Cygnet Health Care Limited

Cygnet Lodge Kenton

Inspection report

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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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced, comprehensive inspection in line with our inspection methodology. At our last inspection visit in April 2022 we rated Cygnet Lodge Kenton as requires improvement overall. Safe was rated inadequate, effective and well-led was rated requires improvement and caring and responsive were rated good. This inspection included a follow up on our last inspection to see if improvements had been made.

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

- The service had addressed the areas of improvement we outlined in our April 2022 inspection.
- Staff had improved how they monitored, recorded and escalated patients' physical health results. Staff ensured they used the correct forms, completed them appropriately and audited their use. Staff escalated their findings when required. Staff and patients told us that physical health monitoring was a priority.
- The service had put a system in place to regularly monitor side-effects of medicines experienced by patients. All patients received a swallowing risk assessment and side-effect monitoring assessment if they were prescribed anti-psychotic medication. For example, patients prescribed clozapine received a routine bowel movement assessment. Patients who were prescribed lithium received a regular blood test.
- Staff improved how they recorded and carried out observations of patients in line with the provider's policy. Staff checked on individual patients four times per hour. The checks were carried out at random times within the hour, with a maximum of 15 minutes between each check.
- Staff ensured that they had improved their responsibilities under the Mental Health Act (MHA) 1983 and the Mental Capacity Act 2005 in a timely way. Patients detained under the MHA had their rights explained to them as often as required by the provider's policy. The service had ensured that they had requested a second opinion appointed doctor (SOAD) and had issued a Section 62 of the MHA around the same time. The use of a Section 62 should only be used for urgent treatment, for several months. The service kept in regular communication with the allocated SOAD until the required paperwork had been issued.
- Since our last inspection in April 2022, the service had ensured that the number of registered nurses deployed on night shifts was in line with the provider's staffing matrix and decisions in respect of safe staffing levels.
- The management of medicines had improved. Staff undertook a regular audit that monitored and assessed all aspects of the medication room including medicines and clinical equipment. Clinical equipment was in working order and within date. Medication was stored and managed safely.
- Staff we spoke with had a better understanding of how to escalate a safeguarding concern to the local authority safeguarding team. Staff had access to a policy that guided them in how to respond to a concern out of hours.
- The governance systems that were in place had improved and were more robust. The service had implemented an auditing system that monitored aspects of clinical care. This had led to patients receiving safe and effective treatment. For example, staff carried out a monthly physical health monitoring audit, a care record audit, a risk assessment tracker and also an audit that monitored whether patients had been read their rights under the MHA.
- Whilst patient information continued to be stored both electronically and on paper, and across different systems, the record systems were better organised since our last inspection in April 2022. Staff we spoke with understood how to access all information required to carry out their role effectively. In the last six months, no incidents had occurred as a result of the various electronic and information management systems used within the service.
- The service had improved how they promoted smoking cessation within the service. The speciality doctor led on smoking cessation and had completed a smoking cessation session with a small number of patients who consented. The patients had received nicotine replacement therapy. Records of the fortnightly ward rounds showed the impact of smoking on individual patients' physical health.

Summary of findings

However:

- Staff had not always ensured that the level of patient risk and the management of those risks were clearly recorded. In 1 care record, there was no care plan in place that clearly showed how the staff were managing the patients choking risk. Staff we spoke with were able to tell us how they managed the risk, but this was not reflected within the care record. The provider addressed this during the inspection. Another patient's risk level varied between the different patient record systems used. At the time of the inspection, the provider told us that this was an IT error and would be fixed promptly.
- Whilst staff understood patients' individual needs and involved them in their care, care plan records did not always reflect this. Care plans were not always person-centred and did not always link to a patient's rehabilitation. The care plans did not consistently demonstrate that the patient had been involved in the decision making. This was a record keeping issue. During our inspection, we observed that staff included patients in their care and the multi-disciplinary team had a comprehensive understanding of patients' individual needs. The service had also identified this in January 2023 through their own audits and had started to make improvements.
- The service had implemented restrictions on some aspects of the service due to the risks that they presented to some patients. Patients did not have free access to tea, coffee and sugar throughout the day and the garden door was locked due to the risks it posed to patients. The provider told us that they had put these restrictions in place to mitigate the risks and regularly reviewed them. Senior leaders told us that the restrictions in place would be removed once it was safe to do so. During a post-inspection feedback meeting with the provider, the CQC advised the service to continue to regularly assess the restrictions in place to ensure they were appropriate.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	Our rating of this service improved. We rated it as Good. Please see the overall summary for further details.

Summary of findings

Contents

Summary of this inspection

Background to Cygnet Lodge Kenton

Cygnet Lodge Kenton is registered with the CQC as an independent mental health hospital. The service provides assessment and treatment of patients including those detained under the Mental Health Act.

Cygnet Lodge Kenton is a rehabilitation unit for adult female patients with a diagnosis of mental illness. Mental health commissioners from across England refer patients to the service. The service aims to provide a care pathway for patients who have been in hospital for some time and require support to develop their independent living skills and prepare for discharge to the community. The average length of stay for patients is about 18 months.

CQC last inspected the service in April 2022. We rated the service inadequate for safe, requires improvement for effective and well-led and good for both caring and responsive. We rated the service requires improvement overall. The service has a registered manager who has been in post since 2019 and is responsible for ensuring the service complies with health and social care regulations.

At the time of the inspection there were 11 patients using the service. All patients were detained under the Mental Health Act 1983.

