Cygnet Clifton Limited

Cygnet Alders Clinic

Inspection report

155 Podsmead Road
Gloucester
GL1 5UA
Tel: 01452222390
www.cygnethealth.co.uk

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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 a comprehensive inspection of Cygnet Alders Clinic due to concerns about some areas of service quality.

Cygnet Alders Clinic is in Gloucestershire and is a specialised locked rehabilitation service for patients with a personality disorder and/or complex trauma.

We rated this service as good because:

- The service had enough nursing and medical staff, who knew the patients well and received training to keep patients safe. While there were some staff vacancies, all shifts had been covered by either bank or agency staff. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Patients were supported by staff who managed risks well. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. They minimised the risk of restrictive practices and managed medicines safely.
- Staff developed holistic, recovery-orientated care plans informed by a comprehensive assessment. These were reviewed daily in the morning meetings and updated as needed. Patients were supported in a range of treatments suitable to their needs and cared for in line with best practice and national guidance. Staff engaged in clinical audits to evaluate the quality of care provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients. While there were upcoming vacancies for therapy staff, provision had been arranged from another hospital site as a temporary measure.
- 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.
- Managers ensured they had staff with the range of skills needed to provide high quality care. They supported staff with supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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. Staff helped patients with communication, advocacy, cultural and spiritual support.
- Patients were treated with compassion and kindness. Staff 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 planned and managed discharges. They liaised well with services that would provide aftercare. Staff did not discharge patients before they were ready and ensured they did not stay longer than they needed to.
- While leaders were new in post, they had the skills, knowledge, and experience to perform their roles. They had a good understanding of the service they managed and were visible and approachable for patients and staff.
- Staff felt respected, supported, and valued. They said the service promoted equality and diversity and provided opportunities for development and career progression. They could raise any concerns without fear of retribution.
- Outcomes data and quality improvement opportunities and evidence-based policies and procedures were reviewed within the clinical governance framework. The teams demonstrated that performance and risk were managed well. They had plans to cope with unexpected events.

However:

Summary of findings

- Record keeping systems were not always easy to navigate and information was stored in multiple places. This meant that staff may not have easy access to information relating to patients' care and treatment.
- Relatives we spoke with were not aware of the complaints process and said they had not received information on how to make a complaint. The management team acknowledged our concern and had arranged for all new relatives and carers to be given a copy of the new "Carer's Passport" which provided all relevant information.
- Patients did not always engage in meaningful activity. We observed very little activities taking place throughout the day. The patient survey feedback regarding activities identified them as being "bored."

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

Contents

Summary of this inspection

Background to Cygnet Alders Clinic

Cygnet Alders Clinic is overseen by Cygnet Clifton Limited and has been open since 2015. It provides specialised locked rehabilitation services for patients with a personality disorder and/or complex trauma in Gloucestershire. The 20 bedded unit is managed over 3 wards namely, Severn, Avon and Coln.

The rehabilitation model provided is based on best practice principles in line with national guidelines. This is made of 5 stages; pre-admission/preparation, assessment and admission/getting to know you, stabilisation/feeling safe, active treatment and rehabilitation which includes individualised therapy and improved quality of life and finally transition and discharge/preparing to move on.

At the time of the inspection there were 12 patients using the service: 5 patients on Severn ward, 5 on Avon and 2 on Coln wards.

The service is registered for the following activities:

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

There was a registered manager in post at the time of this inspection.

The last full comprehensive inspection was in 2019 where the service was rated as good overall with outstanding in caring. A focused inspection of safe and well-led was completed in June 2022 where the ratings for both safe and well-led went down and were rated as required improvement.

What people who use the service say

During the inspection patients declined to speak with us on a one-to-one basis. However, we completed a Short Observational Framework (SOFI) during the inspection. The SOFI tool provides a framework to enhance the observations we already make at inspections about the wellbeing of people using the service and staff interaction with them.

Group feedback from patients during the SOFI observation was that they felt intimidated by the number of male staff on duty, especially on Avon ward. This was also reflected in the feedback from a family member we spoke with.

A relative we spoke with said that they believed their family member was receiving effective care and that staff were good, attentive, and understood the patient's needs. They felt their relative had formed a "trusting relationship" with staff.

How we carried out this inspection

This was a comprehensive inspection reviewing all elements of the following key questions:

- Is it safe?
- Is it effective?

Summary of this inspection

- Is it caring?
- Is it responsive?
- Is it well-led?

Before the unannounced inspection visit, we reviewed information that we held about the location. During the inspection visit the inspection team:

- Observed the interactions between staff and patients by undertaking a Short Observation Framework (SOFI) tool.
- Spoke with a family member of one patient.
- Interviewed the registered manager, clinical lead, and operations director.
- Spoke with 13 staff members including registered nurses, consultant psychiatrist, psychologist, assistant psychologist, occupational therapist, occupational assistant, health care assistants domestic and agency staff.
- While having a tour of the hospital we checked the safety and cleanliness of the service
- Attended a morning multi-disciplinary meeting.
- Attended a patient reflective meeting.
- Reviewed 7 care and treatment records.
- Checked 12 prescription charts and how staff stored and managed medicines.
- Read meeting notes, service audits and procedures and other documents relating to the service.

