

Cygnet Behavioural Health Limited

Cygnet St Augustine's

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

Our rating of this location stayed the same. We rated it as good because:


- The service provided safe care. The ward environment was safe and clean. 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.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However,

- There were items within the clinic area that were out of date.
- Some staff did not know how to check the capacity of oxygen cylinders.

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 	

Summary of findings

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Summary of this inspection

Background to Cygnet St Augustine's

Cygnet St Augustine's is an independent mental health hospital.

St. Augustine's provides specialist enhanced locked rehabilitation services for up to 32 male patients of working age.

Patients may be detained under the Mental Health Act 1983 or subject to Deprivation of Liberty Safeguards.

At the time of the inspection the location had a registered manager.

The provider is registered with the care quality commission to provide:

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

The hospital is located in a modern, purpose-built building with one ward located across two floors.

The hospital was last inspected in January 2018. The rating was good in all domains and good overall. At the last inspection we told the provider that they should:

- Ensure that assessments of the capacity to consent to treatment and clinical notes include records of the detail of the discussions between the clinician and the patient.
- Ensure that care plans show needs, goals and outcomes that are related to the patients' recovery and rehabilitation.

At this inspection we found that the service had addressed all these issues.

What people who use the service say

Patients and carers told us that they found the ward clean and comfortable. Patients told us that the environment was spacious and calming. One patient told us that the ward could get noisy due to other patients being loud, but staff were supportive and helped reduce this where they could.

Patients told us that that staff were friendly, supportive and respectful. Patients said they felt safe on the ward and that staff were always visible. One patient told us that there were always enough staff but would like more support in the summer months as most patients liked to go out on trips more often at this time and this can be difficult to accommodate.

Patients told us that they like the facilities and activities within the hospital. They told us that there were lots of things to do and they had regularly gone out to access the community.

Patients told us that they were happy with their care and that they were involved in the care planning process. Families and carers told us that they were actively involved in meetings and communication was positive.

Summary of this inspection

Most patients told us that the food was varied and of a good quality however one patient told us that they would like more alternatives and another patient told us that they would like food that reflected their individual culture.

Patients told us that there were opportunities to give feedback in patient community meetings and that staff listen and will take action when they can.

Patient also told us that they knew how to complain and were satisfied with manager response when complains or concerns had been raised.

How we carried out this inspection

This was a routine unannounced inspection carried out as the hospital had not been inspected since January 2018. We had not received any of information of concern since this last inspection. This was a fully comprehensive inspection and we looked at all 5 domains.

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

To carry out this inspection there were two inspectors on site on 6 and 7 December 2023 and one inspector also visited the site on 15 December 2023.

An expert by experience made phone calls to carers and patients on 7 December 2023.

We spoke with the registered manager and a Head of Care

We spoke with 10 members of staff including nurses, support workers, occupational therapist and consultant psychiatrist. We also spoke with other staff members employed by the service provider including administration staff, domestic, maintenance and catering staff.

We spoke to 6 patients and 5 family members.

We attended a multidisciplinary daily meeting.

We looked at the care and treatment plans of 10 patients.

We reviewed medicine management practices and reviewed medication charts and physical health files for 9 patients.

We reviewed human resources files for 4 staff.

We received feedback about the service from one advocate.

We looked at the environment of the hospital including the clinic room.

We looked at a range of policies, procedures and other documents relating to the running of the service including meeting minutes, rotas, and handover records.

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 **MUST** take is necessary to comply with its legal obligations. Action a service **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 Should take to improve:

- The service should ensure that all equipment stored in the clinic area is in date and disposed of when expired.
- The service should ensure that all clinical staff are aware of how to check capacity of oxygen cylinders.

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 stayed the same we rated it as good.

Safe and clean care environments

All wards were 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 wards areas and removed or reduced any risks they identified. Staff completed daily checks of the environment including health and safety checks, maintenance checks and perimeter checks for possible hidden contraband.

Staff could observe patients in all parts of the wards. The hospital was purpose built and the ward covered two floors. The layout of the ward enabled staff to observe patients effectively. While the first-floor area was not visible from the staffing areas on the ground floor, the service mitigated this through use of CCTV, staff presence and observations. Where sightlines were impeded, CCTV and concave mirrors were in place so that staff could see any potential blind spots. CCTV was monitored by staff when required.

During the inspection the ward was calm and peaceful. Both the upstairs and downstairs floors were spacious with wide corridors and high ceilings which allowed for natural light.

The ward complied with NHS England guidance. Each patient had their own bedroom with ensuite shower rooms and there was no mixed sex accommodation.