The service is registered to provide the regulated activities:

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

What people who use the service say

During the inspection we spoke with 4 patients and most of the feedback we received was positive. Patients told us that staff were kind and respectful and responded to their needs. One out of 4 patients told us that they did not feel safe and that there was not enough to do on the weekends. Patients were able to provide feedback and had opportunities to voice their opinions about the running of the service. Patients reported that the quality of food was good and that they knew how to make a complaint.

How we carried out this inspection

During the inspection, the inspection team:

- conducted a review of the environment of the ward and clinic room
- spoke to the registered manager of the service
- spoke with 9 other staff including 1 registered nurse, 2 support staff, a psychologist, a social worker, an occupational therapist, an occupational therapy assistant, a speciality doctor, and the consultant psychiatrist
- spoke with 4 patients and reviewed a sample of feedback from carers
- observed a daily planning meeting and a care planning meeting
- reviewed 7 medicine administration records
- looked at a range of policies, procedures and other documents relating to the operation of the service

Summary of this inspection

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 SHOULD take to improve:

- The service should ensure that patient risk is reflected across all record systems and appropriate management plans are clearly record within the patient's individual record.
- The service should ensure that all care plan records include person-centred goals that are linked to a patient's rehabilitation and demonstrates that the patient has been involved in the decision making.
- The service should ensure that the service continues to reduce the number of bank and agency staff used to cover vacant shifts.
- The service should continue to regularly review current practices on the ward that are restrictive on the wider patient group.

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

Is the service safe?

Good

Our rating of safe improved. We rated it as good.

Safe and clean care environments

The ward was safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or mitigated any risks they identified. Ligature risks were present throughout the building and staff could not observe patients in all parts of the unit as the rooms were split over 3 floors. The service mitigated the risks to patients by adjusting their level of eyesight observations according to the patient risk assessments and locking certain rooms with ligature risks such as the accessible toilet. Staff also carried out internal security checks twice a day as well as daily health and safety checks. These checks included ensuring windows and doors were intact and locked where required as well as checking to ensure fire escapes were clear, visual checks of fire extinguishers and staff were working safely.

The service carried out an annual ligature audit. The last audit was carried out in December 2022 and included images of ligatures around the environment. Staff had all signed that they had read the ligature policy in place. The service also used closed circuit television (CCTV) that covered communal areas such as lounges and hallways. There was a bedroom located near to the nurse's office that a patient could be moved to if their risk increased.

The service undertook regular fire drills throughout the year. The most recent fire drills took place in September 2022 and January 2023. The fire drill that took place in September 2022 found that staff did not take a two-way radio with them whilst carrying out the drill. The fire drill that took place in January 2023 found that this had improved, and staff ensured they took a two-way radio with them. Fire wardens were allocated on each day of the week and staff signed in and out of the building.

Staff had easy access to alarms and patients had easy access to nurse call systems. Each room, including bedrooms, had an alarm located on the wall. Staff carried out daily call alarm checks to assess whether they were in working order.

Patients had access to a back garden. However, the door to this was kept locked. Staff said this was because there was a low fence around the garden and there was a risk that patients could abscond. All access to the garden for patients was supervised by staff.

Maintenance, cleanliness and infection control

The ward areas were clean, well maintained and well furnished. Staff followed infection control policy, including handwashing. The ward kitchen received an enhanced clean in December 2022.

Clinic room and equipment

Despite the small size of the clinic room, the room was organised, fully equipped with clinical equipment that was in date and resuscitation equipment and emergency drugs that staff checked on a weekly basis. The small size of the clinic room meant that staff were not able to deliver clinical interventions in the clinic room. Nursing and medical staff were required to use the quiet lounge or meeting room to carry out examinations or blood tests. Staff had access to a mobile examination couch and covered the windows to maintain patient privacy and dignity. The provider was unable to change the size of this room due to the building layout.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

At the time of our last inspection in April 2022, we found that the provider was not adhering to their own safe staffing levels that they had set. At night, the service did not regularly deploy the required number of qualified staff. During the February 2023 inspection, we found that this had improved, and the service was able to deploy enough nursing and support staff to keep people safe during the day and night. We reviewed the staffing rotas between November to February 2023 and found that on most day and night shifts the actual staffing numbers deployed matched the staffing numbers required. However, the staffing rotas showed during a 2-week period in December 2022, the service was not consistently able to fulfil the night shifts with 2 registered nurses. When this happened the second registered nurse was replaced with a support worker.

The service used a staffing matrix that was designed to increase and decrease the numbers of staff dependent on the number of patients admitted to the ward. For example, at the time of our inspection 11 patients were admitted which meant that 2 registered nurses and 2 support workers were required during the day shift. At night, 2 registered nurses and 1 support worker was required. The acuity of the ward was not high which meant that the ward did not require any additional members of staff to be on shift to support patients.

The rotas showed that familiar agency and bank staff regularly worked at the service to cover shifts that were not fulfilled. Since our last inspection in April 2022, the qualified nursing vacancy rate had reduced from 2 to 1. The service had 1 healthcare assistant vacancy and was actively recruiting into this role. The service aimed to continue to reduce their agency and bank staff usage.

Permanent staff received an initial induction that lasted for 2 weeks. Staff told us that the induction was comprehensive and included a tour of the environment, introduction to the patient group and their needs as well as being shown how to use the IT system.

Long stay or rehabilitation mental health wards for working age adults

Good

The registered manager could adjust staffing levels according to the needs of the patients and deploy additional bank or agency staff. There were times this was required due to staff sickness or if a patient required additional support. In the event bank and agency staff were required we saw evidence that the service deployed staff who were familiar with the service and knew the patient group. The registered manager told us that these staff received a full induction. The registered manager and the duty manager on-call was also available to provide additional support.