Areas for improvement

SHOULDS

- The provider should ensure staff can access records and share information in a timely way.
- The provider should ensure that when feedback is reported to nursing staff from the psychologist this is recorded to ensure all relevant information is disseminated to staff.
- The provider should ensure there are meaningful activities available for patients on the wards.
- The provider should review the gender mix of staff on duty in line with feedback from patients.

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

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. We saw up to date environmental, fire, health and safety and infection control risk assessments. The service had carried out fire simulations and fire drills with no issues or concerns identified. The service had allocated fire marshals in place.

The wards were well ventilated, and patients had access to the kitchen, occupational therapy room and dining area. Patients had access to a therapy garden area.

There was no mixed sex accommodation. This was a female only hospital. All patients had bedrooms with en-suite facilities and storage for patient's personal possessions.

Patients could make phone calls in private.

The service had mitigated the risks of potential ligature points throughout the wards to keep patients safe. Staff completed environmental risk assessments that identified ligature risks. Staff had access to ligature cutters. There were anti ligature rails in all communal areas.

Following an incident, staff had attended a ligature risk reduction presentation. This look at the environmental factors and controls linked to ligatures, what types of materials could be used and what to do after a ligature incident. Staff said they found the refresher presentation very good and helped them in their role in supporting patients.

There were open plan lounges and dining areas where patients could meet and chat. Staff undertook observations on corridors to ensure they minimised risks where they could not easily observe patients.

Staff took steps to mitigate potential blind spots on the wards, this included the installation of convex mirrors. There was close circuit television (CCTV) in place. Staff informed us that the CCTV footage was only used to aid the investigation of specific incidents.

Staff had easy access to alarms and patients had easy access to nurse call systems. Alarms were tested on a regular basis.

Maintenance, cleanliness, and infection control

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

The service was following the National Cleaning Standards 2023. Cleaning records had been updated in line with the standards and housekeeping staff made sure the premises were clean. Managers routinely monitored cleaning records to confirm they were up to date and regularly audited.

Staff followed infection control policy, including handwashing. There were antibacterial hand gels available throughout the wards. Staff were observed washing their hands when required.

We saw the quarterly infection control audit for 14 March 2023 which did not highlight any issues or concerns.

The service had a folder which included up to date risk assessments linked to the Control of Substances Hazardous to Health.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs. The clinic room contained all the necessary equipment required. All emergency drugs were in date and accounted for.

Staff checked, maintained, and cleaned equipment. All equipment had been calibrated and checked as per the manufacturer's instructions. There were regular cleaning audits in place for the clinic rooms and equipment and evidence of actions being completed.

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. Staffing levels were adjusted according to the needs of the patients. However, patients raised concerns about the gender mix of staff on duty, some said that it often made them feel uncomfortable. This was noticeable on Avon ward during the inspection. There were occasions when male staff were required to cover one-to-one observations with female clients. Management was aware of this and had recently recruited 6 female health care assistants to ensure the gender mix was proportionate.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staffing rotas seen did not identify any gaps in staffing numbers. There were times that agency staff were required to fill gaps. The service liaised with bank staff and local agencies when required to ensure the wards were staffed with safe staffing levels. Managers limited their use of bank and agency staff and requested staff familiar with the service.

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. We spoke with agency staff who confirmed they had received an induction before starting their shift.

Managers supported staff who needed time off for ill health.

Levels of sickness were low.

Patients had regular one to one session, with their named nurse and/or assistant psychologists.

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

Staff shared key information to keep patients safe when handing over their care to others. Risk assessment documents were updated following any incident. There were daily multidisciplinary team meetings and staff handovers where changes to risk were shared with staff.

Medical staff

A doctor was available to go to the ward quickly in an emergency. Staff said they could also use the local ambulance service in an emergency.

The service had a longstanding, experienced consultant psychiatrist in post. The wards had access to an assigned speciality doctor and patients could attend a GP surgery if required for their physical health care.

Medical staff had completed mandatory training and were up to date with their supervision and appraisals.

Medical staff had regular contact with the deputy regional medical director who reported to the regional medical director covering the South region. All medical staff reported to the clinical director. The consultant psychiatrist was the medical director for 2 hospitals and said that his position within this hospital was predominantly a clinical and leadership role.

Mandatory training

Staff had completed and kept up to date with their mandatory training. It was delivered through online and face to face sessions.

Across the service 95% of staff had completed their mandatory training which included basic life support, immediate life support and prevention and management violence and aggression (PMVA). Staff carried out a resuscitation simulation in March 2023. Areas covered included, how to secure the scene safely, the use of the defibrillator and how to respond effectively.

Eye Movement Desensitisation and Reprocessing (EMDR) training was being reintroduced to ensure that overseas staff were compliant due to their current qualifications not meeting UK regulations.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could book and arrange training when required. Staff were aware of what training was required of them and they were prompted to attend training when it was available.

Long stay or rehabilitation mental health wards for working age adults

Good

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 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 7 patient's records and found staff had completed the Short-Term Assessment of Risk and Treatability (START) assessment. This is a concise, clinical guide used to evaluate a patient's level of risk for aggression and likelihood of responding well to treatment. We saw the START risk assessments were detailed and up to date.

We attended a daily morning meeting where all aspects of the patient's welfare and risks were discussed. Any changes were updated which ensured staff had the most up to date information to support the needs of the patients.