There were no unknown potential ligature anchor points in the service. The hospital had an up-to-date ligature risk assessment and action plan, which was last reviewed in May 2023. Where there were potential ligature points these were documented, and risks were mitigated to keep patients safe. The ward and patient bedrooms had anti-ligature fittings and ligature cutters were available on both floors.

Staff had easy access to alarms and patients had easy access to nurse call systems. There were enough alarms for all staff, and these were checked regularly.

Long stay or rehabilitation mental health wards for working age adults

Good 

The hospital did not practice seclusion and had no seclusion facilities.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

All areas were seen to be clean and well maintained. Staff made sure cleaning records were up-to-date and the premises were clean. During the time of the inspection, regular cleaning was observed. Staff followed infection control policy, including handwashing. Signs were displayed reminding of the importance of effective handwashing and Personal Protective Equipment such as masks and hand gel were available.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The clinic held oxygen cylinders for a patient who required these. Some staff we spoke with during the inspection were not aware of how to check there was enough oxygen in the cylinders. The staff we spoke with told us this was because night staff carried out these checks. However, the head of care addressed this on the day of inspection and showed staff how to check cylinder capacity properly.

Staff checked, maintained, and cleaned equipment that they used regularly. All clinical equipment was clean and well maintained and most were in date. During the inspection we found some equipment in the clinic that was out of date. This included 6 packets of blood test strips, a vacutainer pack and urine test bottles. One spare blood pressure machine calibration was also out of date. All the equipment we saw that was out of date was removed by staff on the day of inspection.

The hospital had a separate examination room next to the clinic where patients' physical health records were kept. Additional clinical equipment was kept in this area.

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

The service had enough nursing and support staff to keep patients safe. As of December 2023, the hospital had a total staffing establishment of 68 staff, this included 9 whole time equivalent (WTE) qualified nurses and 20 WTE healthcare support workers (excluding bank and nursing associate

For the 6 months prior to the December 2023, the overall staff turnover rate was 21% and the average sickness for the month prior to the inspection was 6%.

The service had low vacancy rates. At the time of the inspection, the provider had one clinical vacancy for a staff nurse, but this had recently been filled by an internal transfer who was awaiting a start date.

The service had low rates of bank and agency nurses and nursing assistants. The service rarely used agency nurses and had only used agency on one occasion in the last 12 months due to an outbreak of coronavirus which had impacted staffing levels. The hospital used its own bank staff to fill gaps in shifts and actively over recruited bank staff to ensure that there was adequate coverage. For example, the service had identified potential gaps when nursing associates would be on placement and had recruited additional bank healthcare support workers to fill these.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Managers supported staff who needed time off for ill health. We were also told by staff that they felt supported by their manager and wider team in respect of their individual health circumstances. We were given specific examples of reasonable adjustments being made to support staff to work safely with patients.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The provider used a safer staffing analysis to outline the minimum staffing levels required for the hospital. The usual staffing level exceeded the minimum staffing levels required.

The ward manager could adjust staffing levels according to the needs of the patients.

At the time our inspection the manager had adjusted staffing levels due to additional observations required in the day. The day shift had 2 qualified nurses and 7 healthcare support workers and 2 qualified nurses and 4 health care support workers on night shifts. When 2 qualified nurses were not available, an additional healthcare worker was added to the shift to meet minimum staffing level requirements.

All patients and staff said there were enough staff. Patients had regular one- to-one sessions with their named nurse. Staff told us that they had enough time to spend with their patients. We saw this reflected in care records.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff prioritised leave and activities and the manager told us that staffing levels would always be adjusted to accommodate leave.

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

Patients had access to medical staff and a physical health nurse who were based within the hospital on weekdays. The consultant psychiatrist was available on call.

Staff shared key information to keep patients safe when handing over their care to others. We observed handovers, daily multi-disciplinary meeting (MDT) and saw evidence of handover documentation which was detailed and thorough.

Medical staff

The service had enough daytime and nighttime medical cover who were available quickly and in an emergency. The hospital had two doctors and a physical health nurse who were on site during the week, and they were also accessible out of hours via the on-call system. Staff used local health services in emergencies, including A&E and GPs. During our inspection we observed action taken by medical staff when a patient's physical health deteriorated. Action taken was responsive, appropriate and collaborative with other agencies.

Managers could call locums when they needed additional medical cover however staff told us that that was rare.

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. As of 15 December 2023, the average mandatory training completion rate was 94%. However, compliance rates were low for Basic Life

Long stay or rehabilitation mental health wards for working age adults

Good 

Support, 64% and Advanced Safety Intervention Refresher course, 52%. The trainer for these courses had needed to cancel some planned courses however, all remaining staff were due to attend re scheduled courses the week of the inspection. We saw confirmation that the courses had been cancelled and saw the training register for the rescheduled course.