Medical staff

The service had enough daytime and night time medical cover. The ward consultant psychiatrist and a speciality doctor provided medical cover to the team Monday to Friday. Staff had access to medical cover out of hours.

Mandatory training

Staff had completed and were up-to-date with their mandatory training. The overall completion rate for permanent and bank staff was 97%. The mandatory training programme for clinical staff was comprehensive and met the needs of patients and staff. Training courses included basic life support, ligature risk training, mental health act awareness and deprivation of liberty awareness training. The completion rate for basic life support and ligature risk training was 100%. The registered manager monitored mandatory training compliance rates 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 ensured they carried out regular physical health monitoring and clearly recorded and escalated the results when required. Eyesight observations were carried out at random times to ensure they were not predictable for patients. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed.

Assessment and management of patient risk

Staff completed risk assessments for each patient on admission using a recognised tool and reviewed this regularly, including after any incident. At the time of our inspection, all 11 patients were rated green, which indicated low risk. Patient risk was assessed prior to admission by a dedicated panel and again at the point of admission. The panel assessed a patient's presentation against an assessment criterion. This included the patient being over 18 years of age and having a primary diagnosis of psychosis. The service did not accept patients who were at high risk of absconsion, were actively suicidal or have thoughts to self-harm.

We reviewed 5 risk assessments and found that all of the patients had been appropriately risk assessed and their risks were clearly recorded. The MDT used a short-term assessment of risk and treatability (START) assessment tool. This enabled the MDT to evaluate a patient's level of risk and the likelihood of them responding to treatment. We identified in 1 record that the patient's level of risk differed between 2 electronic record systems. The risk was low on 1 system and high on the other. Both systems should have shown that the patient's risk was low (green). Following the inspection, the provider informed us that this was an IT error and the risk had been updated.

All patients received a swallowing risk assessment due to their increased risk of having swallowing difficulties or choking due to taking anti-psychotic medication. The medical team told us that for patients taking anti-psychotic medication this automatically increased their risk to moderate. For patients at moderate or high risk their needs were assessed, and an action plan put in place. For example, the service may refer the patient to see their GP in order to request specialist assessment and support.

Long stay or rehabilitation mental health wards for working age adults

Good

At the time of our previous inspection in April 2022, we identified that staff had not been using the national early warning signs (NEWS) form correctly. The NEWS form was not printed in colour which made it difficult to read and the colour coding did not differentiate between red, amber and green scores. The escalation protocol was also missing from the NEWS tool. Some staff were unable to explain the NEWS escalation process. This put patients at risk of staff not recognising or escalating elevated scores appropriately. At our recent inspection in February 2023, we identified this had improved. The registered manager had provided additional vital signs monitoring training in April and June 2022. Staff also completed a physical healthcare mandatory training course. The completion rate was 100%. We reviewed NEWS forms for all 11 patients and found that staff were using them correctly. The forms were printed in colour and staff ensured to follow the NEWS escalation protocol when required. NEWS physical health observations were completed daily for all patients. The improvements were also reflected in the NEWS weekly audit. We reviewed the audit for October 2022 and January 2023 and found that the results were positive. Staff had ensured that patients had received frequent physical health monitoring and the results had also been recorded within the patients' individual electronic record.

At the time of our last inspection, we found that staff did not undertake intermittent observations of patients in line with the providers observation and engagement policy and ensure they were recorded accurately. Staff were carrying out intermittent observations at regular 15-minute intervals. There was a risk that the patients could predict what time staff would be observing them and could plan to carry out risk behaviours in between the regular predictable checks. During the February 2023 inspection, we found that this had improved. Staff told us that they would check on individual patients four times per hour. These would be carried out at random times within the hour, with a maximum of 15 minutes between each check. Staff were required to complete an observation and engagement mandatory training course. The completion rate was 80%. There were a small number of staff who required an update. At the time of our inspection all patients required an hourly eyesight observation.

Use of restrictive interventions

Levels of restraint at the service were low. We identified that 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. During the inspection, we observed staff verbally deescalating a patient and staff encouraged the patient to speak with their family on the phone. The patient accepted this, and the situation was de-escalated.

In the last 6 months, the service had carried out some form of restraint on 2 patients after several attempts of verbal de-escalation. The restraint was standing and involved a forearm hold. Following the restraint, staff continued to support both patients by using verbal de-escalation techniques. One patient requested staff to administer oral medication to them and the other patient was offered an oral medication that would help to reduce their level of aggression. Both patients were given as required medication which is also known as PRN. Staff ensured a patient's physical health was monitored following administration of a PRN oral medication. We reviewed 1 patient record and found that staff had offered physical health monitoring to the patient, but they had declined. Staff continued to monitor the patients breathing rate and recorded this appropriately.

The registered manager and medical team told us that if patients' behaviour resulted in restraint, they would be referred to an appropriate acute service as the service and environment was not equipped to manage high risk behaviours.

There had been no instances of seclusion or long-term segregation.

The service had implemented restrictions on some aspects of the service due to the risks that they presented to some patients. During the February 2023 inspection, we identified that all patients did not have free access to tea, coffee and sugar throughout the day. The service took the decision to remove access to these items for all patients so that they

could mitigate the risks that they posed to a small number of patients. Patients were required to ask staff for access to the kitchen to make a hot drink. The garden door was also locked due to the risks the garden posed to patients. Staff said this was because there was a low fence around the garden and there was a risk that patients could abscond. All access to the garden for patients was supervised by staff. Leaders of the service told us that these risks were regularly reviewed, and restrictions would be removed once it was safe to do so. During a post-inspection feedback meeting with the provider, the CQC advised the service to continue to regularly assess the restrictions in place to ensure they were appropriate.

