Cygnet Hospital Kewstoke

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Cygnet Hospital Kewstoke as good because:

- The environment was well risk assessed, adapted and both patients and staff told us they felt safe on the wards. Personal and hospital alarm systems were robust and well documented.
- There were enough suitably qualified and trained staff to provide care to a good standard. Staffing vacancies had been recruited to and the team were able to access increased numbers of staff easily.
- Medicines management was safe and regularly audited by an external agency. Medication errors were discussed in integrated governance meetings and ward rounds. Recent external audits from the hospital pharmacy had increased awareness around medication errors.
- Patients were involved in developing their own care plans and their views were clearly documented in their own words. Care plans we saw were personalised, holistic and recovery focused. The wards used the 'my shared pathways' (a programme to allow patients to chart their own progress through secure services and set their own agreed outcomes/achievements) approach for planning and evaluating care and treatment. Staff were well supported by the hospital to have training on the successful implementation of 'my shared pathway'.
- Patients had access to regular physical healthcare checks and a GP was employed by the hospital to provide regular contact with patients. Occupational therapists worked as part of the multidisciplinary team.
- Staff showed patience and gave encouragement when supporting patients. We saw that staff showed warmth and acceptance towards their patients despite the very challenging situations arising, often involving high levels of distress and self-harming behaviours. We saw that staff were non-judgemental towards their patients and empowered them consistently to encourage their involvement.
- There were quiet rooms that patients could access during the day and a full range of therapy rooms and equipment. There was a varied, strong and recovery orientated programme of therapeutic activities available.
- Patients knew how to complain and had access to advocates who had assisted patients to make a complaint in the past. The hospital had a detailed policy and procedure about how they dealt with complaints.
- Staff told us that the senior management team regularly visited the wards and were well known amongst the team. Staff felt well supported by the senior management team.
- All staff had good morale and said they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure they achieved the ward objectives.
- Governance structures were clear, well documented, adhered to and reported accurately. There was a robust audit plan and any actions resulting from the audit were completed in a timely fashion. The wards conducted several audits to ensure they were monitoring and improving the systems that supported the ward to achieve set standards and targets.
- Recruitment was value based, sickness and absence was well monitored and staff were well supported back into work.
- Staff received regular clinical, managerial and group supervisions. Appraisal rates were almost at 100% throughout the hospital and included 360 degree appraisals for clinicians.

However:

- The hospital's medicines management and rapid tranquillisation policies were overdue to be reviewed.
- Staff had not been given any training in the changes to the MHA's new Code of Practice and that the on-going Mental Health Act training did not address these changes either.
- Mental Capacity Act assessments were brief and needed more information about how best interest decisions had been made.

Summary of findings

Contents

Good

Cygnet Hospital Kewstoke

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults; Personality disorder services.

Summary of this inspection

Background to Cygnet Hospital Kewstoke

Cygnet Hospital Kewstoke is a 70 bedded low secure psychiatric hospital, consisting of five wards. The hospital is registered to provide treatment of disease, disorder and injury and assessment or medical treatment of people detained under the Mental Health Act 1983. Cygnet Hospital Kewstoke aims to help patients learn how to manage their mental health and reinforce their daily living skills, to prepare for independent life back in the community, or for moving into mainstream rehabilitation. Cygnet Hospital Kewstoke provides the following services:

- Nash ward is a 12 bedded psychiatric intensive care unit (PICU) for men in the acute stages of psychosis. It is located on the ground floor of the main hospital and is accessed through an airlock. Patients are detained under the Mental Health Act and on the first day of our visit there were nine patients on the ward, with a tenth being admitted on the second day.
- Sandford ward is a 16 bedded male acute inpatient service, accepting emergency admissions. It is part of Cygnet's national network of acute and PICU emergency admission services. It is located on the first floor of the main hospital and is again accessed through an air locked door.
- Milton Ward is a 15 bedded low secure forensic mental health service, providing a recovery focused care pathway for women addressing complex needs through to rehabilitation. It is located on the ground floor of the main hospital.
- Knightstone ward is 15 bedded female specialist personality disorder service, supported by dialectical behaviour therapy and other therapy models. It is located on the first floor of the main hospital.
- The Lodge at Cygnet hospital, Kewstoke is a female locked rehabilitation unit providing a care pathway for 12 patients who have been in hospital and are preparing for community living before discharge. It provides treatment in a community setting within the grounds of the main hospital, but separate from the main building. Its stated aim is to form part of an integrated care pathway for female patients only. It acts as a 'step-down' from medium secure, low secure and specialist services, and also as a 'step up' from community living to prevent a long term admission to secure services
- Cygnet Hospital Kewstoke is located on Beach Road, Kewstoke, Weston super Mare, BS22 9UZ.
- This location was previously inspected in December 2012, February 2013 and in June 2013. There were no compliance actions/requirement notices or enforcement actions associated with this service at the time of their last inspection.

Our inspection team

Team leader: Katharine Segrave, Inspector

The team that inspected the service comprised four CQC inspectors, one specialist advisor, two pharmacists, one Mental Health Act reviewer and one expert by experience.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited the ward for two days, looked at the quality of the ward environment and saw how staff cared for patients.
- Spoke with 23 patients.
- Spoke with 27 staff members including doctors, nurses, support workers, activity co-ordinators, occupational therapists and psychologists.
- Spoke with all ward managers and the clinical leads for each ward
- Spoke with the senior management team, which included the medical lead, the hospital manager, the quality and compliance manager, the general manager, the clinical manager, the safeguarding lead and the lead psychologist.
- Received feedback from seven relatives.
- Received 43 comment cards from patients.
- Attended and observed seven multidisciplinary clinical meetings.
- Attended four therapeutic activity groups with patients.
- Looked at 30 treatment records of patients and 40 care plans, including 22 medication records.
- Looked at a range of policies, procedures and other documents relating to the running of the services

What people who use the service say

All patients' comments were very positive and highly complementary about the care they received at Cygnet Hospital Kewstoke. They said staff were caring, patient, kind, non-judgemental and supportive. Patients said that the staff always had time for them. They described feeling safe and appreciated the professional approach of staff. All patients and their relatives, where patients had agreed, felt actively involved in choosing and making decisions about care and treatment. All patients commented positively about the range of therapy on offer by the multidisciplinary teams. They also told us the care and treatment was beneficial and how it had enabled them to deal with a wide range of issues and situations. Patients told us that they were treated with dignity and respect by the staff and although being in hospital was difficult, the staff made every effort to make them feel comfortable and safe.

Patients' families told us staff were always polite and friendly. One family felt they were always kept advised of their family member's progress while another said they were not and often struggled to speak to the same member of staff twice. Relatives said without exception that Knightstone ward was highly effective and therapeutic.

Feedback from local stakeholders said that they found the team and the care provided at Cygnet Hospital Kewstoke to be of a high standard and caring. Stakeholders told us that the wards communicated very well with their teams. Others said that the care provided was delivered in a recovery focussed way, the hospital was timely with discharging and had very good outcomes for patients. Stakeholders said they would recommend the hospital to colleagues.

However some of the patients on Nash ward raised their concerns about the damage to the ward, fixtures and fittings and one patient told us that their bedroom was cold. Two patients on Sandford ward complained that there was no internet connection and that the communal

Summary of this inspection

telephone had been broken for some time. One patient suggested that staff should use a torch when checking on patients at night, rather than turning the light on. One patient told us that staff were stuck in the office.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Knightstone, Milton and The Lodge wards were clean and well maintained and patients on all wards told us that they felt safe. Staff told us they felt safe in the work environment.
- Staff had assessed environmental risks, including photographing ligature risks (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). Ligature audits were completed on a six monthly basis and we saw evidence to show that these were up to date with actions completed.
- Staff had good systems in place to control contraband items and high risk property.
- Staff personal and hospital alarm systems were robust and well documented. There were regular medical emergency scenario tests.
- All patients had received a comprehensive and detailed risk assessment on admission. Staff used the 'short term assessment of risk and treatability' (START) tool to assess potential risks. We found that patients' risk assessments and plans were recovery focused and person centred.
- Where restraint had been used, efforts to de-escalate the situation through verbal communication had been made and paperwork relating to the use of restraint had been completed. Secondary and tertiary interventions were recorded as well as primary intervention strategies, so staff could demonstrate the use of a more holistic approach to de-escalation. At The Lodge, patients who required periods of time out from the communal areas could access a quiet room, external garden room or their bedroom.
- Staff were recording all episodes of rapid tranquillisation (the use of medication to calm/lightly sedate the patient, reduce the risk to self and/or others and achieve an optimal reduction in agitation and aggression) in line with policy and were recording both intramuscular and oral administrations.
- There was a safeguarding folder on every ward. All staff had received training in safeguarding vulnerable adults and children.
- Staffing vacancies had been recruited to and the team were able to access increased numbers of staff easily.

Summary of this inspection

- Managers told us wherever possible, they employed bank and agency staff who had worked there before and were familiar with procedures and policies. This helped ensure continuity of care for patients.
- Wards were over 90% compliant with mandatory training. Staff demonstrated sound knowledge about recent prevention and management of violence and aggression training and the least restrictive principle.
- Medicines management was safe and regularly audited by an external agency. Medication errors were discussed in integrated governance meetings and ward rounds. Recent external audits from the hospital pharmacy had increased awareness around medication errors. Staff that were subject to performance monitoring due to medication errors were encouraged to write reflective practises which they submitted to the weekly audit feedback.
- However:
- The hospital's medicines management and rapid tranquillisation policies were overdue to be reviewed.
- Staffing levels were determined by the organisation that used a staff matrix tool which based its need for staff on bed occupancy levels. Due to the nature and unpredictability of a PICU environment, staff we spoke to on Nash ward told us that this was unsafe as although bed occupancy levels may reduce, clinical activity may remain the same and or increase. Rotas on Milton ward were not always updated to identify all staff who had worked on the ward. The provider used a staff matrix tool to determine staffing levels. However lodge staff told us that staffing levels had been set three years previously when The Lodge had a male client group with different levels of dependency.
- The wards on Nash and Sandford were dirty and areas of the wards had maintenance issues and damage to fixtures and fittings.
- On Nash ward, there were 26 medicine fridge temperatures recorded above or below the recommended range. As a result the staff were unable to ensure that medicines in the fridge were safe to use.
- Controlled medication was not disposed of in a timely manner on Knightstone ward.
- Staff did not routinely test how long it took to collect the defibrillator from Milton ward.
- A first aid box on Milton ward was not routinely tested and contained out of date items.
- Nurses on Milton ward were not counter signing observation sheets.

Summary of this inspection

Are services effective?