Managers monitored mandatory training and alerted staff when they needed to update their training via email. Alerts were also listed as an agenda on the daily multi-disciplinary team meeting to prompt and remind staff when they need to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. 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 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 reviewed risk assessments for 9 patients. In all cases, staff completed a standard risk assessment on admission and implemented a risk management plan around any identified risks. Staff reviewed and updated risk plans regularly or if there had been a change. Staff used the short-term assessment of risk and treadability (START) tool to capture risk, detailing precipitating, perpetuating and protective factors as part of the plan.

Risks were reviewed daily by staff and would be discussed within the daily multi-disciplinary team meetings and handovers.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We saw daily review of risk within handover meetings, the morning multi-disciplinary meeting and patient ward rounds. Staff identified and responded to any changes in risks to or posed by patients.

Staff could observe patients in all parts of the ward. Nursing observations were completed as prescribed and observation records were accurate, timely and concise.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Discussions took place within the multidisciplinary team to determine the level of risk for each patient in relation to level of observation and room searches. Staff also conducted regular perimeter searches of the garden areas to reduce access to potential contraband coming into the services.

Use of restrictive interventions

Levels of restrictive interventions were low. From September 2023 to December 2023 there were 5 incidents that resulted in low level restraints. No supine or prone restraints were utilised.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. We saw that the provider assessed the need for restrictions on an individual basis and avoided unnecessary blanket restrictions. The hospital documented restrictions on a 'reducing restrictive practice' plan with a rationale for this decision. These restrictions were reviewed every 3 months. The hospital had implemented a reducing practice group which met regularly to share learning amongst other services within the Cygnet group.

Long stay or rehabilitation mental health wards for working age adults

Good 

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.

Staff followed National Institute for Health and Care Excellence NICE guidance when using rapid tranquilisation. From September 2023 to December 2023 there were no incidents of rapid tranquilisation. Staff told us that this was rarely used but if it was then they were aware of best practice and the protocol to follow.

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. They were 100% compliant in mandatory safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff gave specific examples of where they had identified concerns, including patient on patient abuse.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff told us that they had good relationships with local safeguarding structures and had weekly engagement with the local authority safeguarding teams.

Staff followed clear procedures to keep children visiting the ward safe. Staff assessed potential risk and took into account any child protection issues. A visiting room was available outside of the ward and staff were available if needed.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff explained the safeguarding procedures to patients on admission and patients had access to relevant information. Staff discussed safeguarding concerns at handover meetings and during the morning multidisciplinary meeting.

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. The service used a combination of electronic and paper records.

Staff made sure clinical records were up-to-date and complete. All records were stored securely, electronic records were password protected and paper records kept in a locked filing cabinet within the nursing office.

When patients were admitted there were no delays in staff accessing their records.

Long stay or rehabilitation mental health wards for working age adults

Good 

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 to prescribe and administer medicines safely. We saw staff administer medicines safely to patients and complete relevant documentation.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. The hospital also had a registered general nurse (RGN) located within the service on weekdays who was able to offer support to patients and staff and we saw good examples of this in practice.

Staff completed medicines records accurately and kept them up to date. We reviewed 9 patient's medication and physical health records. Staff completed them fully and accurately.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. The hospital reported 3 medication errors in the 3 months prior to 5 December 2023. These errors were all related to pharmacy delivery and appropriate action had been taken by staff to remedy these promptly.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The hospital promoted self-medication as part of patients' rehabilitation and had an associated policy and procedure. Patients worked through a four-stage pathway based on risk. Staff closely monitored compliance. Patients who self-medicated had locked medicines cabinets in their bedrooms to store their medicines safely and staff completed random checks to ensure that patients were administering medication safely.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute of Health and Care Excellence guidance (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 knew what incidents to report and how to report them. The hospital followed the provider's policy on incident reporting.

Staff reported serious incidents clearly and in line with trust policy. We reviewed 3 incident reports that showed staff had taken appropriate action in each instance and records were completed fully and accurately.

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Good 

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 after any serious incident. Staff told us that they felt supported by management on this.

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. We saw evidence that incidents were discussed in meeting and in governance meetings.

Staff met to discuss the feedback and look at improvements to patient care. Staff discussed individual incidents at handover and in the morning multi-disciplinary meeting. The manager also held weekly lessons learnt meetings. Incident data was reviewed monthly to show emerging themes and patterns.

