and extra care areas were not.

Pattison ward de-escalation room and en-suite was dirty, there was a fingernail on the mattress, half a Covid-19 testing swab on the floor, the toilet was dirty, and a cup had been left in the room. This room was last used for a new admission on 29 May 2021. Following this date, the provider had decommissioned the room following the installation of the new seclusion suite with separate de-escalation room on Pattison Ward. However, this was not clear during inspection as the room did not have any visible signs to say that it was out of use. There was no cleaning record for this room, as it was marked as unoccupied on the regular cleaning schedule. Following inspection, to ensure that the room could not be accessed by the nursing team for use by patients the door locking mechanism was changed so it could only be accessed by the maintenance team.

Extra Care Area (ECA) suite 2 on Pattison ward was used by two separate patients from acute and PICU wards without staff having the opportunity to clean the suite in between use. One patient was moved from ECA 2 to ECA 1 and within 30 minutes a further patient was placed in the ECA 2 suite. The provider had not cleaned the mattress between use. The provider stated that this was due to the management of the patient's risk of violence and aggression to other patients and staff members having taken priority. This was due to an assault having taken place on a staff member and further attempts of staff assaults.

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

Good 

Staff made sure cleaning records were up-to-date and all other areas of the wards were clean. The provider had cleaning schedules in place, including Covid-19 cleaning schedules. Staff followed infection control policy and covid guidance, including handwashing.

The seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment.

## Safe staffing

**The service had enough nursing and support staff. Staff received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe. However, nurse staffing included agency and bank staff usage. The provider had worked hard to recruit nursing staff, and this had greatly improved since our last inspection. The service had no vacancies for qualified nurses at the time of inspection.

The service had reducing vacancy rates for healthcare assistants. At the time of inspection there were 49 healthcare assistant vacancies. At the last inspection there were 76 vacancies. This was a 55% reduction in staffing vacancies.

The service had reducing rates of bank and agency nurses. Managers requested staff who were familiar with the service to cover gaps in staffing. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. However, staffing issues were raised as a concern by staff on Chamberlain and Orchid ward. We spoke with 10 staff members on acute and PICU wards during our inspection, five staff members (50%), said they were regularly short staffed. Nurses we spoke with said if staffing was short bank and agency staff could be used. The provider submitted evidence to show mitigation against any shortfalls in staffing via use of agency staff.

The service had low staff turnover rates. The provider had an 8% staff turnover rate in the three months leading to inspection. This had reduced since our last inspection.

Managers supported staff who needed time off for ill health. Staff who were assaulted whilst at work were offered additional welfare support, staff and patients received debriefs following incidents

Levels of sickness were low, the average staff sickness rate in the three months leading to inspection was 3%.

The service had enough staff on each shift to carry out any physical interventions safely.

### Medical staff

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

Good 

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

## **Mandatory training**

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training compliance was above 75% across acute and PICU wards for permanent and bank staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

## **Assessing and managing risk to patients and staff**

**Staff assessed and managed risks to patients and themselves well. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.**

### **Assessment of patient risk**

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We looked at a sample of 12 patient records and five specific incidents on Acute and PICU wards. All risk assessments had been updated thoroughly following incidents.

### **Management of patient risk**

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded swiftly to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. We reviewed in depth nine observation records for patients on acute and PICU wards. On all records the date of next observation review was complete, and we saw evidence that reviews had taken place. Details on the front sheet showed levels of observation, reasons for enhanced observation and date of next review.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

### **Use of restrictive interventions**

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

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

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

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

Good 

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was required in long-term segregation. The hospital reported no episodes of long-term segregation for patients on acute and PICU wards in the three months leading up to inspection.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role and kept up to date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The provider had a head of social work, safeguarding lead and a safeguarding / social work team in place. The provider reported a good working relationship with the local authority. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete, all records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

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

Good 

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff raised concerns and reported serious incidents, incidents and near misses in line with provider policy.

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

Managers debriefed and supported staff and patients after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

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

Staff met to discuss the feedback and look at improvements to patient care.

## Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good 

Our rating of well-led improved. We rated it as good.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Leadership development opportunities were available, including opportunities for staff below team manager level. We saw evidence of career development through internal promotion, such as clinical team leaders being promoted from the hospitals existing employees.

### Vision and strategy

Most staff knew and understood the provider's vision and values and how they were applied to the work of their team. Visions and values were displayed throughout the hospital and on computer desktops and screensavers.

### Culture

Most staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Staff on Orchid ward said they had high levels of stress but felt able to discuss these concerns with managers and during supervision.