Good

We rated effective as good because:

- At least two staff undertook assessments for new patients. Staff responded verbally within two days and written paperwork confirming a patient's placement was delivered within a week.
- Staff completed regular physical healthcare checks and recorded these in care plans. All patients had a physical health assessment on admission. All patients had access to a general practitioner who visited weekly.
- The senior management team were able to share 'the national institute for health and care excellence' (NICE) guidelines with the ward manager and to the teams directly.
- The senior management team had improved the implementation of 'my shared pathway' (a programme to allow patients to chart their own progress through secure services and set their own agreed outcomes and achievements) by providing regular training for staff on writing evidence based care plans in line with the guidance. This training was repeated annually. Each lead in the hospital had overall responsibility in the completion of each section of the care plan.
- The psychology team were well resourced and stable with no team vacancies. There were five psychologists for five wards. Patients had access a wide range of therapeutic services. The psychology team were able to provide support to staff members following serious incidents. All psychologists were trained in dialectical behaviour therapy, had broad expertise and offered a drug and alcohol service to patients.
- Patients had access to regular occupational therapy and patients told us they benefited positively from the therapy they received.
- Care plans were created with patients and their views and goals were recorded in their own words.
- Staff and managers received regular managerial, clinical and group supervision. We saw evidence of regular reflective practice group supervision meetings.
- There was a robust audit programme in place, with deadlines for actions to be completed and a quality assurance check. The medical director conducted clinical audit checking to ensure that doctors were involved in auditing. High dose anti-psychotic audits were carried out every year. We saw the results of the last audit that was carried out in December 2015, which reviewed previous usage. The hospital had reduced the percentage of patients receiving anti-psychotic medication by 31% from 2008 to 19% in 2015. The hospital also conducted audits for the use of lithium.

Summary of this inspection

- Physical health audits addressed any issues around healthy living, dietary plans and weight monitoring, focussing on patients who were reluctant to engage and difficult to motivate. The quality and compliance lead for the hospital monitored this progress.

However:

- The hospital's Mental Health Act and Mental Capacity Act training programme needed updating. We were concerned to find that staff had not been given any training in the changes to the MHA's new Code of Practice and that the on-going Mental Health Act training did not address these changes either.
- Mental Capacity Act assessments were brief and needed more information about how best interest decisions had been made.

Are services caring?

Good

We rated caring as good because:

- Patient community groups occurred regularly and patients had the chance to talk openly and feedback about the service they received.
- Feedback from patients about the care they received and the attitudes of the staff on the wards was generally very positive.
- A buddy system had been established where an existing patient would provide support as appropriate to someone who was newly admitted.
- We observed interactions between staff and patients that were respectful, friendly and professional. We utilised a tool called a short observational framework for inspections to observe the interactions between patients and staff throughout meal times. These observations were taken at five minute intervals. We observed staff interacting with patients with their meals in a good humoured manner.
- Patient involvement was monitored through recovery meetings and the clinical manager had worked with patients to conduct presentations at local colleges. The hospital had involved patients in recent charity events, such as a sports day, the Christmas craft fayre, red nose day, race for life 2015, a hospital bake off and the 'bringing people together' conference 2015. Patients had been empowered to deliver talks about personality disorder at a university in Bristol and had been involved in anti-stigma talks at a local college. Last year patients had taken part in a presentation on preparing students with mental health issues for employment.

Summary of this inspection

- Staff on the wards had a good understanding and knowledge of individual needs of the patients. We saw that staff showed warmth and acceptance towards their patients despite the very challenging situations arising, often involving high levels of distress and self-harming behaviours or aggression.
- The hospital supported carers by offering phone conferencing appointments to families who lived far away.

However:

- One carer did not feel they were kept informed of their relative's care

Are services responsive?

Good

We rated responsive as good because:

- Beds were available for patients when they returned from leave. Beds on psychiatric intensive care units were available to those needing more support. Management of beds systems were robust and effective.
- There were quiet rooms that patients could access during the day and a full range of therapy rooms and equipment. There was a varied, strong and recovery orientated programme of therapeutic activities available, every week including weekends on all wards but Nash.
- Most bedrooms had a sea view, patients had privacy and could personalise their rooms.
- On Knightstone ward, there was a clear care pathway through the service for women with a diagnosis of personality disorder into less restrictive community living.
- On Milton ward, patients were fully involved in their discharge meetings and their opinion was sought on relevant issues.
- Patients were encouraged to use the outside space outside of smoking times
- Mobile phones were permitted on all wards.
- Patients had access to the kitchen to make themselves hot drinks and snacks 24 hours a day. There was normally a chef employed to cook meals and assist patients with food preparation.
- Patients on all wards apart from Knightstone told us they liked the food and it was of good quality. We saw evidence that staff had sought feedback about the quality of food on Knightstone and made several changes to adapt to the preferences of patients who had complained about the food.

Summary of this inspection

- Patients knew how to complain and had access to advocates who had assisted patients to make a complaint in the past. The hospital had a detailed policy and procedure about how they dealt with complaints.

However:

- There were 111 out of 188 'out of area' placements in the last six months, meaning that patients had to travel long distances to visit family and friends on their leave and vice versa. Transport was provided by the hospital for patients but still, patients told us they wished they could be closer to home.
- The outdoor smoking area on Sandford ward was bleak and an open door policy to the outdoor area meant the dining room was cold and smelt of cigarettes.
- Information leaflets and display boards were limited on Nash ward and there was no information available about IMHA support.
- There was a schedule of activities available for patients; however these were limited to week days and core hours on Nash ward. Activities outside of these were provided by nursing staff.
- There was no information available in languages other than English

Are services well-led?

Good

We rated well-led as good because:

- Staff told us that the senior management team regularly visited the wards and were well known amongst the team. Staff felt that they were approachable and got very involved in the care and support of the patients. Staff felt well supported by senior management.
- The hospital had monthly governance meetings for senior management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service to ensure quality assurance systems were effective in identifying and managing risks to patients. Any identified risks were discussed and added to the hospital's risk register or 'overarching local action plan' during the meeting. The integrated governance meeting had a full agenda and included discussions around the use of prone restraint following recent 'prevention and management of violence and aggression' (PMVA) training, seclusion rates, complaints, Clozapine administration and physical health monitoring. All actions were 'RAG' rated; i.e. colour coded to indicate severity.

Summary of this inspection

- The wards conducted several audits to ensure they were monitoring and improving the systems that supported the ward to achieve set standards and targets. The ward managers and their team were fully committed to making positive changes. We saw that changes had been made to ensure improvements to quality were made.
- The wards evidenced learning from incidents; for example, recent environmental changes on Sandford ward and updated pre-leave checklists on other wards. The hospital manager collated all incidents and presented these to the operations director, who aggregated these for the area. Incidents were then reviewed by the chief executive and chief operating officer who wrote a company report on the arising themes.
- The hospital's overarching local action plan (OLAP) detailed ways to improve recording systems. For example, as the recording of primary interventions on Nash ward was high, the OLAP action plan evidenced how this ward was now also recording secondary and tertiary interventions so a more balanced picture of how patients in distress were supported could be seen. The OLAP also identified how pre-leave checklists were being highlighted amongst all staff and used more consistently following the death of a patient whilst on leave. The hospital pharmacy audits were highlighted on the OLAP as the hospital aimed to reduce medication errors to less than five per cent. The OLAP showed how this had been achieved in December by the hospital decreasing errors to 1.8% in December 2015 (this figure did not include self-administration of medication). The OLAP identified engagement and observation audits as being highlighted to all staff following thee absconsion of a patient at night. This produced a new headcount form and a one-to-one recording form. The corporate risk manager ran a group called the 'safer therapeutic practises group' which met every three months and reviewed the hospital's risk register and corporate risks.
- There was a high level of compliance with mandatory training. The senior management team shared updates on training figures in leadership meetings. The hospital worked with local colleges to support their staff through national vocational qualifications. The hospital also supported additional training for staff wanted specific experience in a certain field of work. For example, the head of psychology recently attended training on 'eye movement desensitization and reprocessing' (EMDR) therapy (an integrative psychotherapy approach for the treatment of trauma) as this had become relevant for one of the patients at the hospital.

Summary of this inspection

- Ward managers monitored sickness and absence via leadership meetings. They discussed where staff were in terms of reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR), occupational health, physiotherapy and counselling sessions and when staff were expected to return to work. Information about staff performance and disciplinary procedures were also shared and reviewed in these meetings. The data collected in these meetings was shared across other departments with the aim of shortening periods of sickness absence and the impact of extended absence on the ward. The hospital ran an employee assistance programme to support staff who were experiencing any problems, or to provide emotional support following a serious incident at work.
- The senior management team had adapted the interview process to include personal values and behaviours as well as qualifications, competence and experience. Recruitment checks showed that personnel files included the required documentation for legal employment. The hospital manager compiled a weekly report to monitor and review the challenges around recruiting registered mental health nurses. Although staff were asked to complete 11 hour shifts, this decision arose from the results of a staff survey where staff said they preferred to work the longer hours and have an extra day off.
- The hospital manager had undertaken a large piece of work to improve the content and frequency of staff appraisals. The lead psychologist actively took part in consultations with the department of health and was a registered tutor to provide training and clinical supervision to Kewstoke staff. Supervision took the form of management, clinical and weekly group supervision, as well as a weekly reflection group for staff and patients. The weekly reflection meeting was facilitated by advocates and feedback was recorded via a 'you say, we do' document which was responded to within a week.
- Team morale was high at the time of the inspection and staff told us they enjoyed working at Cygnet Hospital Kewstoke. Staff were motivated to ensure they achieved the ward objectives. Staff had attended an away day focusing on team building; more had been scheduled later this year.
- Sandford ward and Nash ward had achieved an 'excellent' accreditation for inpatient mental health services with the college centre for quality improvement. Milton ward had achieved accreditation with the quality network for forensic mental health services for medium and low secure mental health services.

However:

Summary of this inspection

- Mental Health Act and Mental Capacity Act training was out of date and the hospital ran the risk of not complying with the changes made to the Code of Practice last April 2015. The quality assurance manager was aware that the hospital needed to update its MHA and MCA training.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

People had their rights under the Mental Health Act explained to them on admission and routinely thereafter; we saw evidence in patient files which supported this. Consent to treatment and capacity forms were attached to medication charts where applicable. Detention papers were available for review and in good order throughout. Staff were trained in the MHA, the Code of Practice and the guiding principles. Over 90% of all ward staff had received training on the Mental Health Act.

However, the new Code of Practice to the Mental Health Act was published on 1st April 2015. There were a number of significant changes in it that related to the management of patients in hospital settings. We were concerned to find that staff had not been given any training in these changes and that the on-going Mental Health Act training did not address these changes either. We noted that each ward had been given a copy of the new Code of Practice the week before our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

Over 90% of all ward staff had undertaken Mental Capacity Act (MCA) training. This was included in the Mental Health Act training which was delivered annually to staff via a 90 minute session by one of the ward managers.