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. Staff kept up-to-date with their safeguarding training and at the time of our inspection the completion rate was 100%. Staff received group safeguarding supervision every six months. The providers safeguarding lead facilitated a session in January 2023 and provided staff with an opportunity to learn about staff responsibility, how to report a safeguarding alert and reminded staff about the policies and procedures they can access to support them in their decision making. The provider's safeguarding handbook provided a clear flowchart in how staff can report a safeguarding and highlights the importance of not finishing a shift without reporting their concerns. Safeguarding was on the set agenda at the monthly team operational meeting.

Staff could give clear examples of how to protect patients from harassment and discrimination and worked with other agencies to escalate them. In the six months prior to our inspection the service had raised 1 formal safeguarding with the local authority. The service and local authority were working together to ensure appropriate management plans were in place. Records showed that the registered manager regularly discussed these plans with staff.

Staff access to essential information

Staff had access to clinical information across several electronic systems and on paper. Despite this, staff understood how to access information they required and were able to maintain high quality clinical records.

At the last inspection in April 2022, the provider did not have a cohesive care record system in place. We identified information was fragmented and stored in several different places. This meant there was a risk that patients would not receive holistic care and clinical work would be duplicated or gaps in care would occur. During this inspection, we identified that the service had improved how records were stored. Patient records were better organised and staff we spoke to understood where to access and update information. Although the service used a combination of electronic and paper records staff made sure they were up-to-date and complete. The individual care record audits that were carried out in December 2022 and January 2023 found that care records were largely kept up-to-date. There had been no incidents in the last six months that had occurred as a result of the service using several patient record systems.

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.

At the last inspection in April 2022, the provider had not ensured that staff monitored and recorded side effects from medication used by patients. Staff had not ensured that medicines were managed and stored appropriately. We found staff sometimes cut tablets into portions due to not having the required dose available. During the February 2023 inspection, we found that medicines management had improved. Medicines were being managed safely and patients

on certain medications were receiving regular side effect monitoring. A nurse from the ward was required to carry out a weekly medication room audit. We reviewed the audit for January 2023 and found that medicines and clinical equipment were in date and no concerns were identified. We checked the expiry date of 10 individual medicines and found that they were all in date. The provider employed an external pharmacy company who attended the ward on a weekly basis to carry out medicines management checks. The external qualified pharmacists generated performance reports that were shared at the providers monthly governance meeting. The January 2023 report showed that no medicines management issues had been identified.

During the February 2023, we identified that a patient's insulin pen was not labelled although the insulin pen box was labelled. At the time only 1 patient was prescribed insulin, therefore this lowered the risk of a medicines error. However, in the event the box is lost or destroyed staff would not be able to confirm they were administering medicine to the right patient with their own insulin pen. This could put the patient at risk of harm. During a post-inspection feedback meeting with the provider, the CQC informed service leaders of our finding. Service leaders told us this would be reviewed and addressed.

At the last inspection, the provider had not ensured that patients prescribed anti-psychotics received regular side effect monitoring. Some anti-psychotics can cause side effects that can be fatal. For example, clozapine can cause faecal impaction which can lead to death. During the February 2023, we reviewed 7 patient medication administration records and found that they were all up-to-date and patients had received the appropriate monitoring for the medication they were prescribed. Following the inspection, the provider shared with CQC copies of side effect monitoring charts completed in October 2022 and January 2023 for 2 patients who were prescribed anti-psychotics. Staff had assessed the 2 individual patients and their side effects using a recognised monitoring tool called the Glasgow Antipsychotic Side-effect Scale (GASS) on a monthly basis. Patients prescribed Clozapine had their bowel movements assessed on a weekly basis. All medication prescribed were within British National Formulary limits.

Controlled drugs and drugs liable to misuse were checked by 2 nurses for administration. Where there was only 1 registered nurse on shift, such as at night, a support worker witnessed this. Support workers had received a training session with a qualified pharmacist from an external pharmacy support company that provided information in how to witness and countersign for controlled drugs. We checked 5 individual medicines that were liable to misuse and found that the total number of tablets in stock matched the number recorded in the controlled drugs register book.

Track record on safety

The service had a good track record on safety. There had been no serious incidents or never events in the past 6 months.

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 knew what incidents to report and how to report them. In the 6 months prior to our inspection, the severity of incidents that had been reported were assessed as being minor. On average the service reported 5 incidents per month. Incidents of violence and aggression made up to 62% (20) of the total incidents reported during the 6-month period.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers investigated, debriefed and supported staff and patients after an incident had taken place. Whilst no serious incidents had occurred at Cygnet Lodge Kenton in the past 6 months. The team discussed incidents that had occurred on the ward at the monthly operational team meeting that both permanent and bank staff could attend. For example, the team discussed a recent incident when a patient became violent and aggressive. Staff discussed the patient's individual management plan and the importance of being aware of their environment.

The registered manager ensured that lessons learnt from other Cygnet Health services were shared with staff. The service held a joint monthly governance meeting with all Cygnet Health services that were located in Harrow. The registered manager attended these meetings and shared any learning with the Cygnet Lodge Kenton team. For example, there had been an incident regarding a deterioration in a patient's physical health at another service. The registered manager shared this incident with the team and reiterated staff to escalate physical health concerns without delay.

The provider was planning to implement a new incident reporting system. The date for when the system would be running was still to be confirmed but the provider was aiming for summer 2023.

Is the service effective?