At ward handovers staff discussed changes to care provided. Care plans were discussed during weekly patient review meetings (ward rounds). The clinical lead informed us that oversite of care plan management would now also be reflected in the monthly local clinical governance meetings.

Staff reviewed all new admissions and would only accept patients when safe to do so. The service limited its admission to one patient every week to support the safety and wellbeing of current patients.

Staff were trained in managing conflict. Staff told us they knew the patients well and could intervene at the earliest point. The wards did not have a seclusion or de-escalation areas.

Management of patient risk

Staff knew the risks of each patient and acted to prevent or reduce risks. Care records identified each patients' risk and staff we spoke with knew the patients well.

Patients were individually assessed to see if they required enhanced observation from staff to help keep them safe. The service reviewed its enhanced observations process at daily morning meetings which staff said was proving effective in reducing one to one observation.

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

Use of restrictive interventions

Levels of restrictive interventions were generally low. Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

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. We reviewed the service's records for restraint and found no issues or concerns.

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

Staff followed the National Institute of Health and Care Excellence (NICE) guidance when using rapid tranquilisation. There had been one episode of rapid tranquilisation in February 2023 together with a referral to a Second Opinion Appointed Doctor (SOAD). We tracked the documentation of patients who had received rapid tranquilisation and found all observations, times, and patient's general mood state were all noted with no discrepancies seen.

The service did not use long term segregation or seclusion.

Where restrictions were in place, the provider had made attempts to mitigate the impact on patients. For example, they had designated smoking areas within the garden. Patients were not allowed unsupervised access to cigarette lighters due to the potential risk to patients.

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 had received safeguarding level 3 training for both adults and children. Ward managers and clinical lead were starting their level 4 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 understood what would be classified as a safeguarding concern. Staff had access to a safeguarding policy to follow for guidance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. There was a separate visiting room available off the main wards and the team worked with families when arranging visits.

The registered manager and clinical lead reviewed all safeguarding concerns and ensured these were discussed with staff to ensure lessons were learnt. They also took part in serious case reviews and made changes based on the outcomes. The operations director had oversight of all safeguarding concerns and confirmed that staff reported safeguarding concerns appropriately.

Staff access to essential information

While staff had access to clinical information it was not always easy to locate the relevant information.

Information relating to patient care was stored across multiple electronic record keeping systems. During the inspection we reviewed 7 care records. While all the information relevant to patient care such as risk assessments, care plans and patients' physical health were available, it was difficult for staff to find the information quickly.

This issue had been raised at several other locations managed by the provider. Senior managers were aware and confirmed this was a wider area for improvement. To mitigate the risk, all new staff received training on how to access and use the electronic system.

Consent to share information was sought on admission and was well documented in patient records. We saw examples of staff revisiting this with patients.

The psychology records were kept separately. The psychologist would upload relevant information onto the patient's electronic record system (pink notes) and gave verbal handovers to nurses on patients where psychology sessions have been difficult. We did not see evidence that the information was recorded which meant there was a risk of this information not being disseminated to all staff.

Individual patient record audits were conducted monthly and submitted to the Cygnet audit team. Ward managers also undertook weekly random checks of documentation and, where required, could request that changes are made. The quality manager conducted a minimal of two annual documentation audits. When needed, each audit had an associated action plan to address any identified concerns.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Medicines management

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

Staff kept clear records in relation to each patient's medicines. Medicine administration records were in good order. There were recording books for, medicine key handovers and daily nursing checklists. Stock levels were good with no over ordering. Controlled drug recordings were all up to date, signed with no omissions. There were both doctors and nurses signature lists.

Consent and capacity forms were clearly written and in the medicine folder.

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed the medicines administration records for 12 patients and found medicines had been administered in line with individual care plans. Patient's prescriptions were within British National Formulary (BNF) limits.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Staff learned from safety alerts and incidents to improve practice.

The external pharmacist visited weekly. Staff said the weekly visits had improved the ordering and delivery of required items. We found no concerns within the monthly audits. During their visits the pharmacist checked the drug charts, completed where applicable, controlled drugs audits, and reported any incidences found.

We reviewed the medicine audit for February 2023 and found no issues or concerns. The Mental Health Act (MHA) status of patients had been correctly updated. We found no issues with the T2 (treatment requiring consent or a second opinion) or the T3 (treatment where the patient lacks the mental capacity to consent, or the responsible clinician believes the patient has capacity to consent but is refusing) documentation. All records were up to date and easily accessible.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff were able to highlight any concerns with drowsiness or other side-effects to the consultant during their visits or at the daily morning meeting.

Long stay or rehabilitation mental health wards for working age adults

Good

During our previous inspection in June 2022, we found that staff did not store medicines in line with local procedures with cupboards and fridges containing medicines being left unlocked. The service undertook a quality assurance review and as a result implemented a ward manager checklist to include medicine cupboards. The inspection of June 2022 also found that patients' medicine records were incomplete. During this inspection, we checked all medicine cupboards and medicine records and found the service had achieved all actions in relation to the breach.

The June 2022 inspection also found that high dose antipsychotic therapies (HDAT) records were not up to date or stored in a place that was accessible to clinical staff. During this inspection, we found that prescription charts identified that all patients on HDAT were regularly monitored, and records could be easily accessible by clinical staff.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong.

The service had processes to manage patient safety incidents. 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.