There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients. Where appropriate, patients had a mental capacity assessment paperwork relating to care and treatment. However, we found that this was in most cases a single sheet of paper with the five statutory principles outlined and ticked 'yes' or 'no' to indicate capacity. Where a person did lack capacity, there was a lack of detailed recordings about how the staff involved arrived at their decision. There were no current DoLS applications.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Tier 4 personality disorder services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Good

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

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

Requires improvement

Nash Ward

Safe and clean ward environment

- All of the bedrooms on Nash ward were located off the main corridor of the ward. There were not always clear lines of sight; however there were wall and ceiling mounted mirrors to aid observation. Staff performed, on a minimum basis, hourly observations of all patients.
- There were ligature points around the ward including exposed wires in the activity room, curtains in the bedrooms and lounge areas and hinged bars across the doors in the main corridor. The acting ward manager was aware of the risks in relation to ligatures. Ligature audits were completed on a six monthly basis and we saw evidence to show that these were up to date with actions completed.
- Nash ward was a male only PICU meaning it complied with same sex accommodation guidelines.
- There was a fully equipped clinic room. Resuscitation equipment was kept within the ward office and this was checked on a weekly basis and we saw records to show this was the case. In the period we reviewed only one week of checks had been missed. We found two airway tubes had been opened compromising the sterility of the tubes. We brought this to the attention of the ward management and the matter was addressed immediately. We reviewed records relating to the medicines fridge temperatures from July 2015 to date. The recommended range was 2-8°C and records showed that temperatures had been consistently outside of these parameters. In January 2016 there were 26 temperatures recorded above or below the recommended range. As a result the staff were unable to ensure that medicines in the fridge were safe to use. We brought this to the attention of the ward management and the matter was addressed immediately and medicines destroyed and a new fridge ordered.
- The seclusion suite was bright and airy with temperature and ambient lighting controls. There was access to a toilet and shower and an additional area that patients could access directly outside the seclusion bedroom. Observation was good through the use of angular walls and wall mounted mirrors.
- Infection control training was recorded as 83%. There were wall mounted hand gels at the entrance of the ward. One patient had been diagnosed as having an infectious disease. There was no care plan detailing the patient's diagnosis and plan of care in line with the infection control policy. We bought this to the attention of the ward management team and this was addressed immediately.
- Environmental risk assessments are undertaken monthly and we saw records to show that this was the case.
- All staff had access to an appropriate alarm system and personal alarms were issued on arrival at the main reception.
- Nursing staff took responsibility for the cleanliness of the clinic area. The clinic was clean and orderly and we saw records to show that it was subject to a regular deep clean on a monthly basis. However of the four

records we reviewed, one month was missing. The clinic was also subject to spot checks by the ward management team and the last one had occurred on the 1January 2016 and records showed that all tasks had been completed.

- With the exception of the clinic room, Nash ward was not clean and some of the furnishings were heavily stained. The provider told us that they recognised that improvements were required with regards to the environment on Nash ward and that required work had been identified in the annual maintence programme. Although the provider told us that the ward had been repainted and that some furniture had been replaced in 2015, we were told by ward staff that the last major refurbishment had occurred in 2006. Dining room furniture was bolted to the floor and the area around this had not been cleaned. Two of the bedrooms and there en-suite areas and one bathroom had unpleasant smells. The ensuite floors in these two bedrooms were stained, with the seal around the base of the toilets stained. We were told that this staining was due to poor drainage when patients used the showers. Curtains around the ward were heavily creased and two of the bedrooms we inspected had heavily stained desk chairs. Skirting boards were dirty and we found cobwebs on the interior window frames. One of the bedrooms had a loose sink and this was bought to our attention by the patient occupying that room. One bedroom had a cracked mirror. We observed a high level of damage to the interior walls, fixtures and fittings. A toilet seat was missing in one of the bedrooms. Beading around the skirting edges in the bathroom were coming away from the wall and the bath panel in the bathroom was collapsing. There were many holes and dents on the walls around the ward and the patient phone room had been converted into a store cupboard due to extensive wall damage. We were told that a patient had pulled the payphone off the wall causing the damage. We were told by staff that the estates department took a long time to respond to requests. We reviewed the log of requests to maintenance and found that the missing toilet seat had first been reported on the 22 November 2015 and twice thereafter and still remained outstanding. Observation viewing panels in 3 bedrooms were reported as not working; however one had been fixed since it was reported on the 15 January 2016
- Without functional observation panels' staff were unable to observe patients without disturbing them. Patients in two of the bedrooms were unable to operate the observation panel themselves from within their bedrooms causing privacy and dignity issues and in the case of one patient, they bought to this to our attention themselves. The television on the main lounge was encased within a large wooden box, which obscured the view from certain angles. The acting ward manager had requested over two months ago that the television be mounted on the wall for better viewing however the work to do this remained outstanding.

Safe staffing

- Nash ward ran a two system shift roster. All staff either worked long days (from 07:30 hours until 19:45 hours) and or nights. Each shift had a minimum of two qualified staff. Day shifts were supported by four support workers and night shifts were supported by two support workers.
- Nash ward currently had one vacancy for a qualified staff member and we were told by the acting ward manager that this had been recruited to. The ward manager vacancy was currently filled by the acting ward manager. There were two clinical team leaders. There were three vacancies for support staff. We were told by the acting ward manager that two of these positions had been filled, which left one vacancy.
- Staffing levels were determined by the organisation that used a staff matrix tool which based its need for staff on bed occupancy levels. Due to the nature and unpredictability of a PICU environment, staff we spoke to told us that this was unsafe for Nash ward as although bed occupancy levels may reduce, clinical activity may remain the same and or increase.
- When agency and bank nurses were used we were told by the acting ward manager that they always tried to use the same bank and agency nurses for familiarity and consistency.
- We were told by all staff we spoke to that patient leave could be cancelled, however the reasons varied. Some staff attributed this to increased clinical activity, such as aggression and observations and some staff told us that the staff gender mix on the ward was disproportionate to an all-male service. Sometimes male patients required male only staff escorts and it was not always possible to facilitate this if there was one male staff member on duty. Of the 23 staff currently on the ward, 13 were male. This equated to 57% of the ward

population. However, staff told us that although there were enough males allocated to Nash ward, sickness, training, annual and other types of leave could interfere with this balance.

- We were told by ward management that the organisation operated a medical on call system and that medical staff could be in attendance within a short time period due to their geographical location to the hospital.
- Statutory and mandatory training figures showed that cardiopulmonary resuscitation and automated external defibrillator, diversity and equality, health and safety awareness, immediate life support, induction handbook, manual handling, MHA code of practice, PMVA, rapid tranquillisation, recovery approach and risk management training were all under 75%, which meant basic skill levels were low in these areas. All other areas including safeguarding, medicines management, physical health and security awareness were above 75%.
- There were enough staff on duty to carry out physical interventions. However, we were told of one incident which resulted in staff injury, where some staff had felt they had been unable to intervene due to them not having completed their full PMVA training. The organisation required that all new starters had completed their breakaway technique training before starting on the PICU, but they did not require their full PMVA training
- **Assessing and managing risk to patients and staff**
- Nash ward reported five incidents where seclusion was used in the past six months. Of these five incidents none required long term segregation
- In the past six months, Nash ward reported 79 incidents of use of restraint. Of these the restraints involved 22 different people. 16 of these were reported as being in the prone position and four of these required rapid tranquilisation.
- We reviewed nine care records during our inspection and found that all paperwork relating to the assessment of risk on admission had been completed. Staff used a standardised risk assessment for every patient on admission.
- There was a policy available to staff around the observations of patients. All patients on Nash ward are observed at the very minimum on an hourly basis. We reviewed live observation records on the first day of our visit for all nine patients and all observation records were complete and up to date.
- We reviewed one record where restraint had been used and found records to show that efforts to de-escalate the situation through verbal communication had been made.
- Nash ward were recording all episodes of rapid tranquillisation in line with policy and were recording both inter muscular and oral administrations. However, on one prescription card we looked at there were no directions around the upper British national formulary (BNF) limits of benzodiazepine medication. This may have resulted in the patient being given more than the recommended dose over a 24 hour period. We bought this to the attention of the ward management team and the matter was addressed immediately.
- We reviewed one recent episode of seclusion. All paperwork relating to the use of seclusion had been completed correctly, including an exit plan. The incident form, restraint paperwork and rapid tranquillisation paperwork relevant to this event had all been completed and recorded correctly.
- We spoke with six nursing staff, including the ward manager and all were able to tell us how and when they would raise a safeguarding alert. All staff said they would consider any episode of patient on patient abuse as a safeguarding event.
- Medicines and pharmacy support are supplied by an external company. A clinical pharmacist visited at least once weekly to check prescription charts, audit medicines and monitor stock. However, there were is no provision to cover when the pharmacist was on leave, but there was a 24 hour pharmacist available by phone for advice. Staff we spoke to said this service was helpful and accessible. All medicines were stored in locked cupboards in the clinic room. Controlled drugs (CD) were stored in appropriately located, locked cupboards and we reviewed the CD book which was complete and up to date. However, some topical medicines were open but no opening date was on the product and these medicines were being used for multiple patients, posing an infection control risk. We bought this to the attention of the ward management team and the matter was addressed immediately.
- Staff were trained in safeguarding and 78% of staff had completed their safeguarding adults training. Staff we

spoke with were able to explain what type of incident they would raise as safeguarding and how they would do this. All staff we spoke with were able to explain the procedure for raising a safeguarding concern and alert.
- Child visiting occurs off the ward and is prearranged through nursing staff. We were told that each child visit is observed by ward staff.

Track record on safety

- The organisation categorised each serious incident. Type one was the 'unexpected or avoidable death or severe harm of one or more patients, staff or members of the public' and Nash ward reported that there were no incidents of this type in the past 12 months. Type four incidents were 'allegations or incidents of physical abuse and sexual assault or abuse' and Nash ward report that there were 32 incidents of this type within the same time period.

Reporting incidents and learning from when things go wrong

- Incident reporting was a paper based system, which was then added by the manager to an electronic system. All six nursing staff we spoke to told us that they were able to complete information relating to any incident. All staff we spoke to knew how and when to escalate incidents and who to report them too.
- All six nursing staff we spoke to were able to demonstrate their understanding of duty of candour and gave good examples of when this would apply.
- Information from incidents and lessons learnt were cascaded through newsletters, through emails or memos to the staff. This information was also available for staff on the staff notice board and within a ward communication book.
- Staff debrief was offered after incidents and staff met fortnightly with the psychologist for reflective practice groups.

Sandford Ward

Safe and clean environment

- Staff were able to observe all parts of the ward, apart from one corridor to the left of the nursing office which had blind spots with no mirrors. All bedroom doors had frosted security windows which were open at the time of our inspection. The ward manager informed us that the patients controlled whether the security panels were left open or closed.
- The team on Sandford ward had risk assessed all known ligature points, which included taking photos of each area of identified risk. Bedrooms had quick release curtains and all bathroom doors were curved following the outcome of a root cause analysis on the safety of squared doors in July 2015. Windows were restricted. We looked inside two bedrooms where the patients had their own televisions. When we asked staff about the risk of loose cables and wires, we were told that personal items belonging to patients were risk assessed for suitability upon arrival.
- The ward only accepted male patients on admission and therefore complied with same sex accommodation guidelines. All bedrooms had en-suite facilities.
- The clinic room was air conditioned, clean and there was a deep cleaning schedule displayed on the wall for 2016. The entrance to the clinic room had a serving hatch for safe administration of medication. Observation and treatment charts were present and there was a current British national formulary reference book available. The clinic room had an electrocardiogram (ECG) machine. The drugs cupboard was in order and stock appeared well controlled. Fridge temperatures were recorded most days with a few blanks evident. There were ligature cutters present. There were scales and a blood pressure monitor in the room but the room was not big enough for an examination couch. Staff carried out daily visual checks of equipment although there was no evidence of servicing or calibration. The room was cluttered and cleaning equipment was propped up against the walls. Empty boxes were discarded on the floor. There was no defibrillation machine on the ward. This was located in the ward opposite (Knightstone ward). The outcome of not having a defibrillation machine on the ward was risk assessed and appeared to be well managed. Staff were able to explain how they could access the defibrillation machine within a set response time. There was a resuscitation grab bag located in the nursing station which we observed had a file containing routine checks of the contents.
- There was no seclusion room on Sandford Ward.
- The communal quiet room was dirty, cold and harboured strong smells of cigarettes. There were

cigarette butts trodden into the carpet on the floor. We brought this to the ward manager's attention and all areas had been cleaned by the next day. There were no smoking restrictions with an open door to the outdoor space. The outdoor space lacked any external decoration or vegetation and was just used for smoking. There was a maintenance issue in one of the bedrooms and flood water was visible in the bathroom and was awaiting repair. There were only 12 seats for 16 patients in the dining room. However, the ward manager explained that there were two sittings for meal times. There was unrestricted access to the laundry room. Patients could wash their own clothes whenever they chose to. Fire exit signs were clearly labelled and marked in corridors. Art work was displayed on the corridor walls.