Good

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Although we saw evidence that the nursing team and MDT worked with patients to plan and achieve their rehabilitation goals, the rehabilitation care plans did not always reflect the actual plans in place. The care plans did not always clearly reflect that the patient had been involved in the care planning process.

Staff ensured that they completed and recorded a comprehensive mental health assessment of each patient either on admission or soon after. Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The ward speciality doctor led on admission assessments and the monitoring of physical health.

Staff developed a range of care plans for each patient that met their mental and physical health needs. When patients were first admitted to the service the initial phase of care and treatment was to ensure that the patients' mental health was stabilised. This was key to ensuring that the patient would be able to move to the rehabilitation phase. This meant that all patients had similar goals in place for a short period of time. For example, tending to personal hygiene. When patients were ready to move to the rehabilitation phase their care plans were tailored to their individual goals. Whilst individual patients had a number of care plans in place across several electronic systems, the care plans recorded on those systems identified the patients' individual needs.

Rehabilitation care plan records sometimes lacked evidence of patient involvement and person-centred goals that linked to the patient's discharge. In 2 out of 7 care plans we found that either the care plan did not reflect the specific plans in place for the patient to achieve their goal or the care plan did not clearly record the patient's involvement in the planning process. For example, 1 patient who was working towards discharge had no clear goals recorded. At the time of our inspection, we observed a care plan approach (CPA) meeting that involved the same patient, and we identified that the patient did have goals in place for their discharge. The patient had visited their discharge destination with their

support worker and planned to stay overnight. The CPA meeting was person-centred, and we observed a good working relationship between the patient, their community mental health care coordinator and the MDT from Cygnet Lodge Kenton. However, these plans were not recorded. There were no records that demonstrated the patient's involvement or their comments about the plan. In another patient record, we identified that the care plan lacked the patient voice. The provider's own care plan audit in December 2022 also identified a lack of recording of patient involvement in 4 out of 4 records reviewed. The service had put an improvement plan in place and aimed to improve by the end of January 2023. The audit carried out in January 2023 identified there had been an improvement, however 2 out of the 4 records reviewed still lacked the recording of patient involvement.

Staff ensured that they reviewed and updated care plans when patients' needs changed most of the time. Patients' care was discussed and planned at ward rounds that took place every fortnight. Records of the multidisciplinary meetings were detailed and set out actions and future plans. However, in 1 care plan the patient was assessed as being a high risk of choking and although the MDT records showed that the team was managing the risk appropriately, the patients individual swallowing care plan had not been updated to reflect the change in need and the specific actions staff would take to support the patient. For example, staff told us that they would cut up the patient's food to minimise the risk of them choking whilst eating. This was not recorded within the swallowing care plan. At the time of inspection, we raised this to the registered manager to address. The staff ensured the care plan was updated promptly.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Patients had access to occupational therapy and psychological support. Patients were offered 1 individual psychology session per week as well as 3 separate psychology groups. The 3 groups included a psychoeducation group which was patient led, the second group was an opportunity for a general chat and the third group focused on coping skills and relaxation. Patients attended a range of occupational therapy groups that were rehab focused and encouraged independent living such as cooking, an exercise group and budgeting. At the time of inspection, we observed a skills group with 3 patients in attendance. The group involved a game that aimed for patients to find out more about each other's interests. The game generated meaningful discussions between patients. The patients reported that they enjoyed the group.

Staff identified patients' physical health needs and recorded them in their care plans. The nursing team ensured that patients' physical health was monitored on a daily basis. The speciality doctor worked on the ward during core working hours and was available to assess a patient's physical health when required. For patients who required specialist care, patients were supported to attend the local medical centre and see a GP for further assessment and referral to specialist care. The service was unable to directly refer to secondary care.

Patients were supported and encouraged to plan their days. Each day the staff and patients held a daily planning meeting. The group was patient led and was an opportunity for everyone on the ward to discuss their wellbeing and share their plans for the day. During our inspection, we observed a morning planning meeting. Most patients attended the meeting and staff informed the patients which members of staff were allocated to each activity or task. The patients discussed a range of topics including wellbeing, ward activities and the leisure trip that was planned.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff met patients' dietary needs and supported them to lead healthier lives. Patients were supported by occupational therapy staff to cook in the kitchen as a group and prepare meals independently. The aim of cooking sessions was to support and prepare the patients for independent living when they moved into the community. Patients' hydration and nutrition needs were reviewed at the monthly ward round meeting. Patients were supported to participate in smoking cessation. At the time of our inspection, the ward speciality doctor led on smoking cessation and had completed a session with 3 patients who consented and received nicotine replacement therapy. The ward had a comprehensive smoking cessation in notice board in the main patient area and records showed that the impact of smoking on individual patients' physical health was discussed at ward round. The provider recognised the service still had further progress to make in continuing to reduce the number of patients who smoked over the course of the year.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Occupational therapists measured outcomes for patients using the model of human occupation screening tool (MoHOST). The assistant psychologist used The Global Assessment Progress (GAP) scoring to measure outcomes. This included looking at whether patients self-harmed, and their physical and emotional regulation.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. There was a consultant psychiatrist and speciality doctor, nurses and support workers, an occupational therapist and an occupational therapist assistant, a part-time social worker, a part-time clinical psychologist and an assistant psychologist.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Staff completed specialist training for their roles in addition to mandatory training. This included a Health Education England course called The Oliver McGowan Mandatory Training on Learning Disability and Autism. From the 1 July 2022, the UK government made it a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training that is appropriate to their role. At the time of our inspection the completion rate was 80%.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Staff told us that they received supervision in line with the provider's supervision policy and they felt the frequency was sufficient. At the time of our inspection, the clinical supervision completion rate was 93%. Medical staff and other clinical members of the multi-disciplinary team received their supervision from their managers at another of the provider's services. The provider's supervision policy required that staff had clinical supervision every month, managerial supervision once every 3 months and other clinicians' supervision took place as often as needed in agreement between the manager and staff.