Incident reports were thorough and well written. A lessons learnt folders had been created and shared with staff and the wider team. This was an improvement from our last inspection in June 2022.

The operations director confirmed there had been much improvement in the content of reports and this continued to be a work in progress.

Staff knew what incidents to report and how to report them.

The service had recently reviewed the incident data from September 2022 to March 2023. During this time there had been a total of 344 incidents across all three wards. Key themes identified included, cutting (127), head banging (100) and fixed and non-fixed ligature (64). The local clinical governance meeting minutes for March 2023 identified however that medicine errors were not being recorded on the electronic system. An action was identified to review the discrepancy and to ensure that all incidents were discussed during handover. We found no issues or concerns with medicines during the inspection.

Where serious incidents had been reported and investigated, we found that the managers had debriefed and supported staff. Staff met to discuss the feedback and looked at improvements to patient care. Staff could provide examples of lessons learnt following incidents and there was evidence that changes had been made as a result.

Patients were given information and feedback regarding any concerns where their views, wishes and beliefs were respected. All patients had access to an advocate who supported them weekly on site or remotely by phone.

Staff reported serious incidents clearly and in line with organisational policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff followed a clear process for reporting and investigating incidents. There was regular quality assurance meeting to review incidents. Incidents were also discussed at the monthly local clinical governance meetings.

Long stay or rehabilitation mental health wards for working age adults

Good

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.Staff involved patients or documented when patients would not engage.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. There was a doctor on site five days a week who dealt with all physical illness and requirements. This ensured that patient's physical reviews were up to date.

We saw that all National Early Warning Scores (NEWS2) forms were accurately recorded to ensure the welfare of the patient's physical health.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed. All care plans were reviewed monthly or more frequently following any significant incident or change. Data seen for February 2023 showed that Avon and Coln wards were 96% compliant with updating their care plans while 85% were completed on Severn ward.

Care plans were personalised, holistic and recovery orientated. There was evidence of patient input into the care plans. The patient's voice had been included in respect of their views and wishes. Care plans covered all areas of care and treatment as well as social care concerns. The service offered patients a printout of the care plans, but this was seldom accepted. The registered manager informed us they were going to trial emailing patients their care plans so that they could look at them on their phone. It was noted that this had been successful in one of the provider's other personality disorder locations.

Care plans focused on short term and long-term goals and the emphasis was on rehabilitation and independence. Care plans were reviewed weekly with each patient in their 1:1 key nurse sessions or therapy sessions.

Patient review meetings (ward rounds) took place weekly where patients were invited to attend to discuss their care and treatment. A family member or an advocate could support patients if they wished as well as their care coordinator or someone from their funding authority.

Staff were aware of what triggers patients may have that led to challenging behaviours and what individualised interventions to use to support patients effectively.

Long stay or rehabilitation mental health wards for working age adults

Good

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. Patients had access to occupational therapy and psychological therapy treatments. The occupational therapy and therapy assistant posts were due to become vacant in a few weeks' time. The registered manager outlined their contingency plan to ensure patients continued to receive therapy cover. There would be continued support from the regional director of occupational therapy and the head of occupation therapy for the Southwest. Support would also be made available from the provider's other services occupational therapy team. The service's leadership team told us they were actively recruiting to the post.

The patients' timetable included both group and a 1:1 session. Staff had created individual assessments to understand their needs and goals. The psychological therapy assistants were able to deliver some interventions which included both 1:1 sessions and group work. Engagement in psychology sessions was mixed. Data seen for February 2023 showed that of the 244 group sessions offered, only 11% (27) of the group sessions were attended. However, most patients attended a 1:1 session. Ninety-two sessions were offered of which 85 (92%) were attended.

The therapists and psychologists worked together to create a timetable of activity. The activity coordinator supported with the activities and encouraged patients to attend on the weekend. The patient's reflective meetings identified that patients said there were insufficient activities, and they were often bored. The therapy department had recognised the shortfall in activities and had asked patients for feedback. We saw the responses for the wards which were variable. Most rated the leisure planning, vocational drop-in and the drug and alcohol support group as being unhelpful. However, they said that emotional regulation groups, going for trips to the supermarket and attending Dialectical Behaviour Therapy (DBT) groups were helpful. DBT is talking therapy that can help patients manage their problems by changing the way they think and behave. Staff said they would review the results to create more meaningful activities for the patients.

While the service had a gym onsite this was not being effectively utilised as they did not have any staff qualified to undertake physical training sessions. The registered manger informed us they were in negotiations with a qualified trainer to provide sessional activities.

Occupational therapy was accessible for all patients to assess and treat their needs such as personal care, domestic skills, work, and education. We saw that most patients achieved 25 hours of meaningful activity per week.

The consultant psychiatrist and psychologist completed Autism Diagnostic Observation Schedule (ADOS) assessments. This is a tool designed to measure empathy. The consultant also assessed and supported patients who had attention deficit hyperactivity disorder (ADHD).

The psychologist said they assessed, measured, and reviewed related activities. They told us they were currently reviewing and looking at different psychometrics so that it was in line with the therapies used.

Staff identified patients' physical health needs and recorded them in their care plans. Staff ensured physical health care was monitored on an on-going basis. Patient records demonstrated this,

Long stay or rehabilitation mental health wards for working age adults

Good

Staff made sure patients had access to physical health care, including specialists as required. Staff took patients to appointments and accessed emergency care where appropriate.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. This included treating patients with diabetes and those at risk of choking. Staff ensured care plans and strategies were in place to address these.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff provided smoking cessation and support to patients.