There was evidence that changes had been made as a result of feedback. Staff shared an example of work being completed with the GP to ensure that rescue packs were readily available for a patient who was having recurrent infections.

Managers shared learning with their staff about never events that happened elsewhere. The manager shared learning from other services, ensuring that information was cascade across the team.

Is the service effective?

Good 

Our rating of effective stayed the same. 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. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 9 patient records. This assessment included all historical and known risk factors and documented the patient's current presentation and a summary of need.

Assessments and monitoring took place alongside mental health assessments and prior to any care and treatment. Staff completed and recorded all routine physical health monitoring in line with the patient's needs, particularly when administering sedatives or antipsychotic medications. They also ensured an emergency response plan was in place. Care records we saw reflected this. The service had a dedicated nurse to support and review each patient's physical health needs who also attended the daily multi-disciplinary meetings and worked closely with the consultant.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were personalised, holistic and recovery orientated. The service used a model of care that was focused on a four-stage

Long stay or rehabilitation mental health wards for working age adults

Good 

process of assessment and engagement, recovery, consolidation and finally transition and discharge. Care plans were developed collaboratively with members of the multidisciplinary team and showed clear patient focused goals and outcomes, using the services model of care. Staff reviewed and updated care plans daily or when patients' needs changed.

Staff provided an activity and therapy programme relevant to the needs of the patients that was available seven days per week.

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 and encouraged them to live healthier lives. 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. The service had a full multidisciplinary team and a comprehensive staged model of care which staff were able to explain. Posters were displayed throughout the hospital which were designed to help patients understand the staged model of care.

Staff delivered care in line with best practice and national guidance. Medication records showed that prescribing was appropriate and in line with best practice. Managers ensured that all staff were trained in the use of National Institute for Health and Care Excellence guidelines relevant to inpatient care and all qualified nurses were assessed as being competent in administering medications. The hospital followed best practice for patients prescribed clozapine and ensured that patients were closely monitored for side effects.

Staff provided a range of care and treatment suitable for the patients in the service, which was in line with best practice and national guidance. The hospital had adopted the positive behaviour support framework and ran individual and groups sessions to support patients.

Occupational therapy offered a variety of recovery-based activities for the patients. Patients were involved in planning activities relevant to their goals. These included activities that focused on daily living skills, healthy lifestyles, and social skills.

Staff identified patients' physical health needs and recorded them in their care plans. Records showed that all patients had a physical examination on admission and individual needs were continually monitored and reviewed. We saw evidence and liaison with local primary health including GP and emergency dental support. Staff told us that they have good links with local GP however accessing a dentist for routine treatment was difficult due to a lack of availability within the local area.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff told us that they were aware of dietary needs through information given on admission and through ongoing health care monitoring. Dietary needs were held in care plans and in the kitchen of the ward, where religious needs were also accounted for.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The hospital promoted healthy eating by encouraging healthy diet. Menus viewed showed a range of healthy options. Some patients told us that they did not feel there was enough options that met their preference however there were always

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Good 

alternatives that they liked. Staff told us that the increase of food delivery services within the local area had a negative impact on patients often choosing to access takeaways however they told us they tried to discourage this and asked patients for their input when developing menus. Staff also promoted healthier lives by supporting them to take part in health programmes, smoking cessation or giving general advice. Patients had access to a comprehensive therapeutic activity programme which focused on physical activity. The hospital had a well-equipped gym on site which patients told us they used regularly and had a regular outdoor walking group.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. We saw evidence of staff using Referral acceptance score sheet (RASS). Staff completed the Health of the Nations Outcome Scores (HoNOS) to monitor patient' progress and recovery outcomes and the model of human occupation screening tool (MOHOST) to assess patients' occupational functioning.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff discussed clinical audit finding in monthly governance meeting and shared findings and learnings across the service group. Managers used results from audits to make improvements and discussed these with staff at team meetings.

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 access to a full range of specialists to meet the needs of the patients on the ward. A full multi-disciplinary team was in place for the ward including consultant psychiatrist, specialist doctor, nurses, healthcare support workers, physical health nurse, occupational therapist, psychologist, assistant psychologist, therapy assistants, catering and domestic staff and administrators, including a Mental Health Administrator. The hospital also had access to a pharmacist for advice.

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, including bank staff received mandatory training and most staff were up to date with this.

Managers made sure staff received any specialist training for their role. Staff received additional training that were relevant to their patients such as specific physical health monitoring, communication and boundaries training, substance misuse and epilepsy awareness.