Managers supported staff through regular, constructive appraisals of their work. At the time of our inspection, the appraisal rate was 100%. Medical staff and other members of the multi-disciplinary team carried out their yearly appraisal with a supervisor from their discipline.

Long stay or rehabilitation mental health wards for working age adults

Good

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The medical team led a fortnightly ward round meeting which included the patient, a member of the nursing and therapy team as well as the service's social worker. The ward social worker supported patients, their families, and carers with a range of topics such as financial support, capacity assessments and general advice relating to independent living in the community.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Members of the MDT were required to provide updates to the fortnightly ward round meeting. We saw evidence that the updates provided were comprehensive and gave a clear summary of the patient's presentation and progress.

The MDT had effective working relationships with external teams and organisations. For example, community mental health teams, clinical commissioning groups and local GPs.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 (MHA) and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the MHA and the Mental Health Act Code of Practice. The completion rate for staff for Mental Health Act awareness training was 100%. Staff had access to the provider's MHA administration team for support and advice when required.

Patients had easy access to information about independent mental health advocacy (IMHA). During the February 2023 inspection, we spoke with an independent advocate who was visiting the ward. The advocate visited the ward on a weekly basis to speak with patients.

At our April 2022 inspection, we found that the service had not ensured that staff provided clear information to detained patients on a regular basis, in line with the provider's own policy, in order to meet each patients needs to understand their rights under the MHA. During our recent February 2023 inspection, we found that this had improved. The service had implemented a Section 132 rights audit to monitor that patients had been read their rights. We reviewed the June 2022, July 2022 and January 2023 audit and found that all patients who were detained under the MHA had been read their rights.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. The registered manager told us that the daily morning meeting is an opportunity for patients to plan the day and inform staff that they would like to take their leave. This allows the nursing team to plan who is facilitating the leave for those patients who required staff to escort them. At the time of inspection, we attended the morning meeting and observed this discussion taking place between staff and patients. The registered manager told us that was not often that leave was cancelled, and the manager would support the nursing team so that a member of staff can facilitate a patient's leave if there was not enough. Individual staff we spoke with told us they ensure patients take their escorted and unescorted leave.

Long stay or rehabilitation mental health wards for working age adults

Good

At the time of our last inspection in April 2022, the service did not have a system to follow up delays when requesting a second opinion appointed doctor (SOAD).The role of the SOAD is to decide whether the treatment recommended is appropriate when a patient detained under the MHA refuses treatment or is deemed incapable of consenting to treatment. We also identified that there had been a number of SOAD requests that were overdue, and those patients were being treated under S.62 of the MHA. Section 62 of the MHA allows for urgent treatment needing consent to treatment for a patient where a SOAD is required to assess the patient, or the patient no longer agrees to treatment. Section 62 of the MHA should be used for urgent treatment only and a SOAD should be requested beforehand.

During the recent February 2023 inspection, this had improved. We requested information from the provider relating to the number of SOAD requests that had been made in the past six months. The information showed there were no overdue SOAD requests. The service had submitted 2 requests for a SOAD. One request had been made on 3 February 2023 and the other had been made on 28 February 2023. A S.62 had been put in place around the same time as the SOAD requests. The service had been in communication with the SOAD a few weeks later. The appropriate paperwork had been issued for both patients on 13 March 2023. We reviewed seven medicine charts and found that the appropriate MHA consent paperwork called a T2 and a T3 was correctly attached to individual medicine administration (MAR) charts. The medicines set out on the T2 and T3 paperwork matched the medicines prescribed on the individual patients MAR charts.

Staff stored copies of patients' detention papers and staff could access them on request to the provider's MHA office. The MHA office undertook an audit every 6 months to ensure the service applied the MHA correctly. The audit findings were shared with the registered manager.

There were no informal patients at the time of our inspection.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of our inspection, the staff completion rate for Mental Capacity Act and Deprivation of Liberty Safeguards training was 100%.

The provider had a policy on Mental Capacity Act and advance decisions or statements. Staff were able to access the policy electronically.

Staff assessed and recorded capacity to consent when a patient needed to make an important decision. We reviewed 7 mental capacity assessments and found that staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Long stay or rehabilitation mental health wards for working age adults

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We spoke with 4 patients, and they all told us that staff were kind to them, and they had a good rapport with the team. Three out of 4 patients spoke positively about the service. One patient told us that they did not feel safe and that there was not enough to do on the weekends.

The service had carried out a routine patient survey in the past 12 months. Seven patients took part in answering most of the survey questions and reported that overall, they received a good level of care. All 7 patients said that the quality of food was good, and that staff took enough care to support patients with their physical health needs. Two patients said that they did not always feel involved in the decisions about their care and treatment. Two patients said that there were not enough activities to do on the weekend. The feedback from the survey generally matched what patients told the inspection team during the on-site inspection.

Staff gave patients help, emotional support and advice when they needed it. During the inspection, we observed positive interactions between patients and staff. For example, a member of staff verbally deescalated a patient who was becoming distressed. They encouraged the patient to contact their family which helped the patient to reduce their aggression.