The service took part in two primary outcome measures to evaluate the patient's progress. Data seen for February 2023 showed the wards as being 100% compliant with the patient's progression. We reviewed the information for 3 patients which clearly identified their progress.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. The service had an audit matrix which outlined which audits needed to be undertaken monthly. Examples included, infection control, environmental health and safety, care records and engagement and CCTV audits.

Managers used results from audits to make improvements.

Skilled staff to deliver care.

The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). 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 good access to a full range of specialists to meet the needs of the patients on the ward. This included a psychologist, assistant psychologist, a consultant psychiatrist, and occupational therapist and occupational therapy assistants. Staff could also access specialist input from other sites when required.

Managers made sure they had staff with the range of skills needed to provide high quality care. Managers supported staff through regular, constructive supervision of their work. For example, assistant psychologist received weekly supervision and all their notes were validated by the psychologist. We saw this in place during the inspection.

All assistant psychologists were trained in line with the national system for assistant psychology. However, the records seen did not identify that assistant psychologist leading group sessions was under the direct supervision of a qualified psychologist who would retain clinical responsibility for patients. Senior management confirmed that all assistant psychologist's work were supervised but said they would review their documentation to ensure this was recorded appropriately.

It was noted that the information on the provider's website stated they provided dialectical behaviour therapy (DBT) which is type of talking therapy. We were informed that assistant psychologists carried out DBT which is not in line with national guidance. This was brought to the attention of senior management who confirmed that assistant psychologists only carry out "DBT informed" which complied with national guidance. DBT informed is a process of combatting emotional difficulties such as severe anxiety and self-harm. Senior staff said they would revisit and change their website to ensure they state the correct psychological intervention provided.

Long stay or rehabilitation mental health wards for working age adults

Good

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.

Managers gave each new member of staff a full induction to the service before they started work. As part of their induction, staff were provided with a variety of training courses to prepare them for their role.

Managers supported staff through regular, constructive appraisals of their work. Appraisal rates for staff ranged between 90% and 100%. Managers continued to complete appraisals as and when they were due. Medical staff were supported to develop through yearly, constructive appraisals of their work.

Managers supported non-medical staff through regular, constructive clinical supervision of their work.

Managers supported medical staff through regular, constructive clinical supervision of their work. Figures seen showed that staff received regular supervision.

Assistant psychologists received reflective practice sessions facilitated by a psychologist to support them in reviewing and making improvements to their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There were monthly staff meetings in place that were recorded. Minutes of the meetings were emailed to staff who were unable to attend. Information relating to the running of the service was exchanged.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff received relevant and specialist training as part of their induction which included safe and supportive observation training, ligature awareness, physical health awareness, national early warning score and smoking cessation.

Managers recognised poor performance, could identify the reasons, and dealt with these.

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 and engaged with them early in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Meetings were attended by the consultant psychiatrist, the psychologist, occupational therapist, and members of the nursing team.

The consultant provided ad-hoc bite sized learning to the staff team. These ensured staff had a better understanding of patients' needs and how to recognise helpful strategies they could utilise when responding to difficult behaviour.

Staff shared information about patients during daily review meetings. We attended a daily meeting and observed that information was shared about the patient's recent well-being and progress. This included mental health, physical health, activities of daily living, diet, weight, leave arrangements, risks, medicines, and observation levels. Feedback from this meeting was also included at handover meetings.

Long stay or rehabilitation mental health wards for working age adults

Good

Ward teams had effective working relationships with external teams and organisations. The service had links with a local GP practice that was working well. The service met regularly with the GP practice to discuss any issues.

All staff said they had good relationships with the local safeguarding team and felt safe and comfortable in raising concerns.

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.

Staff received and kept up to date with training on the Mental Health Act and could describe the Code of Practice guiding principles. Staff we spoke with said they had a good understanding of the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. There was a Mental Health Act administrator available to staff to assist with any queries relating to the Mental Health Act.

Staff knew who their Mental Health Act administrator was and when to ask them for support.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff could access a copy of the Mental Health Act Code of Practice on the provider's intranet.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. There was an advocacy service that visited regularly. There were notices in communal ward areas about the advocacy service together with contact details.

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 reviewed Mental Health Act paperwork for 5 patients and found the records to be in good order. Patients' rights were included within the records seen.

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. Staff spoke favourably about patients being able to take section 17 leave when required. This included both escorted and unescorted leave.

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. Mental Health Act paperwork was easily accessible to staff. This included T2 and T3 forms.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. Informal patents had leave plans in their care records.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the organisations 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 the 5 key principles. There was a Mental Capacity Act policy in place for staff to refer to.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff said they could seek advice about capacity issues by speaking to the consultant psychiatrist for support with any issues.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff said they assumed patients had capacity unless they felt there was cause for concern relating to an unwise decision.

Staff told us that should they assess a patient as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history.

Staff had not made any applications for a Deprivation of Liberty Safeguards order.

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 went down. 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.

We completed a Short Observational Framework (SOFI) during the inspection. The SOFI tool provides a framework to enhance the observations we already make at inspections about the wellbeing of people using the service and staff interaction with them.