Managers gave each new member of staff a full induction to the service before they started work. Staff told us that they had a comprehensive induction and staff files viewed reflected this. The manger told us that all new staff shadowed established staff during their induction and that the induction process will often be adapted or extended depending on the individuals needs. For example, the manager told us that additional time had been given to staff members who had previously worked within a different care setting so that they could get used to the nature of the service.

Managers supported all non-medical and medical staff through regular, constructive clinical supervision of their work. At the time of inspection, the compliance rate for supervision was 95% Staff also had access to peer supervision.

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Good 

Managers identified any training needs their staff had through supervision and appraisal and gave them the time and opportunity to develop their skills and knowledge. Staff were also supported to work towards additional qualifications. For example, the physical health nurse had qualified in prescribing and the manager was exploring further staff accessing this.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff told us that they received minutes from team meetings so that they were up to date with discussions. The manager also told us that any key information was always carried through onto morning meetings.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw evidence of supervision records where such issues were discussed.

Multi-disciplinary and interagency team work

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. Daily multi-disciplinary meetings took daily with a range of staff from psychiatry, psychology, nursing and occupational therapy. These meetings were effective in discussing a range of issues including changes to clinical risk, incidents, changes in observation levels, leave, medication and patient views. We observed that during this meeting staff took the opportunity to discuss and celebrate the progress and achievements of patients. Issues related to the safe running of the service were also discussed including staffing, training and environmental issues.

Multi-disciplinary ward rounds took place weekly, and each patient had a monthly review. These were attended by patients and external stakeholders.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. We saw evidence of effective handovers between shifts and detailed handover notes which included a brief overview of the patient's presentation, concerns, risks and activities. Handover notes also included actions to be taken on the following shift such as additional health monitoring or planned appointments.

Ward teams had effective working relationships with other teams in the organisation. The manager, head of care and senior clinicians attended regular regional meetings.

Ward teams had effective working relationships with external teams and organisations. The manager and head of care told us that they had positive working relationships with the local authority safeguarding teams and community mental health teams. Staff worked closely with primary care such as GP and dentists to ensure that patients received effective and timely care. Staff also worked with a range of external organisations such as advocacy and substance misuse.

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 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff had a good understanding of the Mental Health Act and the Code of Practice. At the time of inspection, 96% of staff were up to date with Mental Health Act awareness training.

Staff told us that they had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrator was and when to ask them for support. There was a full time Mental Health Act administrator based at the hospital and staff told us that they were accessible, approachable and supportive.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We found posters clearly displayed around the ward and saw that a designated advocate attended the service on at least a weekly basis. We spoke with an advocate who was visiting the hospital at the time of the inspection who regularly visited the hospital and had a positive working relationship with staff.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We saw evidence that patients had been informed of their rights and that discussion was documented within care records.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We observed discussion of section 17 leave being discussed within the morning multi-disciplinary team and followed up immediately with the patient.

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Staff told us that the administrator stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Treatment certificates for patients detained under the Mental Health Act were kept with prescription charts to ensure staff knew they were legally authorised to administer. The treatment certificate had supporting capacity to consent to treatment assessments.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

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

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The Mental Health Act administrator completed all audits for Mental Health Act documentation.

Good practice in applying the Mental Capacity Act

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

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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. As of December 2023, compliance rates for Mental Capacity Act training were 100%.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. At the time of the inspection, 100% of staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us that they could get further information from accessible staff within the service.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. For example, we saw evidence of a capacity assessment being carried out in relation to managing finances. This was assessed and recorded clearly, and the patient's voice documented evidencing appropriate consultation.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw evidence that staff consulted patients about all aspects of their care and treatment, engaged in discussion around their wishes and supported them to make decisions.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. We saw that best interest decisions had been recorded within care plans and had been reviewed within the multi-disciplinary teams.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. There were no deprivation of liberty safeguards in progress during the time of inspection.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as 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. During our inspection we observed interactions between patients and a range of staff including nurses, support workers and domestic staff. Dignity was promoted throughout the service, and we saw this practiced by leaders and the whole staff team. Leaders were a role model for person centred care and made efforts to ensure that all staff within the service understood the importance of demonstrating this within all roles. A member of the domestic staff told us that she ensured she was always respectful of

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Good 

patient's physical and personal space when cleaning rooms and encourage them to help in cleaning tasks where they were able. All staff members respected patients' privacy and dignity by knocking on doors before entering and using preferred names and pronouns. We observed staff talking with patients in a friendly and relaxed manner. Patients told us that staff are approachable, caring and respectful. One patient told us, "It's like having friends that help you."

Staff gave patients help, emotional support and advice when they needed it. We observed staff knew their patients well and were able to be responsive to their needs. During our inspection a patient was physically unwell, staff were compassionate and responded in an appropriate and timely way, ensuring that although the physical health was a priority, emotional wellbeing was just as important. Patients told us that staff were supportive, they knew who their named nurse and keyworker was but there were always staff available when needed.