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

Good 

All staff were measured against the company values through the appraisal process. The interview process was conducted using a behavioural set of questions with a view to aligning people's values against the values of Cygnet Health Care.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff attended a variety of meetings where they had the opportunity to voice ideas about how to improve the hospital.

Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this. We saw evidence in complaints records that staff had fed back openly to patients about complaints.

Managers dealt with poor staff performance when needed. We saw evidence of senior staff who managed poor performance through supervision and support or formally within investigation processes. The provider used formal processes such as suspension and disciplinary action appropriately and when required.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

The provider did not have a robust process in place for ensuring that cleaning had been carried out in all areas. Although most areas of acute and PICU wards were clean, the Extra Care Area (ECA) suite 2 had not been cleaned in-between patient uses on one occasion on 12 June 2021 and the decommissioned Pattison ward de-escalation room and en-suite was dirty. The system to ensure all areas that were not included in the ward cleaning rota had been thoroughly cleaned was not effective.

Staff undertook or participated in local clinical audits. Audits included clinic rooms, medication management, storage, and controlled drugs audits, ligature audits a quarterly patient satisfaction audit a Mental Health Act audit, risk assessment, observation and care plan audits.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Cygnet Health Care carried out annual staff surveys to identify any staff issues and staff satisfaction. Results of the staff surveys were generally positive and had improved from last year's survey in all areas, including feeling respected and enjoying work.

Patients could give feedback about acute wards through community meetings and surveys. Acute and PICU wards had personalised 'you said/ we did' boards on each ward for patients to see what changes had been made as a result of ward meetings.

The provider prioritised the retention of staff by offering development opportunities and ongoing learning. Staff successes were celebrated, and initiatives had been developed to support staff retention and wellbeing. This included celebrating international nurses' day, sending staff thank you cards and putting on events for staff throughout the year. The provider had a staff employee of the month scheme.

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

Good 

## Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. For example, the Cygnet provider wide staff feedback survey.

# Forensic inpatient or secure wards

Safe	Requires Improvement 
Well-led	Good 

## Are Forensic inpatient or secure wards safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement

### Safe and clean care environments

**The ward environments were safe and well equipped. However, some areas used by patients off the wards were not always clean.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

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

#### Maintenance, cleanliness and infection control

Staff made sure cleaning records were up-to-date and all areas of the wards were clean. The provider had cleaning schedules in place. Staff followed infection control policy and covid guidance, including handwashing.

Covid-19 cleaning schedules were in place, high touch areas required wiping down after each use and three hourly, we saw one gap in covid cleaning records of six hours on Tiffany ward on 21 June 2021. However, this was overnight when most areas were not in use.

Ward areas were clean, well maintained, well-furnished and fit for purpose. However, the extra care area (ECA) suite 1 was in use at the time of inspection by a patient from forensic inpatient or secure wards. Furniture was worn and there was used / wet toilet paper on the ceiling. The patient was not in the ECA 1 suite at the time that inspectors observed the room, and therefore staff had missed an opportunity to clean the toilet paper from the ceiling and walls whilst it was temporarily not in use.

The staff fridge on Tiffany ward was dirty. However, this was cleaned whilst we were on inspection.

The Seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock.

#### Clinic room and equipment



# Forensic inpatient or secure wards

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment.

## Safe staffing

**The service had enough nursing and support staff. Staff received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe. The provider had worked hard to recruit nursing staff, and this had greatly improved since our last inspection. The service had no vacancies for qualified nurses at the time of inspection.

The service had reducing vacancy rates for healthcare assistants. At the time of inspection there were 49 healthcare assistant vacancies. At the last inspection there were 76 vacancies. This was a 55% reduction in staffing vacancies.

The service had reducing rates of bank and agency nurses. Managers requested staff who were familiar with the service to cover gaps in staffing.

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

The service had low staff turnover rates. The provider had an 8% staff turnover rate in the three months leading to inspection. This had reduced since our last inspection.

Managers supported staff who needed time off for ill health. Staff who were assaulted whilst at work were offered additional welfare support. Staff and patients received debriefs following incidents

Levels of sickness were low, the average staff sickness rate in the three months leading to inspection was 3%.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. However, we spoke with eight staff members on forensic inpatient or secure wards, two staff members (25%) said they were regularly short staffed. The provider submitted evidence which mitigated any staffing shortages.

The service had enough staff on each shift to carry out any physical interventions safely.