We carried out a SOFI in two lounges on Severn and Avon wards. We observed 6 patients in a group setting. We found the interaction between staff and patients on Avon ward to be neutral, with little contact made unless it was to discuss a specific task. We observed little evidence of activities taking place.

Comments made by patients during the observation was that they felt intimidated by the number of male staff on duty especially on Avon ward. This was also reflected in the feedback from a family member we spoke with. The clinical leads manager informed us they were aware of the gender mix and had recently recruited 6 new female staff. They said this would increase the proportionality mix of staff to accommodate the needs of female patients.

Staff were discreet, respectful, and responsive when caring for patients. We noted that staff knocked on bedroom doors prior to entering.

Staff gave patients help, emotional support and advice when they needed it. Staff signposted patients to where activities were delivered so they could attend.

Staff supported patients to understand and manage their own care treatment or condition. Family members spoken with said they felt their relative was "receiving effective care" and felt that the 1:1 group psychology session were "very beneficial."

Staff directed patients to other services and supported them to access those services if they needed help. Staff supported patients to access the advocacy service when required. Patient records demonstrated staff supported patients as and when required.

Patients declined to speak with us during the inspection, but we observed staff treating them well and behaving kindly.

Staff understood and respected the individual needs of each patient. Staff displayed a good knowledge and understanding of each patients needs and personalities.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. All staff confirmed they trusted the management team to address appropriately any concerns raised relating to abuse towards patients.

Staff followed policy to keep patient information confidential. Patient records and documents were stored electronically within the provider's secure electronic system.

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 and orientated patients to the ward(s) and the service as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. Copies of care plans seen identified patient involvement. The patients voice had been included in respect to their views and wishes. The records identified that patients were asked if they would like to receive copies of their weekly plan. All plans were kept in their files.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff told us how they supported patients with their care plans and options for treatment. However, the record audit identified that most patients declined to have a copy of their care plan.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff involved patients in decisions about the service, when appropriate. Minutes of patient's weekly reflective meetings showed that staff asked patients for their views about the service and for suggestions for improvement. Staff recorded and updated completion of actions in the meeting minutes.

Patients could give feedback on the service and their treatment and staff supported them to do this. The service had employed an expert by experience who was due to commence their post in the forthcoming weeks. Senior management told us their role would be to provide support to patients while enabling them to give feedback on the service provided.

Staff made sure patients could access advocacy services. We saw advocacy posters displayed within communal areas of the wards.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Although all patients within the service lived out of the area, we saw evidence that carers were invited to attending meetings via telephone or electronically.

There was no family or carers support group. The service was considering initiating this when patients and carer numbers increased over the next few months.

There were no carer information packs to share with families. We discussed this with the registered manager who said that a Cygnet Carers Passport was going to be rolled out imminently. They were also planning to send relatives/ carers of all new admission their "Welcome to Alders Clinic Guide" and "Meet the Team" leaflet.

Staff confirmed that it was often difficult to get families to give feedback on the service and this continued to be a work in progress.

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 were assertive in managing the discharge care pathway. As a result, patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers followed a clear admission policy. The service had a rehabilitation model of care that followed five principles including referral and pre-admission, assessment and engagement, recovery, consolidation and transition and discharge. There were several patients who had been assessed and accepted by the service and were due to commence over the next two weeks. To ensure the safety of current patients, the service was only admitting one patient every two weeks which would allow all patients to settle and become familiar with the new people entering the service.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers made sure bed occupancy was maintained in the best interest of the patients.

The service had a high out-of-area placements. All patients currently within the service were out of area. Patients had discharge plans in place and there was evidence of close working with patients care coordinators. There were no pressures on bed occupancy.

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. Ward moves were very infrequent. The service had configured the ward to be in line with the patient's rehabilitation journey. This allowed staff to deliver more focused activities to the patient groups.

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

Discharge and transfers of care

At the time of the inspection, the service had no patients whose discharge was delayed.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for patients ranged from 15 to 18 months. The leadership team said that some patients had not moved on as quickly as they wished but this was due to difficulties in finding placements. The service actively worked with commissioners to try to resolve this.

Staff regularly reviewed their patients progress to see where they were in the rehabilitation pathway. Staff actively worked with commissioners and allocated staff to improve timeliness of discharges and patient records demonstrated this.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

There were suitable plans and arrangements in place that meant patients did not stay in hospital longer than needed. However, plans were reliant on social care options being available which was outside of the services control. The service kept in contact with care coordinators to ensure plans were enacted.

Staff carefully planned patients discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services. This included for example, patients who needed admission to hospital for physical health problems and support with transitioning to a new placement.

The service followed national standards for transfer.

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.

Each patient had their own bedroom, which they could personalise. Patients were encouraged to take pride in their bedrooms and add their own decorations.

Patients had a secure place to store personal possessions. Patients had lockers with their own key so that they could keep personal possessions safe and access these when they wished to.

Staff used a full range of rooms and equipment to support treatment and care. Patients had access to the kitchen and activity rooms.

The service had quiet areas and a room where patients could meet with visitors in private. Patients had access to their own bedrooms if they wanted to spend time alone.

Patients could make phone calls in private.

The service had an outside space that patients could access easily.

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

The service offered a variety of good quality food. Staff told us patients were able to request specific food which were provided.