- There were signs displayed above communal sinks to make people aware of good handwashing techniques. Staff used colour coded mops and buckets for cleaning. All bathrooms and the kitchen area complied with current infection control guidelines. There were 'control of substances hazardous to health' guidelines displayed on the wall in the utility room. However, the sink was out of order.
- Staff completed environmental risk assessments on admission for each new patient. The security store was well organised. Staff signed in all higher risk items such as razors and aerosols which we saw the records for and noted they were checked and signed for daily. Records showed that patients' personal property and monies were signed in and checked by two members of staff upon admission to the ward. Lighters were signed in and out daily and this was risk assessed.
- All staff carried a personal alarm with two methods to call for help. One method called for nominated ward staff to respond and a second method would sound an alarm throughout the entire hospital. The ward had pinpoint alarm systems on display panels in the corridors and in the nurses' station, which identified where an alarm had been activated. Activation and testing of these alarms was well documented.

Safe staffing

- Sandford ward had an established staffing level of 25 members of staff. Of these, 10 were qualified nurses and 15 were nursing assistants. There were three qualified nurse vacancies and two nursing assistant vacancies, one full time nursing assistant on long term sick and one full time nursing assistant on maternity leave, equating to an overall vacancy rate of 22%. There was one agency staff member who had been blocked booked for three months. There was evidence of recent recruitment to the vacant posts and staff had start dates. The ward manager confirmed this would bring the numbers up to a full staffing and skill mix.
- The number and grade of nurses required had been assessed according to the number of beds and admission criteria for the patients coming onto Sandford ward.
- 161 shifts had been filled by agency staff to cover sickness, absence or vacancies in the past three months and all shifts had been covered. All shifts were based on 11 hour shifts, all staff were employed on a full time basis and figures were taken over a three month period from 01 August 2015 to 31 October 2015.
- Staff sickness rates were at 4.9% over a 12 month period from 01 November 2014 to 31 October 2014. There had been six leavers in the same 12 month period.
- Six staff were required to be on shift during the day, made up of two registered mental health nurses and four health care assistants. One registered nurse was required on the night shift with three health care assistants. The rota was completed six months in advance.
- Ward managers had been using a high number of agency staff to cover a four day training course for all staff in the prevention and management of violence and aggression (PMVA). This had started in July 2015 and was due to finish in February 2016. Agency staff had been block booked for the required training dates. This was particularly evident during the month of December 2015 when very few regular staff were on the ward due to training.
- Agency and bank staff were not permitted to work on the ward until they had been through a clinical induction checklist signed off by the nurse in charge. This meant the agency staff were familiar with the ward. New bank/agency staff were not permitted to act as a key worker to any patient, escort patients on Section 17 leave unless accompanied by an experienced member of staff or escort patients off the ward unless they have received a full tour of the hospital.
- The clinical team leader told us that they were always able to acquire enough staff for additional care needs.

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- Patients knew who their one-to-one nurse was for the day as named nurses were identified on a white board in the corridor. There had been no shifts left uncovered by staff absence in the past 3 months. This meant that escorted leave and ward activities were not cancelled due to staffing shortages and there were always enough staff on duty to carry out physical interventions. Staff told us that extra staff were brought in when a patient was due to have Section 17 leave. Staff reflected that they were never short staffed.
- Sandford ward shared a full time responsible clinician with Nash ward, which included the medical director who worked two days a week at Kewstoke hospital. Staff told us that prescribing is carried out by a multidisciplinary group and that a doctor was available daily. The Sandford ward doctor who reported to the responsible clinician was a full time speciality doctor working five days a week. Staff told us the responsible clinician had contact with patients every week. Staff could access a doctor in an emergency by following the hospital's on call policy which ran from 5pm to 9am the next day. A unit co-ordinator ran the on call phone line for a 24 hour period and would deal with any queries. An allocated on call consultant, doctor, manager or maintenance person could then be contacted if required. For example, the on call doctor would always attend an emergency admission.
- Staff at Sandford ward were 94% compliant with mandatory training. The hospital had a training action plan which identified a need to increase compliance across mandatory subjects to 95%. Sandford ward promoted a 'policy of the week' system so all staff could familiarise themselves with the hospital policies during the staff meetings.

Assessing and managing risk to patients and staff

- Sandford ward had no instances of seclusion or long term segregation over the last six months. There had been 20 incidents of restraint for eight different patients. Sixteen of the incidents of restraint were in the prone position and three resulted in the administration of rapid tranquilisation. The number of incidents of restraint were reviewed and discussed in monthly integrated governance meetings.
- We reviewed five care records on Sandford ward during our inspection. Four out of the five care plans we viewed showed that risk assessments had been updated and reviewed. Risk assessments were present in all care plans. Three had been completed upon admission; one had been completed five days after admission and another 12 days after admission. In one care record, we saw that the patient had written and commented on their own risk assessment. However, we were concerned that not all risks that had been identified as moderate or high had a management plan in place. For example, we saw that for one patient their risk of sexual disinhibition had been assessed as high. We did not see a plan as to how this risk would be managed in their file. For the same patient we saw they had been assessed as moderate risk of victimisation and again there was no management plan around this, or indeed further details of how they might be victimised.
- Outcome measures were based on the 'brief psychiatric rating scale' (a rating scale which a clinician uses to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behaviour) and were initially carried out by the ward doctor'. All risk assessments were based on the 'short term assessment of risk tool (START). Physical and psychological risks with an action plan were also carried out by the ward doctor and the nurses would then start the risk assessment based on this information. We saw the 'pre-home leave checklist' which detailed a patient's details, why leave had been granted, risk factors, protective factors, confirmation that friends, family and local crisis services had been contacted and crisis and contingency plans.
- We saw no evidence of any blanket restrictions being used on Sandford ward.
- There was an exit on Sandford ward where informal patients could leave at will. However, this was locked during our inspection. The ward manager told us that informal patients were risk assessed before leave was agreed, then they would have to acquire the keys from a nurse before leaving.
- Upon admission all staff began with 15 minute baseline observations for a new patient, which were increased if the risk assessment indicated one to one support was necessary. Staffing levels were increased based on observation requirements.
- Staff followed the hospital's policy on 'promoting safe and therapeutic services – the prevention and management of violence and aggression policy', which was last reviewed in 2013. This policy instructed staff to

only use restraint after de-escalation techniques had failed. The team had achieved 81% compliance with recent PMVA – initial teamwork and promoting safer and therapeutic services training and 94% compliance with PMVA – personal safety training. Staff demonstrated a sound knowledge of de-escalation techniques and least restrictive principles and were able to share their recent learning of PMVA training when asked about restraint. If restraint was used on the ward, staff told us there was always a debrief about why it was required. Staff told us the quality and compliance lead produced a report on any restraint used which was shared in files on the ward and discussed at integrated governance meetings.

- Staff followed care plans and completed observation charts in all cases for the administration of rapid tranquilisation, which was carried out very rarely (three administrations in the past six months). Staff followed the hospital's 'rapid tranquilisation in prevention and management of violence and aggression policy'. This was in place but overdue for review. Staff received training in the use of rapid tranquilisation by the hospital's pharmacy (Ashton's) and the team were 83% compliant with this training. The hospital's medication management policy, issued in September 2014, covered the procedure for rapid tranquilisation and staff were advised to read this in conjunction with the national institute for clinical excellence (NICE) guidelines, updated in March 2014, with regard to rapid tranquillisation. Staff recorded a patient's pulse, blood pressure, temperature, hydration and respiratory rates on the rapid tranquillisation observation chart, every five minutes for the first hour and every 15 minutes until the patient was mobile. The ward doctor attended and reviewed the patient as soon as practically possible after rapid tranquillisation. Hospital managers did not audit the use of rapid tranquilisation but did monitor usage via their incident tracker. Staff updated the patient's care plan and risk assessment following the use of rapid tranquilisation.
- One hundred per cent of the staff team working on Sandford ward were up to date with their safeguarding training. The safeguarding policy had just been shared with staff in their January staff meeting. Safeguarding alerts were investigated and categorised according to their severity. The ward manager completed a 72 hour review looking at the triggers, lessons learned and any changes required to the care plan. The ward manager monitored reports sent to the local safeguarding team every month in the integrated governance meeting. Staff told us that they felt their relationship with the local authority safeguarding team was good and they had clear communication and feedback processes in place. There were two safeguarding champions on Sandford ward.
- The hospital received their medicine supply and a clinical pharmacy service from an independent company. When the pharmacist could not visit the hospital a replacement was not provided. There was an on call pharmacist service which meant that staff had access to pharmacy advice seven days a week, 24 hours a day. We were told by staff that the service provided good support. The supply process ensured that medicines were always available for patients. The ordering, storage and administration of controlled drugs was in accordance with the Misuse of Drugs Act 1971 and the associated regulations.
- Sandford ward had suitable cupboards to store controlled drugs. There was a controlled drug accountable officer appointed for the hospital. Staff told us that medicines for people to take home were supplied in time for discharge from hospital. There were processes in place to supply medicines to people directly from the wards if an unplanned discharge occurred.
- Some people had mental health medicines prescribed to be used as and when required but we did not see evidence that these prescriptions were reviewed regularly in line with best practice. This meant that some people may have medicines administered that they do not need.
- The hospital had an organisational structure to manage medicine safety. We saw that medicine incidents were reported and investigated. We saw evidence that the organisation learnt from medicine incidents and changed processes to improve patient safety. Medicines were audited regularly; for example, a medicine chart audit was done monthly and the results were collated and analysed by the quality and compliance manager. We saw evidence from the medicine chart audit cycle that practice had improved from October 2015 to December 2015 with regard to reducing omitted medicines. Staff told us that prescribing is carried out by a multidisciplinary group and that a medic was available daily. The ward doctor who reported to the

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responsible clinician worked in Sandford ward three days a week. There were no non-medical prescribers. The medication management policy was in place but was due for review in March 2015.

- At Sandford ward we reviewed 11 prescription charts. The majority of prescription charts had a date recorded along with a signature underneath; however, no month was specified. This meant it might have been difficult for staff to track back when a medication was administered. In one of the care plans we reviewed, the patient's medication on admission had been detailed but not the dosage. This was signed and dated. There was limited evidence of 'pro re nata' (PRN) (medication as required) reviews. When we discussed this with the senior management team, we saw that from their last audit of anti-psychotic medication in December 2015, results from PRN medication audits were not reviewed due to many patients being prescribed PRN antipsychotic medication but seldom actually receiving it.
- Family visits took place in the family room which was freely available to family and friends. No children visited patients on the ward itself.