### Medical staff

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

### Mandatory training

# Forensic inpatient or secure wards

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training compliance was above 75% across forensic inpatient or secure wards, for permanent and bank staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We looked at a sample of five patient records and three specific incidents on forensic inpatient or secure wards. All risk assessments had been updated thoroughly following incidents.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded swiftly to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. We reviewed in depth five observation records for patients on forensic inpatient or secure wards, on all records the date of next observation review was complete, and we saw evidence that reviews had taken place. Details on the front sheet showing levels of observation, reasons for enhanced observation and date of next review were all completed.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

### Use of restrictive interventions

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

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

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was placed in long-term segregation. The provider reported four episodes of long-term segregation with three patients from forensic inpatient or secure wards between 18 March and 19 July 2021.

## Safeguarding

# Forensic inpatient or secure wards

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role and kept up to date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The provider had a head of social work, safeguarding lead and a safeguarding / social work team in place. The provider reported a good working relationship with the local authority.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## **Staff access to essential information**

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete, all records were stored securely.

## **Medicines management**

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. However, we found one treatment cream in the Tiffany ward clinic room which was unlabelled to the prescribed patient. This was remedied during inspection.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

## **Track record on safety**

**The service had a good track record on safety.**

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

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff raised concerns and reported serious incidents, incidents and near misses in line with provider policy.

## Forensic inpatient or secure wards

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

Managers debriefed and supported staff and patients after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

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

Staff met to discuss the feedback and look at improvements to patient care.

### Are Forensic inpatient or secure wards well-led?

Good 

Our rating of this service improved. We rated it as good because:

#### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Leadership development opportunities were available, including opportunities for staff below team manager level. We saw evidence of career development through internal promotion, such as clinical team leaders being promoted from the hospitals existing employees.

#### Vision and strategy

Most staff knew and understood the provider's vision and values and how they were applied to the work of their team. Visions and values were displayed throughout the hospital and on computer desktops and screensavers.

#### Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff said they could raise any concerns without fear.

All staff were measured against the company values through the appraisal process. The interview process was conducted using a behavioural set of questions with a view to aligning people's values against the values of Cygnet Health Care.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff attended a variety of meetings where they had the opportunity to voice ideas about improvements at the hospital.

# Forensic inpatient or secure wards

Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this. We saw evidence in complaints records that staff had fed back openly to patients about complaints.

Managers dealt with poor staff performance when needed. We saw evidence of senior staff who managed poor performance through supervision and support, or formally within investigation processes. The provider used formal processes such as suspension and disciplinary action appropriately and when required.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

The provider did not have a robust process in place for ensuring that cleaning had been carried out in all areas. Although most areas of forensic inpatient or secure wards were clean, the Extra Care Area (ECA) suite 1 had not been cleaned whilst the patient was not in the room, toilet paper and hot chocolate had been thrown at the walls by the current patient. The system to ensure all areas that were not included in the ward cleaning rota had been thoroughly cleaned was not effective.

Staff undertook or participated in local clinical audits. Audits included clinic rooms, medication management, storage, and controlled drugs audits, ligature audits a quarterly patient satisfaction audit a Mental Health Act audit, risk assessment, observation and care plan audits. We saw evidence of learning from audit outcomes.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Cygnnet Health Care carried out annual staff surveys to identify any staff issues and staff satisfaction. Results of the staff surveys were generally positive and had improved from last year's survey in all areas including managers being open and honest and feeling respected.

Patients could give feedback about forensic inpatient or secure wards through community meetings and surveys. Forensic inpatient or secure wards had personalised 'you said/ we did' boards on each ward for patients to see what changes had been made as a result of ward meetings.

The provider prioritised the retention of staff by offering development opportunities and ongoing learning. Staff successes were celebrated, and initiatives had been developed to support staff retention and wellbeing. This included celebrating international nurses' day, sending staff thank you cards and putting on events for staff throughout the year. The provider had a staff employee of the month scheme.

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

## Forensic inpatient or secure wards

Forensic wards were registered with The Quality Network for Forensic Mental Health Services (QNFMS) which is a quality improvement network for low and medium secure inpatient forensic mental health services. On their most recent review they were awarded 86% for medium secure wards and 87% for low secure wards.

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. For example, the Cygnet provider wide staff feedback survey.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment <b>The de-escalation room on Pattison ward was damaged and unclean. Extra care area 2 had been used by two patients without it being fully cleaned in-between uses. In addition, Extra Care Area suite 1, which was in use by a patient from forensic inpatient or secure wards was not clean.</b>