Patients' engagement with the wider community

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

Staff said they encouraged patients to access meaningful activities outside the service, such as work and education.

Staff helped patients to stay in contact with families and carers. Families and/or carers were invited to attend virtual care review meetings. Patients had mobile phones so they could contact families at any time.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Community services had good contact arrangements with the care coordinators who oversaw the progression of individual patients. This supported patients and the community team to establish community placements such as alternative and appropriate accommodation.

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.

Staff could adapt service delivery to meet the needs of for disabled people and those with communication needs or other specific needs. Resources were available to make information more accessible. Communication information cards could be provided when required.

The manager on Severn ward had organised a monthly well-woman group to look at areas such as physical and reproductive health. This was due to commence in April 2023. Areas identified for discussion included, weight management, diabetes, how to carry out breast examinations and the importance of having a cervical screening test.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. We saw patient's rights were documented in their care records.

The service could provide information leaflets in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service had not needed to use signers or interpreters. However, they would use a suitable agency to provide this should the need arise.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Menus could be tailored to meet individual needs such as religious or to support medical conditions such as diabetes. However, a family member we spoke with felt that their relative's weight could be monitored more closely and were unsure how the physical health needs of the patients were monitored. They felt that the service could provide more fitness classes.

Patients had access to spiritual, religious, and cultural support. None of the current group were utilising support from religious organisations due to their own preferences. Staff said they would support patients with this if required.

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.

Relatives we spoke with said they did not know how to complaint or raise concerns. We spoke with the registered manager, who confirmed this was an area they could improve. They told us they were going to provide all relatives and/or carers of admitted patients with a copy of the "Welcome to Alders Clinic Guide" which would contain information on how to make a complaint.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes.

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. We saw feedback from complaints in the patient's weekly reflective meeting minutes and the staff meeting minutes.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff confirmed the leadership team shared the outcomes of any investigation with them. Staff were able to describe the incident in detail and action taken during the investigation process.

The service used compliments to learn, celebrate success and improve the quality of care. We saw evidence of compliments on display across the wards.

Is the service well-led?

Long stay or rehabilitation mental health wards for working age adults

Good

Good

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

Leadership

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

All managers were relatively new to their post. They were being supported by the operations lead who knew the service well and visited weekly. Managers and the clinical lead we spoke with confirmed they received continuous support to enable them to do their role. They had clearly defined roles and responsibilities and knew what was expected of them.

The registered manger and clinical lead had a good understanding of the service they managed. They had a clear focus on what they wanted to achieve and how they proposed to deliver and motivate staff to succeed. They could explain clearly how the teams worked together to provide high quality care.

The registered manager and clinical lead were visible and approachable for patients and staff and confirmed they had an open-door policy for informal discussions, advice and support when required. Staff we spoke with acknowledged that the service was much better since the new management structure and felt supported, comfortable, and confident in approaching them if they had any concerns.

Medical staff felt leadership of the service had improved over the last 6 months. The re-introduction of quality improvement meetings, teaching sessions, ward meetings and local governance meetings had made a difference. They said the changes were happening in a considered way and the revisiting of enhanced observations and reflective practice had led to constructive changes in how the service was being managed.

Vision and strategy

Staff knew and understood the provider's vision and values and how applied them in their work.

The provider's vision was to make a positive difference to the lives of the patients they cared for and their loved ones while providing high quality, sustainable specialist service that ensured patients felt safe and supported.

The provider's mission was to work together in a positive culture of openness, honesty, and inclusivity, while delivering safe, compassionate, quality care for patients and staff.

The provider had a strategic plan for 2022 to 2027 which set out their priorities and reflected their ambition to provide outstanding, safe, high-quality services for every individual in their care.

Staff we spoke with were aware of the provider's vision and how they applied this in their work. They were able to direct us to the provider's intranet service for information about the services' mission and strategy.

Medical staff we spoke with had a clear vision for the service. They saw this as supporting patients from hospital to the community in a timely and safe way to help them succeed in their new environments.

Long stay or rehabilitation mental health wards for working age adults

Good

Culture

Staff felt respected, supported, and valued. They said the organisation promoted equality and diversity in daily work and provided opportunities for development and career progression. This included apprenticeships, leadership courses and additional training to support the needs of patients.

There were high levels of staff satisfaction. Staff said the changes in leadership and management were positive and had improved their experience of working at the service. All staff said they felt supported by the leadership team and others within the service. Staff felt respected and valued at ward level. Staff felt they were treated fairly.

Staff worked well together and where there were difficulties, they were supported by the leadership team who dealt with them appropriately.

The service had recently undertaken a closed culture survey which included observation of staff and patient interaction. The service achieved 75% compliance and we saw an action plan to address the recommendations.

The staff survey had only recently been sent to staff and the leadership team said they would review and feedback to staff once the results had been analysed. The staff survey from February 2021 to April 2022 showed that 67% of staff enjoyed working at Cygnet Alders Clinic.

Staff's attention to detail when working with patients was evident. Staff explained the importance of compassion, care and candour when supporting patients.

Staff understood the whistleblowing process for raising concerns and felt comfortable in approaching their manager. Staff were aware of the Freedom to Speak up Guardian (FTSUG) and knew how to contact them. The leadership team encouraged learning through a culture of openness and transparency. Staff said they were able to raise concerns and felt they were listened to if they did.