Track record on safety

- There had been two serious incidents of unexpected deaths of patients supported by Sandford ward in the past 12 months; one on the premises and one whilst on leave. Each death had been through a root cause analysis and the management teams had made specific improvements to the service as a result. During our inspection we saw environmental and procedural changes as a direct result of these deaths. There had also been four patient allegations of abuse in the last 12 months which had been investigated and closed

Reporting incidents and learning from when things go wrong

- When we spoke to staff on the ward, they were able to describe the types of incidents they would report on. For example, conflict between patients, aggression and restraint. Staff reported all incidents to the nurse in charge who would then complete an incident report form. The paper copy stayed on the ward. The ward manager entered this incident onto the hospital's electronic database. The quality and compliance manager and the safeguarding lead then monitored all incidents once a week. The integrated governance group looked at trends from incidents once a month and fed this information up to the corporate 'safer practitioner group'. This corporate group benchmarked their data against other Cygnet hospitals and national averages.
- Staff held weekly community meetings with patients where they had the opportunity to discuss any issues or incidences when things had gone wrong.
- For the two serious incidents, an external agency was used to conduct root cause analysis reports for serious incidents. The ward manager then fed these back to the team.
- Learning from incidents was not documented in the two staff meeting minutes we sampled. However, the ward manager told us that following any serious incidents the team would always have a debriefing session that included all staff on the ward.
- Staff were able to describe the changes made to the environment and the procedures that had been put in place following the two serious incidents in 2015. Reflective practise was evident when we spoke to staff about changes being made as a result of feedback following incidents on the ward.
- Staff told us that there was always a debrief following an incident of aggression. Staff said the debrief will happen quickly and then the action plan followed at a later date. The lead psychologist of the hospital offered personal counselling sessions to staff members following a serious incident

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

(for example, treatment is effective)

Good

Nash Ward

Assessment of needs and planning of care

- We reviewed nine care records during our inspection and all nine patients had been the subject of an initial physical health assessment on admission and a further more detailed assessment thereafter.
- Nash ward used the 'my shared pathways' approach for planning and evaluating care and treatment. This was a nationally recognised good practice recovery tool. It

focused on patients' strengths and goals and we saw how this provided a consistent approach during assessment, implementation and evaluation of patient's care.

- We saw evidence in all nine care records to show that patients had been consulted on the formulation of their own plan of care. Where this was not possible or had been refused by the patient this was clearly documented. We found one patient who had written his own care plan and evidence in most other records to show that any alterations to the details of the plan of care had been made by the patient themselves.
- All records were paper based. Once a patient was moved to another ward, the file would go with the patient. All old records were archived and kept centrally on site.

Best practice in treatment and care

- We reviewed all nine prescription records on Nash ward and all were completed correctly with no omissions or mistakes. On admission a record of the patients medication history was taken, including what current medicines the patient had, what physical health medicines were needed, what medicines had been taken in the past 24 hours, any known allergies and BNF dose information was recorded. On occasion, admissions to the ward would be delayed if the medicines were not available for a patient. This was not described as an issue by staff but more about ensuring that people could be appropriately cared for as soon as admitted. However, we did find one prescription for an antibiotic which had no stop date or review date. We bought this to the attention of the ward management and this rectified immediately. We found one prescription for diabetic medication that did not contain all the relevant information to ensure that the medicine was administered correctly. We bought this to the attention of the ward management team and the matter was addressed immediately.
- The hospital has a local level agreement with a general practitioner who attended once weekly to review the general medical care of patients. Dietetic support was provided by Cygnet employed staff and dental services were sourced locally as and when required. The hospital employed one active life lead who worked on a 1:1 or group basis with patients providing access to physical activities, for example, gym work.
- Of the nine records we reviewed, eight had up to date health of the nation outcome scales assessments completed.
- We saw records to show that a range of nursing staff were involved in audits such as infection control and care planning.

Skilled staff to deliver care

- The ward had access to a full range of mental health disciplines including a psychiatrist, psychology assistants, a social worker and occupational therapy staff. We were told by staff the advocate visited the ward twice weekly and this was confirmed by patients we spoke to.
- We saw records to show that staff were receiving supervision. In October, November and December 2015, 15 staff each month had received supervision. Supervision arrangements were shared amongst the ward manager and the clinical team leads. Two staff nurses had also been trained to deliver clinical supervision to staff.
- Eleven of the 23 staff had received their annual appraisal.
- All new staff received a 'personal induction book' which they worked through with their supervisor on the first few days of employment. Agency staff were asked to work through an induction checklist before commencing work on the ward. The checklist included signing for the staff member's personal alarm, an explanation of security, keys and fobs, fire procedures and emergency equipment, how to access information, how to respond to alarms, how to deal with phone calls, an overview of observations and contraband items. The induction book identified the care certificate as a set of standards a health care support worker must reach within their first 12 weeks of employment. The induction book was signed off by the employee's line manager to be completed within the first four weeks of employment.
- All new care health care support workers were required to complete the care certificate within their first 12 weeks of employment.
- We reviewed paperwork relating to recent concerns surrounding staff performance. We were told of other historic incidents were staff performance concerns had been addressed.

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Multi-disciplinary and inter-agency team work

- There was a weekly ward round, however we did not observe this meeting during our inspection. Patients we spoke to did tell us that they were able to attend the ward round and contribute to their care and treatment.
- The ward team had several handovers throughout the day. Nursing, shift to shift handovers occurred in the morning and evening and dependent on any risk changes amongst the patient group one would be held at midday. There was an MDT handover at 9am for any professional to attend. We observed this handover during our inspection. All staff were professional and knowledgeable, discussing risk, observations and discharge plans for patients.
- The hospital employed a psychology team, the lead of which was on the committee for the British psychological society. As the lead psychologist was involved with consultations with the department of health, they were able to disseminate information to the individual wards via individual tutoring, clinical supervision, weekly group supervision and via a weekly reflection group for staff and patients. The lead psychologist was able to promote therapies recommended by NICE such as dialectical behaviour therapy and 'rapid assessment, interface and discharge' via ward round meetings, supervision and care planning.
- Ward staff and social work were engaged with the patients host trust care coordinators and invited these staff to ward rounds and care programme approach (CPA) meetings; however they did not always attend.
- The local GP attended Nash ward once weekly to tend to patients' general medical needs and staff reported that this worked well. Staff were aware of the need to engage the local authority in relation to any safeguarding events.

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

- Seventy four per cent of the staff were compliant with Mental Health Act training.
- Consent to treatment and capacity requirements were being adhered to and copies of consent to treatment forms were attached to medication charts where applicable.
- We reviewed five care records relating to patients detention and all five patients had had their rights under the MHA explained to them on admission and routinely thereafter.
- Administrative support and legal advice on implementation of the MHA and its code of Practice was available from a central team.
- We reviewed five care records relating to patients detention under the Mental Health Act and all paperwork was filled in correctly, up to date and stored appropriately. However, three of the care records we reviewed did not have approved Mental Health Act Practitioner (AMHP) reports present.
- Audits to ensure that the MHA was being applied correctly were being undertaken on a monthly basis.
- There was no information displayed on the ward and or within the ward information booklet with regards to the patient's right to access support from an IMHA.
- No staff had been given any training in the changes to the new Code of Practice and that the on-going Mental Health Act training did not address these changes either. We noted that each ward had been given a copy of the new Code of Practice the week before our inspection.

Good practice in applying the MCA

- Mental capacity act training was included in the Mental Health Act training which ran annually for staff. The Mental Capacity Act training delivered did not include information on IMCAs or updates following the most recent Supreme Court judgments in the case of Cheshire West.
- There was a policy on MCA including DoLS which staff were aware of and could refer to.
- Staff told us that they would seek advice on the MCA from the hospital's safeguarding lead who was freely available for advice.
- We asked four staff their understanding of the basic principles of the MCA 2005. All four staff were able to demonstrate their understanding of the act.
- All patients on Nash ward were detained under the Mental Health Act and where necessary staff would conduct a capacity assessment. We saw evidence in

patients' records of capacity assessments. Patients were given information about treatment options and this information was given in an accessible way to the patient.

- Staff understood and worked within the MCA definition of restraint and always worked with regards to least restrictive practice.

Sandford Ward

Assessment of needs and planning of care

- We reviewed five care records during our inspection at Sandford ward. All five had care plans present except one which had been completed five days after admission. Initial assessments were completed from both the perspective of the patient and the multidisciplinary group.
- Staff had completed physical healthcare checks upon admission in all five records. Physical health assessments included a dietary assessment with input from a dietician, a smoking cessation assessment and dental and optical assessments. Other physical assessments looked at a patient's blood pressure, oxygen levels, weight, height, blood glucose, body mass index. Patients were offered an ECG and full blood count test on admission. Staff had completed a physical healthcare assessment when the patient had transferred to Sandford from another ward. Staff had linked the relevant NICE guidelines to aspects of the patient's physical healthcare checks. One record, however, lacked a physical healthcare plan and monitoring following a period of 'absence without leave'.
- We saw that care records contained up to date, personalised, holistic and recovery-orientated care plans. Staff had received training on how to complete care plans correctly. Care plans were updated regularly and parts of the plans contained the patient's views. One patient had recorded their own history and initial reasons for being admitted themselves which was filed at the front of the care plan. Written daily records were very detailed and showed for example, where patients had had their rights under the Mental Health Act explained to them. Staff had recorded where patients consented to share information; a document where four out of five records viewed held the patient's signature. Nurses showed us where a tick box had been added to the care plan to confirm the patient had received a copy of their care plan. We saw that this had been recorded in two out of the five care plans reviewed. Care plans had been signed by the patient to indicate agreement to their recovery plan. Where a patient refused to engage in the signing of their care plan, this was documented. Admission assessments included information titled, 'why am I in hospital?' and 'how long will I be here for?' Care plans were recovery based, however, one record showed that the person's goals were to 'reduce risks', and 'to work forward to recovery'. These had not been signed by the patient, nor identified why not, and they lacked specific information about the ways in which recovery would happen. Discharge plans were absent from all five care records reviewed. Two records showed that the patients lacked capacity to consent to their treatment. A Mental Capacity Act form had been inserted into these care plans to show this but there was no evidence of a formal assessment.
- All care plans were stored on shelves in the nurses' office, which was a secure locked room. Secure emails were used to transfer information about patients to other providers.

Best practice in treatment and care

- Eighty-three per cent of the team had been trained by the hospital's pharmacy in Clozapine dose titration and 100% of staff had read the hospital's policy on medication management, which was issued in September 2014. 100% of the team had also been trained by the hospital's pharmacy in rapid tranquilisation. The quality and compliance manager ensured that staff were following best practise guidance recommended by the national institute for health and care excellence (NICE). New guidance recommended by NICE was discussed in integrated governance meetings which then created a set of action plans for each ward to follow.
- Sandford ward had access to 73.5 hours per week of psychology support. The hospital employed a psychology team, the lead of which was on the committee for the British psychological society. As the lead psychologist was involved with consultations with the department of health, they were able to disseminate information to the individual wards via individual tutoring, clinical supervision, weekly group supervision and via a weekly reflection group for staff and patients. The lead psychologist was able to promote therapies

recommended by NICE such as dialectical behaviour therapy and 'rapid assessment, interface and discharge' via ward round meetings, supervision and care planning.