Staff understood and respected the individual needs of each patient and supported patients to manage their own care where appropriate. We observed a daily planning meeting and a care programme approach (CPA) meeting and found that staff were supportive and demonstrated a holistic approach to patients' needs. The planning meeting was an opportunity for patients to plan their own activities that were rehab focused such as laundry, going shopping and tidying their rooms. The meeting encouraged patient autonomy. Both patients we spoke to said that they enjoyed attending some of the groups and going out to the local community every day. One patient led a yoga group every 2 weeks.

Whilst staff ensured they kept patient information confidential most of the time, we observed a folder containing confidential information temporarily out of place on a table near to the entrance of the ward. This meant that patient confidentiality was not upheld at this time. A member of the inspection team gave the folder to a member of staff to store safely.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that patients had easy access to independent advocates.**

Involvement of patients

Staff introduced patients to the ward and the service as part of their admission. On arrival patients were given a welcome booklet about the service.

Staff made sure patients understood their care and treatment and took time to include them in the planning of their care. Whilst care plan records did not always reflect patients' individual treatment goals and their involvement in the planning of their care, we observed during the inspection staff involving patients in their care. Staff had a thorough understanding of all patients and their individual needs. We reviewed MDT records and attended a ward CPA meeting and found that the MDT ensured patients were actively involved in their care and recovery.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff involved patients in decisions about the service, when appropriate. The ward held a daily planning meeting and a weekly community meeting. The daily planning meeting was chaired by a patient and an occupational therapist led the meeting. The planning meeting was an opportunity for everyone to 'check-in' with each other and for each patient to independently plan their day. The weekly community meeting was a structured meeting. The meeting provided another opportunity for patients to feedback about how they were feeling, their opinions about the OT timetable as well as any concerns or questions about their rights as a patient. All patients contributed to the meeting and provided their feedback. Although a member of staff took minutes of the weekly community meeting, the meeting minutes did not always demonstrate whether each action from the previous meeting had been met or was outstanding.

The service had implemented a monthly 'you said, we did' board. This is an initiative used to demonstrate how a service or organisation has listened to user feedback and publicly shows how the service has responded. For example, the board for February 2023 showed that patients had said they would like new groups. In response to this, the service implemented a new 'chit chat' group on a weekly a basis. Patients had also said that they would like a trip to a zoo. In response to this the service organised a trip to the zoo and planned to organise another trip in late February 2023.

Patients could give feedback on the service and their treatment and staff supported them to do this. Two patients we spoke with felt confident to feedback. One patient had raised a formal complaint in the past.

Staff made sure patients could access advocacy services. An independent advocacy service visited the service on a weekly basis to speak with patients. There was information about the advocacy service on the information board.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. They were able to attend the weekly ward round and a monthly carers forum. The forum was led by either the clinical psychologist, assistant psychologist or occupational therapy assistant. Following the forum, carers were asked to complete a questionnaire giving feedback about the service. One carer praised the service for supporting them to manage their own stress and anxiety. Another carer said that hearing from other carers and families and the challenges they face has supported them. In January 2023, a carer requested for additional information about psychosis. At the February 2023 forum the psychology team provided a presentation about psychosis.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Long stay or rehabilitation mental health wards for working age adults

Good

At the time of our inspection, the bed capacity was 73%. Service leads and the MDT regularly reviewed length of stay for patients at the fortnightly ward rounds. The service accepted patients who lived outside of London. All 11 patients who were admitted to the service had arrived between December 2020 and September 2022. This meant that patients had not been admitted to the service longer than they needed to. The average length of stay was 18 months.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. When a patient's risk increased and the service was unable to support the patient, they would refer the patient back to the referrer and request for them to be appropriately placed at another service.

Discharge and transfers of care

Managers monitored patient progress and set estimated discharge dates. The MDT discussed patient discharge dates during the ward round meetings. Staff worked with care coordinators, clinical commissioning groups, carers and the wider MDT to coordinate discharges. We observed a care programme approach (CPA) meeting for a patient who had jointly planned with the MDT to stay overnight at their discharge destination. The funding commissioner was also present at the meeting. The patient was supported to achieve their goal, which was to go home.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each female patient had their own bedroom, which they could personalise. Each bedroom had a separate toilet and sink and there was a communal bathroom on each floor that included a shower.

Staff used a full range of rooms and equipment to support treatment and care. The service had an outside space that patients could access.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could make phone calls in private.

At the time of our inspection, patients could not make their own hot drinks independently. The service made the decision to remove access to tea, coffee and sugar for all patients so that they could mitigate the risks that they posed to a small number of patients. Leaders of the service told us that these risks were regularly reviewed, and restrictions would be removed once it was safe to do so.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities that would enable them to live independently. The service supported patients to access the wider community including visiting local shops and amenities. The occupational therapy team completed an interest checklist with each patient on admission to identify their interests and aspirations. Patients were supported to develop key skills such as using the computer and cooking. One patient was attending college.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff helped patients to stay in contact with families and carers. Visitors were welcomed to the ward each day and also on the weekend during set hours.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people. The unit had bedrooms located on the ground floor and there was an accessible bathroom. The service had a lift to support patients with poor mobility to reach all floors of the building.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. The ward had various information boards that were comprehensive and included relevant information for patients.

The service had information leaflets available in languages spoken by the patients and local community. Information could also be accessed online. Patients were also given a welcome pack that included similar information.

Staff ensured patients could receive support from interpreters when needed.

Patients had access to spiritual, religious, and cultural support. Religious needs were explored with all patients at the beginning of an admission. Patients at the service requested to celebrate valentine's day. In response to this, the occupational therapy team organised a cake making session. At the time of inspection, we observed some patients decorating cakes and engaging with staff and each other.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Managers investigated complaints and identified themes. The service had received 3 complaints in the past 12 months. The complaints were received in May and June 2022 and were from a family member raising concerns about the environment and quality of care. The hospital manager investigated the complaints and did not uphold the individual concerns raised. An investigation outcome letter was sent to the family.