Patients said staff treated them well and behaved kindly. All staff we spoke to were passionate, motivated and committed to delivering person centred care within the recovery model. During the inspection we were told and saw evidence of a number of occasions where staff had supported patients outside of their day-to-day role. For example, one staff member had worked additional hours to support a patient to attend a tattoo appointment and explained the importance of this in promoting positive relationships and supporting patients within their own individual communities. A family member also told us that their relative had been supported by staff to attend a family funeral and had provided reassurance and support throughout the day.

Staff supported patients to understand and manage their own care treatment or condition. We saw evidence that patients were actively involved in their own care and their individual preferences were incorporated in the delivery of the care plan. Care plans could also be adapted to suit the needs of the patient.

Staff directed patients to other services and supported them to access those services if they needed help. We saw evidence of staff supporting patients to access external services, particularly physical health.

Staff understood and respected the individual needs of each patient. We found evidence in care records and by talking with staff that they knew the needs of patients well and that this was reflected within care plans. Staff followed policy to keep patient information confidential.

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

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 services as part of their admission. On admission, patients received a tour of the hospital and an information pack detailing what would be expected. Staff told us that they gave additional time and support to patients on admission to ensure they were fully orientated to the ward. Family told us that they were given information about the service prior to admission and had been in contact with the consultant and manager.

Staff involved patients and gave them access to their care planning and risk assessments. involved patients in the care planning process and when making decisions. Evidence of discussion with patients was seen in both risk assessments, care plans and positive behaviour plans. For example, the patients' voice was documented in a number of plans where triggers, strengths and support strategies were outlined for staff. We also saw evidence within care plans where patients

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Good 

disagreed with the presence or severity of risk. During our inspection, we saw a patient who was unhappy with his discharge plan. Staff were observed empowering the patient to voice his concerns and actions were immediately in place to ensure the transition plan was reviewed with the patient and multi-disciplinary team. Patients told us that they knew what their care plan was, and they were regularly offered a copy.

All staff viewed patients as active partners and were supported to make decisions on their care. Staff encouraged patients to develop and maintain independence. Patients' activity plans were focused on self-care and developing independent living skills. Patients were encouraged to make their own drinks and meals, clean their bedrooms and do their own laundry. Some patients participated in therapeutic earning jobs which allowed them to receive an earning for completing tasks. One patient told us that they had also been supported to access employment in the local community.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Patients' communication needs were assessed, and support was available in the form of interpretation services if needed.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff involved patients in decisions about the service, when appropriate. Patients could give feedback through weekly community meetings, regular patient surveys and compliments and complaint process. Patients spoke highly of the community patients and said that they felt listened to. One patient gave an example of suggestions that he had made about improving the garden and staff had taken action on this. Minutes from these meetings were given to patients and displayed on notice boards on the ward so that patients and staff who had not attended were aware of feedback and actions proposed.

Staff made sure patients could access advocacy services. Patients had access to a local independent advocacy service. An advocate attended the hospital at least once per week and staff and patients told us that they had met with them. Posters were visible on the ward of who the advocate was, when they would be visiting next and their contact details. We spoke with the advocate during our inspection. They told us that staff promoted the advocacy service and patient involvement.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Families and carers were informed about the service prior to admission. Where consent was given by the patient, family members were involved in their relative's care. Families and carers told us that they were invited to attend multi-disciplinary meetings and were kept informed of key information.

Staff helped families to give feedback on the service. The hospital encouraged family and carers feedback and were exploring new ways to ensure this was gathered. Families and carers could give feedback either informally or formally via the annual satisfaction survey which is organised through head office. The manager told us that they are exploring ways to make the survey more accessible and meaningful and will be delivering the survey at a local level to ensure there is more uptake. Family and carers also have access to a regular carers' forum. The manager told us that uptake on this is low but had gathered feedback around this and found that families and carers felt that the forum was necessary due to the frequency of contact and communication already received from the hospital.

Is the service responsive?

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Good 

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.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Patients' length of stay and discharge planning was discussed with the patient and multi-disciplinary team within individual ward rounds. The head of care told us that length of stay was dependant on patient progress and on average this was around 18 months.

The service had clear acceptance processes for admission and managers told us that they would only accept referrals if the service could clearly meet their needs. Managers told us that they were honest with referrers and commissioners regarding their decisions for non-acceptance.