- Sandford ward had 53 hours per week of occupational therapy attributed to their staffing team as well as one responsible clinician, access to a GP who was contracted to work at the hospital for five hours a week and access to a dietician who visited the wards every fortnight for eight hours. A chiropodist was also employed as and when required.
- Food and fluid charts were set up upon admission to Sandford ward. These were monitored for at least the first two days of admission.
- Health of the nation outcome scale forms were set up for each patient upon admission to the ward. These were monitored by the clinical team leader.
- The ward manager told us that high levels of staff engage with clinical audits on the ward. Actions were identified during these audits and are allocated to individual members of staff. These were reviewed monthly. The hospital carried out 17 separate regular audits on supervision, seclusion and segregation, security, physical health, the Mental Health Act, medicines, the emergency bag, Section 132, infection control, restraint, clinical records, resuscitation simulation assessment, complaints, risk management, keys, oxygen supply and the defibrillator and safeguarding.

Skilled staff to deliver care

- Sandford ward employed support workers, senior support workers, registered mental health nurses, a clinical team leader, a ward manager, activities co-ordinators, psychologists and occupational therapists. One responsible clinician was shared between Nash and Sandford ward and there were 2.5 whole time equivalent social workers employed to cover all five wards.
- All new care health care support workers were required to complete the care certificate within their first 12 weeks of employment. There was a care certificate assessor on each ward and we spoke to the senior support worker on Sandford ward who undertook this responsibility. The ward manager tracked each staff member's career progression via their annual appraisal. Staff told us they would progress quickly thanks to the support of their managers and the training opportunities offered to them by the hospital.
- All new staff received a 'personal induction book' which they worked through with their supervisor on the first few days of employment. Agency staff were asked to work through an induction checklist before commencing work on the ward. The checklist included signing for the staff member's personal alarm, an explanation of security, keys and fobs, fire procedures and emergency equipment, how to access information, how to respond to alarms, how to deal with phone calls, an overview of observations and contraband items. The induction book identified the care certificate as a set of standards a health care support worker must reach within their first 12 weeks of employment. The induction book was signed off by the employee's line manager to be completed within the first four weeks of employment.
- Staff we spoke to told us they were regularly supervised and received both management and clinical supervisions. Staff were invited to team forums where they discussed the future of the services provided by the hospital.
- Ninety per cent of staff working on Sandford ward had received an appraisal within the last 12 months.
- All staff were required to complete the mandatory training events set by the hospital. However, we found that training in the Mental Health Act and Mental Capacity Act training did not include important updated information. The Mental Health Act training did not include updates on the new Code of Practice, meaning that staff had not been trained in this area required by law for providers to be working in line with from April 2015. Training on the Mental Capacity Act was included in an hour and a half session which also covered the Mental Health Act training, attended by staff annually. This training did not include any recent updates to the Deprivation of Liberty Safeguards in line with Cheshire West Supreme Court judgement in 2014. There was also a lack of evidence of any update training in line with the recent changes to safeguarding becoming a legislative framework under the Care Act (2014) which was implemented in April 2015.
- Poor staff performance was addressed in monthly leadership meetings facilitated by the hospital manager.

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

Good

Multi-disciplinary and inter-agency team work

- Ward team meetings were held monthly. Minutes from the last meeting held on 19th December 2015 were clear and included strengths of the team, improvements to be made, carer information, supervision, medication, the staff rota, annual leave and PMVA training.
- We observed one multidisciplinary team handover at Sandford ward. Handover happened twice a day. The handover included the ward manager, the clinical team leader, occupational therapists, a psychologist, nurses, the ward doctor and the activities co-ordinator. The team discussed each patient in turn through a power point presentation and included any significant events from the past two weeks, any outstanding tasks, including paperwork, risks, physical health needs, section status, observation levels, medication and Section 17 leave. Discharge and transfer arrangements were discussed, including follow ups and reviews. Day and night summaries were highlighted. There were good levels of detail captured in the day summary but some blanks from the night time summary, such as risk level, mental state, medication and physical health. Medication side effects were reviewed. Any other business included referrals and updates. Actions from the handover were recorded. The meeting was chaired by the clinical team leader. There was no specific feedback from each discipline and individual interaction was lacking. There were good levels of verbal information fed down from the clinical lead. Information was distributed clearly and concisely. Following the meeting staff were able to produce night time summaries. However, this information had not been collated with the previous day summary which had been presented to the team. There were no specific links from the information shared in the handover to individual care plans.
- All ward managers met daily to review staffing levels and clinical activity across the hospital. In addition, ward managers attended the hospital's integrated governance meeting to maintain effective working relationships between teams.
- The ward was able to maintain effective working relationships with external teams via the hospital leads. For example, the hospital employed a safeguarding lead who had regular and open contact with North Somerset safeguarding team.

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

- One hundred per cent of the team on Sandford ward were up to date with their Mental Health Act training. Mental Health Act training was delivered during induction and then annually, during a one and a half hour session by one of the ward managers. This training did not include updated information on the new Code of Practice and also included training on the Mental Capacity Act.
- The new code of practice to the mental health act was published on 1st April 2015. There are a number of significant changes in it that relate to the management of patients in hospital settings. Staff had not been given any training in these changes and that the on-going mental health act training did not address these changes either. We noted that each ward had been given a copy of the new code of practice the week before our inspection. An example of where there had been a change in the code related to the recording of the statutory consultee's discussion with the Second Opinion Authorised Doctor (SOAD). We saw recent forms in patient files where the statutory consultee had recorded their discussion with the SOAD, in line with the old code at 24.54. This requirement has changed and it is now the responsibility of the SOAD to record these discussions, not the consultee's, as per the current code at 25.58.
- On the day of our visit there were 14 patients allocated to the ward, of which 13 were detained under the Mental Health Act, including one patient who was detained on section 5(2).
- Staff had included consent to treatment forms into patient care plans. However, only two out of the five records we reviewed showed that the patient had signed this section. One patient who lacked capacity to decide had this form signed off by the doctor but there was no evidence of a capacity assessment to accompany this decision.
- Out of the 11 medication charts we reviewed, treatment forms were attached but no administration month was recorded on the form. Medication audits checked consent to treatment that patients had their rights read to them and checked their Section 17 leave. Outcomes were circulated on paper and via a memo email.
- Staff had recorded when they had read a patient their rights on the admission form and also in the written

records section of each care plan. This happened either monthly or when the patient's Section changed. For those patients who had been initially detained to the unit we saw evidence that they had been given their rights upon detention. Informal rights were also explained and recorded. With regard to management of Section 17 patients were prioritised based on when they made any requests for leave. This appeared to be a fair approach and made best use of the resources available. Patients confirmed to us that they were aware of their rights and said staff were very good at reminding them of them.

- The team on Sandford ward received support and advice on the Mental Health Act from their ward manager. There was a Mental Health Act administrator in post who was waiting for additional training before being able to implement their role effectively. The Mental Health Act administrator was not receiving regular supervision at the time of our inspection.
- Original detention paperwork was filed in locked drawers in the Mental Health Act office. Copies of these were stored in patient's care plans.
- Mental Health Act audits were set to be conducted once a month. However, we did not see any evidence of these having occurred recently during our inspection.
- Independent Mental Health Advocates (IMHAs) visited the wards twice a week. There were notices displayed on the communal board in Sandford ward about these services. Staff told us that appointments with the IMHAs were made on the same day where possible and meetings were planned at the weekly community meeting. We saw evidence that all five patients had been informed of their right to see an IMHA.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act training was included in the hour and a half session on Mental Health Act training which ran annually for staff. 100% of the staff on Sandford ward had completed this training. The Mental Capacity Act training delivered did not include information on IMCAs or updates following the most recent Supreme Court judgments in the case of Cheshire West.
- There had been no Deprivation of Liberty Safeguards (DoLS) applications made from the hospital in the past 12 months.
- There was a policy on MCA including DoLS which staff were aware of and could refer to. Staff told us they had a hard copy of the Mental Capacity Act policy in the nurses' office and also had access to the policy on the shared data drive on the computer.
- We found that each care plan contained a Mental Capacity form for consent to treatment. However, when the patient was deemed to not have capacity, we could not find any evidence to suggest an assessment had taken place or how a specific decision had been made.
- Patient views were included in care plans, including hand written histories and contributions to risk assessments.
- The Mental Capacity Act training delivered did not cover the MCA's most recent updates on the definition of restraint.
- Staff told us that they would seek advice on the MCA from the hospital's safeguarding lead who was freely available for advice.
- Staff told us that they were audited on the MCA to ensure they were working in compliance with the Act.

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

Good

Nash Ward

Kindness, dignity, respect and support

- We spoke with four patients and received eight comment cards where patients had written their views. All said that staff treated them with kindness and respect.
- Staff were knowledgeable about the individual needs of the patients that they care for.
- We utilised a tool called a short observational framework for inspections to observe the interactions between patients and staff throughout meal times. This observation was taken at five minute intervals. We observed staff interacting with patients with their meals in a good humoured manner.

The involvement of people in the care they receive

- There was a comprehensive admission process on Nash ward. All nine records we looked at showed that each patient was the subject of physical health screening and a risk assessment. An information booklet was provided to each patient which gave information about the hospital and the ward. Family and carer information was documented and consent to share information was sought at the point of admission.
- We reviewed nine care records and all showed evidence of participation in risk assessment, care plans and discharge planning. The ward used a 'my shared care pathway' which encouraged active participation from patients in their own care and treatment.
- An advocate visited the ward twice weekly and all four patients we spoke to confirmed this was the case. Although there was information in the ward information booklet about advocate services, the only other information was displayed within the air lock at the entrance to the ward, which was only accessible upon entering and or exiting the ward.
- Some patient's families and careers lived far from the hospital. Staff were flexible with the visiting policy although this was sometimes difficult to facilitate due to the visiting facilities being off the ward and some patients not being able to leave the ward. Patients were able to call home as and when they requested and the organisation was considering using Skype as another avenue of contact.
- Community meetings were held weekly on Nash ward. We saw minutes of meetings to show that actions were addressed and escalated to the appropriate department for action. For example, maintenance requests including the mounting of the television onto the wall were escalated to the maintenance department.

Sandford Ward

Kindness, dignity, respect and support

- During our inspection we were able to observe a patient community meeting and an occupational therapy drop in session. During the community meeting, nine patients and four members of staff attended the meeting held in the patient's lounge area. The group discussed activity programmes available to patients, including the gym, creative workshops and newspaper reviews. The group reviewed their diary appointments and all aspects of patient's planned Section 17 leave were discussed. During the group meeting, all patients were invited to contribute to the discussion and we observed good levels of interaction. One to one time was offered to patients who wished to discuss specific details or any concerns. At the end of the meeting, the staff asked the patients about their current issues, which were noted down for action.
- The occupational therapy group was poorly attended with only one patient present. This patient received one to one attention from the occupational therapist who tried hard to engage them in therapeutic activity.
- We spoke with four patients and received 12 comment cards from patients on Sandford ward. Patients we spoke to had mixed feedback about their stay at Sandford ward. Two patients complained about their medication, said they were not involved with their care plan, told us their leave had been cancelled, complained about the noisy environment and complained about too many agency staff not doing enough to help. However, all patients said the food was good, the activities were plentiful and they could relax in their bedroom, they felt safe in the ward, they had good support with physical healthcare needs and staff were caring. One patient said that the psychology group for drugs and alcohol was very good. Out of the 12 comment cards received, half were positive and half were negative. Negative comments referred to the use of medication over therapy, length of stay, poor treatment, staff ignoring leave requests and lack of Wi-Fi. Positive comments included clean environment, nice staff, and satisfaction with the service, therapeutic activities, respectful staff, responsive staff and good food.
- Patients were encouraged to write their own profiles and histories, so staff could understand their individual needs and cultural requirements. One patient told us their named nurse supported them to attend church as part of their leave. Other patients talked positively about the amount of therapeutic activities available to them, as well as chosen personal activities such as bike riding and walking to the shops.