Staff felt they were treated fairly and said that although morale at times was mixed due to the acuity of some patients, they all worked well as a team. All said this was well managed by the ward managers who regularly reviewed the staff rotation to minimise the impact.

Staff told us there was a positive culture and they were able to share their views without fear of reprisals, medical staff described the service has having a good recovery culture. The leadership team said they were aware of the pressure on staff but said morale across staff teams were good.

Governance

Our findings from the other key questions demonstrated that governance processes were improved and were now in place to monitor, assess, manage, and mitigate risks.

Managers responded in a timely manner to patient safety concerns and had addressed actions from previous CQC inspections. We found the service had addressed concerns raised during the June 2022 inspection and had processes to timely report and review incidents. Staff confirmed they received examples where learning from incidents had been addressed.

Following the June 2022 inspection, the provider had made significant changes to their senior management team and had ensured staff were now in roles to enhance improvements to systems and processes at the service. The provider

had ensured there was now a substantive registered manager and clinical lead in post who had worked hard to make improvements to the service. Two new ward managers had been recruited to oversee the running of specific wards. The provider had ensured the service had access to human resources to ensure all staffing records were up to date. Mandatory training, appraisals and supervision records had been reviewed and updated.

We saw that the registered manger and clinical lead had oversight of the service and could identify any gaps in governance. This included a range of audits and other quality checks that were completed regularly and fed up and shared with the senior management team.

The manager completed weekly key performance indicator reports that contained information relation to occupancy levels, incidents and safeguarding, staffing and complaints. We noted that occupancy was included on the risk register.

There were monthly governance reports completed by the registered manager and clinical lead containing data and analysis relating to the running of the service.

The service had policies in place for staff to refer to that were in date and contained relevant information.

Ward managers said they were included in the decisions about referrals for placements and their views were taken into consideration.

There were a series of meeting where information could be shared and escalated. This included a daily risk meeting, monthly staff meetings, clinical review, and referral meetings. There was evidence of common themes being identified and shared learning.

There was a clear framework to identify themes from incidents and complaints. Information was shared with staff. We saw evidence of lessons learned shared in meeting minutes.

Management of risk, issues, and performance

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

The provider had systems and processes in place to monitor risk and performance. The service held daily situation report meetings to review each patient, staffing levels, incidents, and any issues of concern. The leadership team formed plans and actions to address these.

Staff had access to electronic records for each individual patient. Staff said they had all the pertinent information to support each patient's individual need.

The service had an up-to-date risk register which the registered manager maintained. This explained current risks in relation to for example, staffing and occupancy levels. Where required there were action plans to manage risk. Ward managers could escalate concerns when required. We saw the concerns listed matched those on the risk register.

The manager updated a monthly performance report which fed into the operational overview and business performance of the service. Areas covered included mandatory training, supervision, appraisals, and staffing.

The service had contingency plans in place for emergencies and procedures to manage for example, the Covid 19 pandemic or a flu outbreak.

Long stay or rehabilitation mental health wards for working age adults

Good

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. Where required, information was also reported externally.

The service collected information and had integrated and secure information systems. Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system worked well and helped to improve the quality of care.

The multiple system used to record, store, and collect date within the service did not always work cohesively. While all the information was available it was difficult for staff to quickly locate the data which may have a detrimental effect on their performance to respond to a patient concern. However, we did not find any incidents relating to the lack of information being readily available.

The registered manager had access to information relating to the operational performance of the service and used it to support them with their management role. This included information on the finance performance of the service, staffing and delayed discharges. They reviewed this information at monthly governance meetings with senior provider team members.

Information governance systems included confidentiality of patient records. There was a clear policy regarding the use of CCTV that respected patient's dignity. Staff working within the service were unable to view this footage unless requested by senior managers.

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.

Patients were provided with up-to-date information about the service they used. We observed a meeting which was well attended. Patients were given the opportunity to provide feedback on the service and identify areas of concern or needs. Actions were discussed and recorded which enabled patients to see how the service responded and resolved their concerns.

Patients, relatives, and carers were given the opportunity to give feedback on the service provided. An expert by experience was due to commence their employment in a couple of weeks. Their role is to link with patients to gather feedback and listen to their views and concerns.

The registered manger said they needed to have better involvement with carers and families and were looking at setting up a carer's forum. This had previously lapsed due to the lack of permanent senior management to support the project.

The ward manager confirmed they linked weekly with external coordinators to ensure they were kept up to date with each patient under their care. The registered manager updated patients' external stakeholders such as commissioners monthly about significant changes to individual patients' care.

There were good links with patient's home care teams. Managers and staff actively sought to forge links to support patients' discharge home.

Long stay or rehabilitation mental health wards for working age adults

Good

Learning, continuous improvement and innovation

All staff we spoke to were committed to making improvements. The registered manger and clinical lead had recognised the need to drive improvement across the service. They understood the issues within the service and were committed to improving the quality and safety of the service.

Teams worked together in the running of the service. The service held regular meeting where learning was discussed. For example, team meetings and patient reflective meetings.

Incidents and shared learning were discussed with staff. This provided opportunity for discussion on safety. The leadership team were responsive to concerns raised and sought to learn from them to improve services.

Staff said they were given the time and opportunity to learn.

The manager on Severn ward had recognised the importance of starting up a monthly well-woman group. This was due to commence in April 2023 to look at areas such as physical and reproductive health.