Complaints were an item on the agenda at the monthly operations meeting that all staff attended. As the service had not received a complaint since June 2022, there had been no complaint outcomes discussed at the operations meeting in recent months.

Is the service well-led?

Good

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

Long stay or rehabilitation mental health wards for working age adults

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.

The registered manager had been in post since 2019 and had worked at the service prior to this as a registered mental health nurse. The manager used the governance systems in place to manage team performance and the safety of the service.

The registered manager was local to the service and was committed to ensuring that staff and patients were supported. This included the manager becoming part of the nursing team numbers when required and working later in the day to support the team. Staff told us that they had seen an improvement in the service since our last inspection. We observed mutual respect between staff as well as with patients.

Staff were able to access development opportunities. Staff told us that the registered manager supported their career development. Some staff had 'champion' roles which meant they led on an aspect of clinical practice. Other staff had been supported to access career conversations and opportunities to develop their interview techniques.

Vision and strategy

Staff demonstrated the provider's values and how they applied to the work of their team.

Staff worked with patients to improve and develop their independence skills. During the inspection, we observed staff providing holistic and recovery focused care to patients. This included staff encouraging patients to plan their days and take part in the activity programme. Patients were supported to use their leave independently and as a group. Staff had built good relationships with patients and during our inspection we observed this. Feedback from patients and carers showed that staff had helped them progress and recover.

Culture

Staff said they felt respected, supported and valued. 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 told us that the team respected and supported each other. We observed there to be no hierarchy between staff and patients. Staff felt comfortable to raise their concerns and voice their opinions to service leaders. Staff were supported to develop in their roles and were regularly supervised by their line manager. Staff told us that the team culture was good.

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.

At the time of our last inspection in April 2022, we identified that the service did not have effective systems in place to assess, monitor and improve the quality and safety of the service. The registered manager relied on governance systems that were not working effectively. For example, intermittent observations taking place at fixed times and the form to record vital signs was not clear. During our recent inspection in February 2023, we found that the service had improved their overall governance systems which resulted in an improvement in the quality and safety of the service. Monitoring systems had been implemented to ensure that risks were identified and managed. Staff no longer carried out

intermittent observations at fixed intervals and staff were clearly recording patients' vital signs on the correct form. Patients and staff told us that physical health monitoring at the service was good and we found evidence in the care records that this was the case. Patients' vital signs were taken on a daily basis and side effect monitoring was carried out monthly for the patients who were prescribed anti-psychotic medication.

The service had an auditing system in place to effectively assess and monitor aspects of the service. For example, staff carried out a medicines management audit, a MHA Section 132 rights audit, a care record audit and a physical health monitoring audit. Whilst the service used a combination of electronic and paper to record patient information, staff understood how to access important information so that they could carry out their role effectively.

The registered manager attended a monthly governance meeting that was held at another service in Harrow. The registered manager from Cygnet Lodge Kenton was required to submit various performance and quality assurance reports to the quality assurance lead on a monthly basis. The registered manager and clinical team leader also held operational team meetings on a monthly basis with all ward staff. The meeting was split into a general meeting followed by a nursing meeting. Matters discussed included learning from incidents, audit outcomes and compliments and complaints.

Management of risk, issues and performance

There were systems in place to manage risk and issues to the service. These systems had been improved to ensure they were effective.

At the time of our last inspection in April 2022, the systems in place to manage risk was not working effectively. During the February 2023 inspection, we found that the service had improved their routine monitoring of quality and safety and used the results to improve clinical practice. This resulted in patients receiving safer care.

Managers logged key risks on the service's risk register. The service's top risks included: staff retention, the unit being a standalone service and COVID-19. The risk register demonstrated the control measures in place to manage the risks identified.

Information management

Staff had access to the information systems they needed to provide safe and effective care.

Patient care records were recorded in a combination of an electronic and paper records. Staff were confident at using these systems and no incidents had occurred as a result of the various recording systems used.

Incidents and safeguarding concerns were reported and investigated, and learning was disseminated during monthly operations meetings.

All services registered with the Care Quality Commission (CQC) are required to notify the Commission of certain incidents, without delay. The service notified the Care Quality Commission of notifiable incidents.

Engagement

The service actively engaged with patients and staff to ensure they provided a service that met the needs of the patient group.

The service held a daily planning meeting where patients fed back on their daily mood and planned their activities for the day. The meetings were well run and offered all patients an opportunity to talk. Patients were encouraged to lead these groups. Staff also held a weekly community meeting which had a set agenda. Patients were encouraged to voice their opinion about the activity programme and other aspects of the service.

The service website provided information on the services offered by the unit. Patients and carers had opportunities to give feedback about the service through questionnaires. The assistant occupational therapist, clinical and assistant psychologist led the carers forum where carers could learn more about the service, offer feedback and request topics for discussion.

Learning, continuous improvement and innovation

The service engaged actively in quality improvement activities.

The service received the Accreditation for Inpatient Mental Health Services (AIMS). This was awarded in April 2022 by the Royal College of Psychiatrists and is in place until January 2025. The AIMS rehabilitation project is a national scheme developed to ensure best practice is being achieved in inpatient mental health services. To be accredited the service was required to meet a strict criterion and provide evidence that they were meeting the AIMS rehab standards.

Learning from incidents was discussed at the monthly operations meeting.