The involvement of people in the care they receive

- All patients on Sandford ward received a welcome pack on admission to the ward. This included a checklist so staff could record that patients had been orientated and introduced to the hospital and team.
- Patient views were evident in all of the care plans we reviewed. Patients gave us mixed feedback about the level of involvement they had in writing their care plans.

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

Good

One patient said that staff wrote their care plan and they just signed it. Evidence suggested that staff had been through all care plans with patients and they had contributed to them at some stage in the process. One patient said they did not know why they were on medication. Other patients told us they knew about their medication, had doctors they could talk to about it and could influence decisions about their medication. All patients we talked to said they had access to their notes, however some said not their Section papers. Patients told us they knew when their tribunal dates were and when they were planning to be discharged.

- Advocates visited the ward twice a week. There were posters displayed in communal areas providing information about the advocacy agencies supporting patients at the ward.
- We observed a carers' involvement meeting which took place every Thursday on the ward. Carers were contacted by phone conferencing appointments. Times were flexible and helped with families who lived far away. The team manager, ward doctor and staff nurse attended this meeting. All carers' concerns were explored and discharge plans were reviewed and considered. The ward doctor updated the carers on treatment options. All medications were discussed and care plans explained. Therapeutic options were explored, such as social inclusion and carers were reassured by the team during the meeting. Staff followed a carers' involvement flow chart which helped them understand the consent to share information process and what information should be sent to carers. There was a log of information sent to carers in patient care plans. The hospital also produced an 'information for carer's' leaflet which explained the purpose of Sandford ward, visiting information, aims for carers and useful carer's websites. One patient told us they felt their placement was inappropriate as they were too far away from their families who were not able to visit due to the distance.
- Patients we talked to told us they knew how to complain. We observed one community meeting where patients could feedback about any issues, and we saw evidence of these meetings happening every week. Staff also told us that patient feedback was collected at every ward round and taken to these meetings. The hospital had conducted a patient satisfaction survey in 2015 which received 41 responses. Fifty four percent of all patients rated their overall satisfaction of the care they received at Cygnet as excellent, 24% as very good, 2% as good, 12% as fair and 7% as poor. Staff had recorded the specific responses to this survey with the date of the response.
- Staff told us that patients on Sandford ward had previously been involved in the recruitment of new staff.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good

Nash Ward

Access, discharge and bed management

- Nash ward had agreed beds with three NHS trusts. One bed was reserved for national use. Three beds were used by Avon and Wiltshire NHS Partnership Trust patients and six beds were used by Devon NHS Partnership Trust patients. We were told by ward management that these bed allocations were not flexible and would only be used in this way.
- Average length of stay on Nash ward between 01.05.15 to 31.10.15 was reported as 11 days.
- There was always a bed available for patients on return for their leave.
- Staff we spoke to told us that they aimed to transfer patients from Nash ward as soon as possible so that they could continue their care in a more appropriate environment once their mental health symptoms were under control.
- Transfers between wards could happen any time of the day or night dependent on clinical need. For example, if a PICU bed was needed for a patient.
- We were told by ward staff that on occasion discharges could be delayed due to bed availability within the patients host trust; however the provider reported that between May 2015 and October 2015 there were no delayed discharges. However, access within the hospital to other ward beds was not delayed due to any reasons other than a clinical need.

The facilities promote recovery, comfort, dignity and confidentiality

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

Good

- There was an activity room on the ward and access to this room was under supervision. There was a projector to watch films and a pool table and a range of board games and other activities. Other communal space was used to hold relaxation sessions. There was a fully equipped clinical room that could be used to examine patients. Most of the patients we spoke to like to use the gymnasium which was located in another part of the hospital.
- All visits took place off the ward. Families and carers could call the ward and make arrangement for visiting. All visits were escorted and supervised.
- The patient phone had been damaged and was no longer usable. This had not been replaced. However, patients could request to use the ward office phone. All patients we spoke to told us that this was never a problem and all request to use the office ward phone were granted.
- Patients had access to outside space; however this was situated out of sight of the main areas of the ward. Because of this, all leave to the courtyard was escorted and supervised. Patients could request access and all four patients that we spoke to told us that when they asked to go into the courtyard they were able to. Staff told us that they would like the courtyard relocated so that it could be observed better and as a result patients would be able to access the courtyard as and when they wished.
- Three of the four patients we spoke to said that they were satisfied with the quality of food and choice. One patient told us that they quality was poor and that choice was limited.
- We spoke to four patients during our inspection and all confirmed that they were able to make drinks and have snacks at any time of the day or night. There was a hot and cold water dispenser available within the dining room.
- The courtyard was situated away from the main ward and access through a locked door towards the back of the ward. It was not observable form any of the main areas of the ward. Two staff were required to supervise patients whilst out there due to its isolated location. As a result, access was by request only and patients we spoke to confirmed that they were given access outside of the smoking schedule when they requested it. Smoking was permitted every hour.
- Subject to risk assessment, people were able to personalise their bedrooms and keep their belongings within their room. One patient had a plant within his room and one patient had pictures and music CD's.
- Sharp items were kept by the staff in a locked secure area. All bedrooms had a small safe for personal belongings.
- Activities occurred Monday to Friday between the hours of 8am until 6pm by either the activity worker or the active life lead. Some of these activities, including gym work, board games and relaxation would be supported by nursing staff. Any activities delivered at the weekend would be done by the nursing staff but mainly consisted of patients taking leave outside of the ward.

Meeting the needs of all people who use the service

- Nash ward was situated on the ground floor near reception so access for disabled patients was good. The ward corridors and bedrooms were large and spacious so would easily accommodate a wheelchair. However, none of the toileting facilities were designed for disabled use.
- There were no information leaflets displayed around the ward.
- There was one notice board on Nash ward which had information on how to make complaints and this was located in the air lock upon entering and exiting the ward. Patients on the main ward were only able to see this information when passing through the air lock.
- Patients could access an interpreter easily when required.
- Patients are able to order food to meet their religious and ethnic dietary requirements. We saw examples of menus to show that this was the case.
- There was a chaplain/multi faith room available at the hospital and we were told by staff that the chaplain would visit the ward.

Listening to and learning from concerns and complaints

- In the past 12 months Nash ward reported that seven complaints had been made, one of which was upheld by the hospital. Examples were complaints about staff attitudes and a medication error.
- Patients we spoke to told us that they knew how to raise a complaint and would do this through the ward management team. Two of the four patients we spoke to told us that they would seek support from an advocate.
- Staff we spoke to were able to describe how they would manage a complaint and how they would support a patient to make a complaint.

Sandford Ward

Access and discharge

- The average bed occupancy staying at Sandford ward over the last six months was 15 per day.
- There were 29 patients within he ward admitted from outside the local area attributed to this core service in the last six months.
- Beds were block booked by the local NHS mental health trust so that beds were available to people living in the catchment area.
- Beds were secured so that a patient had access to a bed on return from their leave.
- We did not see any evidence of patients being moved between wards during an admission episode.
- A bed was always available in a psychiatric intensive care unit (PICU) if a patient required more intensive care. The nearest PICU ward was on another ward, close to Sandford ward.
- There had been no delayed discharges in the last six months on Sandford ward. Delayed discharges in the past had occurred due to community care packages being unavailable for patients.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a full range of rooms and equipment to support treatment and care, including a fully equipped, modern gym with views out to the sea. We could see that the gym was in full use by patients during our inspection. Sandford ward additionally offered art groups, IT groups, a relaxation group, a MIND group, a 'have your say' group and community groups.
- The quiet area on the ward harboured cigarette smells and cigarette butts were trodden into the carpet. It was cold and dirty. The manager organised for this room to be cleaned straight away. There was another snooker room where patients could meet and use the computer. There was no access to the internet and staff told us this had been broken for some time. The computer was not linked up to the hospital's Wi-Fi that staff used. There were no immediate plans in place to rectify this.
- The communal phone booth was located in the corridor and was broken at the time of our inspection. Patients told us it had been broken for some time. Staff said patients could use the portable ward phone to make calls in private. The use of mobile phones on the ward was permitted. They were asked to sign a contract on appropriate phone use, which all patients did. Wi-Fi was available on the ward, which meant patients could access the internet through their phones.
- There was unlimited access to the outdoor area. However this was mainly used for smoking.
- Patients told us that they liked the food and said it was of good quality. There was a dining area which served meals; however this was cold and smelt of cigarettes as it led out onto the smoking area.
- There was unrestricted access to the kitchen to make hot drinks and snacks.
- Patients had free access to their bedrooms during the day and were able to personalise them as they wished during their stay, with posters for example. Patients had a key to their bedroom doors.
- Patients could store their own possessions in their bedrooms. We saw records which showed all restricted items were signed into the security cupboard and checked by two members of staff upon admission. There was a larger cupboard for bigger restricted items.
- Activity co-ordinators and occupational therapists were employed to work over the weekend so patients could enjoy a wide variety of activities seven days a week, including cooking, gym, arts & craft, swimming as well as more educational based groups such as 'stop & think' and the drug & alcohol group. The ward also had access to the hospital mini bus and went out on trips to the shops and for coffee. Patients were encouraged to use their Section 17 leave with a number of local places available to them to access.

Meeting the needs of all people who use the service

- There was adequate disabled parking outside the main entrance to the hospital. There were lifts which gave access to all floors of the hospital. Disabled toilets were

accessible. There was a step to the outside area on the ward and there was no contingency arrangements for a physically disabled to be able to access this area. There were no patients with a physical disability that would prevent access to this area at the time of inspection.

- Medication information leaflets were not readily available on the ward. However, staff confirmed information could be supplied on request. There was a lack of patient information available in other languages. However staff were able to obtain information in other languages if need be.
- Patients had access to leaflets on their rights and advocacy. The ward had a complaints poster displayed on the communal notice board. Staff allocations were written up on a whiteboard visible to patients. Details of an advocacy company were displayed on the notice board. Patient information leaflets were also displayed but limited information was available. The care quality commission comment card box was available in the patient area.
- Patients could access an interpreter easily when required.
- Patients told us that the food available was good and staff informed us that all dietary requirements could be catered for.
- There was a chaplain/multi faith room available at the hospital and patients told us they were supported to go to church during their leave.