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.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed and took action to reduce them where possible. Staff told us that discharges could be delayed if there were Ministry of Justice or social care issues.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw evidence of discharge planning within care plans, multi-disciplinary meetings and patient ward rounds.

Staff supported patients when they were referred or transferred between services. Staff supported patients with transitions into future services and placements. During the inspection a patient went to visit his future placement independently after having successful previous visits with staff. Patients and their families and carers told us that they knew what their discharge plan was and were aware of how they would be supported to transition successfully.

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 with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

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Good 

Each patient had their own bedroom with en-suite shower rooms, which they could personalise. The rooms were decorated to a good standard and furniture was in good condition. Patients had their own bedroom key and had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. The facilities available to patients included 2 communal lounges, an occupational therapy kitchen, dining room, gym, IT room, prayer/multi-faith room and large enclosed garden. The ground floor communal area also held a pool table and lounge areas offered TV and gaming consoles. There was a large fish tank in the communal area. Areas throughout the hospital were spacious, bright and had a calm atmosphere. Patients told us the hospital was clean and well maintained and they were happy with the facilities that were on offer. Some staff told us that the IT room did feel dated and felt that as patients could access the internet on their personal mobile phones and laptops that this room could be used for a different purpose.

The service had quiet areas and a room where patients could meet with visitors in private. There was a visitor room off the ward with access to refreshments and which also had a range of information leaflets and guidance for families and carers.

Most patients had their own mobile phones and could make phone calls in private.

The service had an outside space that patients could access easily. The garden was open plan and had areas to sit or be active. Patients told us that the garden was well used and that they would like to do more in this space. Staff told us that a request had been made for a greenhouse in the garden area and that plans were in place to action this.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. We viewed menus which were varied and offered a balanced diet. Most patients told us that they enjoyed the food and that there was range of options including curries, koftas and tacos. However, one patient told us that they felt there were not enough alternatives and these were mainly sandwiches. Managers told us that patients could always request an alternative and could raise concerns or suggestions in the food forum at weekly community meetings.

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 for education and work, and supported patients. Staff gave us example of how they supported patients to access education, volunteering and work opportunities within the local community. Most patients told us they had been supported to access education and work opportunities and some patients had therapeutic jobs within the hospital for which they were paid. One patient told us that they had been employed at a local restaurant while being at the hospital and this had been encouraged and supported by staff.

Staff helped patients to stay in contact with families and carers. Most patients had their own mobile phones which they used to keep in contact with their family and friends. The visitors room which was located off the ward could be used for patients to meet privately with their family and a number of patients had section 17 leave authorised for home visits. Families and carers told us that they felt welcomed by the staff and that they were very accommodating, particularly around special events and holidays.

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Good 

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients were offered a range of activities that were both hospital and community based. We observed patients interacting with each other on the wards and staff supporting to ensure behavioural expectations were respected.

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 and those with communication needs or other specific needs. We saw examples of posters written in an easy read and accessible formats.

The ward was located over two floors and had some facilities that met the needs of patients with mobility difficulties. All communal areas and bedrooms were spacious and accessible. Managers told us that they would always assess whether it could meet a patient's needs safely on admission and that rooms on the downstairs part of the hospital were most suitable for patients with mobility issues, although lift access was available if required.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Key information was displayed on noticeboards throughout the ward including community opportunities, patient rights, safeguarding processes and therapies and activities available at the hospital. Patient information leaflets were written in an accessible format and the service could access the leaflets in different languages when needed. Managers made sure staff and patients could get help from interpreters or signers when needed. This information was also available in the patients and family's welcome leaflets.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Kitchen staff had information about patients' dietary requirements such as allergies, halal or vegetarian and we saw how they met these needs. Most patients told us that they enjoyed the food however one patient told us that they did not feel the food was culturally diverse or reflect his own culture. Staff and patient told us that they had the opportunity to raise concerns or requests for certain food within the food forum at weekly patient community meetings.

Patients had access to spiritual, religious and cultural support. Staff supported patients to access local mosques and churches. There was also a multi-faith room at the hospital.

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. We saw evidence in community meetings and in patient and family information leaflets.

The service clearly displayed information about how to raise a concern in patient areas. Posters were visible for patients and information was accessible.

Staff understood the policy on complaints and knew how to handle them. Staff had access to the complaints policy and staff we spoke to knew how to support patients and how to handle complaints. Managers investigated complaints and identified themes. We saw formal and informal complaint audits which detailed how complaints had been made, how staff had supported patients and how managers had responded to complaints.

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Good 

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. One patient who had made a complaint told us that he was happy with how his complaint had been resolved by the manager and staff. Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Lessons learnt were discussed at team meetings, clinical governance meetings and regional operational governance meetings.

The service used compliments to learn, celebrate success and improve the quality of care. This was part of the governance meetings and fed back to patients through the community meetings. We saw evidence in the morning multi-disciplinary meeting and within governance meeting minutes that compliments and complaints were discussed, and any actions were acted upon.

Is the service well-led?

Good 

Our rating of well-led stayed the same. 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.

Managers understood the needs of the patient group and followed a recognised strength-based model of treatment and care that focussed on the patient's skills and abilities.

Both patients and staff told us that managers were visible and approachable, staff told us that management had an open-door policy. Managers made themselves available for patients if they wanted to speak to them.

We observed how managers knew the patients and offered support patients when needed. Staff told us that they respected that managers were on the ward to support patients and them also.

The service welcomed preceptorship nurses and offered supported nursing placements. We were told that the service supports 'growing their own' and has development opportunities for all staff.

Vision and strategy

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

The provider's vision and values focused delivering person centred care and working collaboratively with the patient and multi-disciplinary team to ensure effective recovery and rehabilitation for patients. The provider placed a strong emphasis on engagement in meaningful activity to help patients reach their full potential.

The staff we spoke to understand the vision and values of the organisation and believed that the hospital was providing care to people in line with these values. Staff were able to give examples of how the values were upheld in practice, such as promoting independence through positive risk taking when supporting a patient with transition to a new placement within the community.

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Good 

Culture

Staff felt respected, supported and valued. They said the trust 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 they were a happy team who worked well together. They said they felt respected, supported and valued and they spoke highly of the management team. They said the service promoted and embraced equality and diversity in daily work.

The service provided opportunities for development and career progression. Training opportunities included upskilling for healthcare support workers to senior level, and nursing associate posts. In addition, senior managers provided clinical leadership training for staff. Staff told us they could raise any concerns without fear, a speak up guardian was in place and staff knew and felt confident to whistle-blow if needed.

Staff demonstrated understanding and commitment to supporting the wellbeing of this patient group.

A staff survey was conducted in July 2023. Overall, this was mainly positive, but the manager felt that it was necessary to explore some lower satisfaction responses in relation to staff feeling valued, staffing figures and breaks. The manager held a staff meeting in response to any concerns and as a result developed an action plan around this. Evidence was seen that these actions were regularly being reviewed by leader and across the multi-disciplinary team.

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.

There were effective and robust governance arrangements in place. Managers had access to a range of dashboards that allowed them to keep up to date with all current information affecting their service. They had easy access to information that allowed them to monitor and manage their service effectively.

We reviewed human resource files for 4 staff members. The files were organised, comprehensive and detailed relevant documentation such as recruitment information, references, identification and up to date enhanced disclosure and barring (DBS) checks.

Managers ensured that all staff were up to date with training and supervision and addressed poor performance effectively and in a timely manner.

Managers ensured that relationships with commissioners and other external bodies were maintained, and that information was shared between themselves and these services.

Managers made effective and immediate arrangements to cover any vacant posts and while staff sickness due to long term sickness was high this was monitored and managed effectively.

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.

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Information sharing and knowledge was apparent at every level during our inspection. Such as medicine alerts that were available in the clinic, learning from incidents at both local and national level were displayed in the staff room and readily available on the staff intranet.

Staff level of understanding of patient needs was clearly shown through the meetings we observed, and paperwork seen. Robust documentation of quality plans and assurances were provided. Risk assessments including ligature risks were clearly documented and reviewed regularly.

Information management

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

The service had information governance systems which included the confidential storage of patient's records, this was managed well.

Managers ensure that notifications were completed and shared in a timely way with external bodies including Care Quality Commission as needed.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Managers from the service participated actively in the work of the local transforming care partnership.

Managers ensured that staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The information was shared via the intranet, bulletins, and newsletters.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. We saw examples of completed patient and carer feedback surveys. The manager told us that she had enough autonomy to make changes within her role. For example, since the service had sought feedback from families and carers at a national level, she had noticed a decline in engagement. As a result, the hospital will be delivering the survey at a local level to ensure there is more uptake.

Learning, continuous improvement and innovation

Throughout every level of the hospital there was a clear focus on learning and improvement. Leaders and managers were actively engaged in continued personal development to enhance their skills which they filtered back into the service. Staff told us that management were keen on developing their staff. Managers discussed learning and development with staff in their clinical supervision. Managers explained how newly trained nurses have continued to stay on at the service throughout and after their training.

Managers explained how they were committed to reducing restrictive practice through regular weekly meetings, involvement of patients in community meetings and action plans aimed at identifying and reducing restrictive practices where possible.