Listening to and learning from concerns and complaints

- Sandford ward had received three complaints in the last 12 months. None of these complaints were upheld. All staff followed the hospital's policy on 'listening to service users compliments comments and complaints', with the aim that a verbal or written complaint was managed in a way that met the needs of both the individual and the circumstances discussed.
- Patients we talked to knew how to make a complaint. Advocates assisted patients to make complaints and reminded them of their rights during weekly meetings.
- Staff logged all patient complaints with the administrative team who sent a letter of acknowledgement to the patient within two working days. Clinical complaints were dealt with by the hospital manager and in their absence, the clinical manager nominated a ward manager from a different ward to where the complaint originated. The investigating officer spoke to the complainant and if possible, resolved the complaint then. The hospital aimed to answer the complaint within 20 working days.
- Complaints were an agenda item in the heads of department meetings, integrated governance meetings, medical advisory committee meetings and board meetings at which, trends and learning points were identified and action planned accordingly. If the complaint was appealed it was then passed to the hospital manager to review, re-investigate and respond to the complainant. If the hospital manager's review of the complaint was appealed, it was then passed to the operations director, who investigated and responded.
- All staff were made aware in induction about the importance of complaints and how to respond to them proactively. The complaints policy and procedure for Cygnet Healthcare was held in reception and a copy available on the ward. The complaints process and response outcomes were monitored via the electronic database into which the administrator inputted all complaints data for corporate oversight.
- Staff told us that their ward manager would feedback the outcome of any complaints to the team via their staff meetings.

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

Good

Nash Ward

Vision and values

- All six staff we spoke to knew of the organisation's visions and values. However, some staff said that although this was true of patient care and experience, staff did not always feel that the same values were applied to them.
- All staff we spoke to were committed to delivering high quality, patient centred care in line with the organisations visions and values.
- Staff knew who the senior managers of the organisation were. However, some staff said that some senior managers did not always attend the ward.

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

Good

Good governance

- The hospital had monthly governance meetings for senior management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service to ensure quality assurance systems were effective in identifying and managing risks to patients.
- Staff were receiving supervision and we saw records to show that staff had received this consistently over the past three months.
- Mandatory training was 75% and below in 12 subject areas.
- The ward had no vacancies and had the required number of qualified staff.
- All staff reported that they were able to spend time with patients and all four patients we spoke to confirmed that this was the case.
- Clinical audits such as infection control and care planning were undertaken by ward staff.
- All incidents that should have been reported were reported and staff were able to complete incident forms themselves without escalating through the ward management.
- All six staff we spoke to had a good understanding of the procedure for raising safeguarding alerts. All staff were able to identify who the organisational lead was for safeguarding.
- The organisation used key performance indicators to monitor team performance including team sickness and absence rates and an overarching local action plan (OLAP) monitored the use of restraint on Nash ward.
- The ward manager and wider nursing team completed their own administration tasks and did not have access to administration support.
- The risk register was controlled centrally and all items on the risk register went through the ward manager.

Leadership, morale and staff engagement

- Staff survey results for 2015 showed that 77% staff were positive about their experiences working at Cygnet Kewstoke. This figure was representative of the overall hospital workforce and not representative of Nash ward staff.
- For the period November 2014 and October 2015, twelve staff had left Nash ward and sickness was recorded as 4%.
- There were no bullying and harassment cases on-going at the time of our inspection.
- All staff we spoke to said that they knew how to raise concerns under the whistleblowing policy and most told us that they would feel comfortable to raise their concerns without fear of victimisation.
- All staff we spoke to told us that they enjoyed their work but some staff said that they did not feel safe on the ward due to gender staff mixes and adequately trained staff in proactive management of violence and aggression (PMVA).
- Leadership opportunities were available to staff. For example, the current ward manager was acting in to the post and two staff members had been trained to deliver supervision to other staff in line with the ward management responsibilities.
- We spoke to six staff and most said that there was good teamwork on the ward. The acting ward manager had taken the team away for a developmental day in November 2015 and there were plans for further team building days.
- All six staff that we spoke to had a good understanding of duty of candour and where able to demonstrate the importance of being open and honest with patients.

Commitment to quality improvement and innovation

- Nash ward was accreditation for inpatient mental health services (AIMS) accredited and was a member of the national association of psychiatric intensive care units.
- The acting ward manager had devised a programme of learning for health support workers which aimed to inform staff about psychosis, symptoms and treatment.

Sandford Ward

Vision and values

- Staff told us that they were aware of the organisation's values. Organisational values were used during interviews for new staff. We saw the organisational values displayed on walls within the hospital so all staff had access to them.

- Staff told us that the senior management team regularly visited the wards, were well known amongst the team, were approachable and got very involved in the care and support of the patients at Sandford. Staff felt well supported by senior management.

Good governance

- The manager at Sandford ward inputted key performance indicators onto a hospital dashboard which monitored that ward systems, such as the monitoring of staff attendance figures and training compliance, were effective. The team received regular feedback from the outcomes of measuring these systems from the quality and compliance manager.
- Ward systems showed that the monitoring of mandatory training, appraisals and supervision, shift cover, incident reporting and clinical audits were effective and overseen by the quality and compliance manager.
- Staff told us that they learnt from incidents, complaints and feedback. However, this was not recorded in the minutes in the two examples of staff meetings we saw. Learning from serious incidents was evident from recent environmental changes on the ward. We saw a serious incident form which had been completed to describe the details of the incident, duty of candour information, the details of the 72 hour report with all outcomes and who was responsible for each outcome. Lessons learnt were detailed on the form and signed off by the ward manager.
- The team demonstrated an adequate knowledge of safeguarding and they had access to the hospital's safeguarding lead who could ensure that safeguarding procedures were followed. However, training needed updating to ensure that staff were following the most recent changes to the MHA Code of Practise and Mental Capacity Act regulations. We did not see any evidence of audits being carried out in these two areas.
- The ward manager met monthly for integrated governance meetings, where they were required to report on the performance indicators for Sandford ward. Any discrepancies were picked up by regular audits from the quality and compliance manager. Action plans were drawn up for each ward. It was then the ward manager's responsibility to disseminate this information and action these plans with the team. The ward manager was required to report on complaints, safeguarding, serious incidents, restraint, seclusion, items for the local risk register, medicines management, patient engagement, clinical effectiveness, audit feedback and statutory compliance for the ward.
- The ward manager told us that administrative support was available to their team should they require it.
- The ward manager was able to contribute any local risks to the corporate risk register.

Leadership, morale and staff engagement

- Sickness and absence rates were just above the national average at 4.9%. Sickness and performance was monitored in regular leadership meetings, chaired by the hospital manager. Recent reviews of these meetings suggested that sickness and absence was decreasing as a direct result of increased monitoring and support for the employee back into work.
- There were no reports of bullying and harassment at Sandford ward. Staff told us they felt confident raising concerns with their manager without fear of victimisation and knew how to use the whistleblowing process
- Staff morale appeared high during our inspection. Staff reflected that they felt good about their jobs and talked positively about working at Cygnet, especially with the leadership and career development opportunities that were available to them. Staff felt that the team on Sandford were friendly and approachable and they could raise issues with their ward manager comfortably.
- We spoke to one clinical team leader who had recently moved over from another ward. They reflected that they had received lots of support from both ward managers to progress into their current role and told us there were lots of opportunities for career development.
- Staff told us that they worked well together as a team and we were able to observe this was the case during our inspection. Staff communicated openly and clearly with each other and took responsibility for tasks that needed to be completed throughout the day. The team seemed to support each other well, asked each other for advice and information and spoke respectfully towards each other.
- Staff were open and transparent to patients during the community meeting that we observed. Staff listened to any issues raised and responded to them as much as they could.
- The hospital ran a staff involvement group which met every month to discuss ways in which representatives

could bring ideas about service delivery to the senior management team. The staff representative group offered the opportunity for all staff to feedback about service development.

Commitment to quality improvement and innovation

- Sandford ward had achieved level one, 'excellent', accreditation for inpatient mental health services (AIMS) accreditation for wards for adults of working age, with the college centre for quality improvement (CCQI). The ward manager was able to freely share ideas with the senior management team to progress this AIMS accreditation. The ward manager felt that the clinical governance groups enabled quick implementation of action required

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment

- The ward was on the ground floor. Entry was via the main hospital reception via a secure airlock. There were lockers and equipment to search patients and visitors within the airlock. The ward was laid out along a long central corridor with two corridors coming off it at right angles, which prevented all areas of the ward being visible from the office. There were bedrooms, a patient lounge, a nursing office and a communal bathroom off the main corridor. The second corridor had a manager's office, kitchen and dining room, quiet lounge and a de-escalation area.
- All rooms, except the bathroom, had observation panels (a panel in the doors that can be opened to allow staff to observe a patient or closed to maintain privacy or windows in the doors that allow staff to view inside the room). Rooms had nurse call alarm points, for patients to call for staff assistance. We identified one blind spot on the main corridor. This was outside the bathroom; however the corridor was wide enough to mitigate this issue. We were advised that closed circuit television (CCTV) was planned to be installed to mitigate this. During our visit, we saw staff located throughout the ward.
- We saw the wards' ligature point audit (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes and radiators, bedsteads, window and door frames, ceiling fittings, door handles, hinges and closures). It was comprehensive and we did not identify any ligature points that were not included. The ligature audit was linked to a ligature action plan that included using procedural and relational security risk assessments and physical changes to the environment. The risk assessment also included photos of ligature points and identified why these presented a risk.
- The ward was single sex; all rooms were en-suite.
- The clinic room was clean and tidy. There was a working fridge with a temperature recording record. They were being recorded daily. Four were missing and staff had not recorded what action they had taken when the temperature had gone above the maximum temperature. Equipment was clean; however there were no maintenance records and staff advised they would buy new equipment if it malfunctioned. There was a first aid box attached to the wall of the clinic room, no checks were carried out on the contents of the box. We found a pair of disposable gloves were out of date in the box. Staff advised us that they no longer used this box, but used equipment stored in the clinic room.
- There was a flow chart for staff to follow in the event of the use of rapid tranquilisation (the use of medication to calm sedate the patient, reduce the risk to self and/or others and achieve an optimal reduction in agitation and aggression).
- The medication cupboard was tidy and we checked ten separate medications and they were in date. There was an in date British national formulary, a pharmaceutical reference book that contains information and advice on prescribing and pharmacology guidance.
- The crash bag was checked daily, however, there were a few signatures missing from the check list. There was no defibrillator on Milton ward, the nearest one was located on Nash ward, which was across the main reception

area. Staff advised me that the defibrillator could be brought over in two minutes and that this was regularly practiced. We saw records that showed the service did emergency scenario testing. However, both records, we reviewed, were for scenarios elsewhere in the Hospital.

- There was no seclusion facility on site. We saw no evidence to show that patients were secluded. Staff were able to share with us their understanding of how they would use the de-escalation area to support patients at difficult times. All staff were also able to verbalise their understanding of least restrictive practice in line with the MHA code of practice.
- The unit was clean and tidy; we saw records that showed the services cleaning routine. The unit was in a general good state of repair. There were some marks on the wall in the bathroom and one bedroom had rust on the radiator cover and paint was flaking from the windowsill.
- The unit completed environmental and security checks on a daily basis, we saw copies of these completed and signed off.
- On the second day of the visit there was a smell of urine in one area of the ward. The ward manager told us this was due to some personal hygiene issues and that staff were working with patients to address this. The smell had gone within half an hour.
- Staff were issued with personal alarms at the reception desk.

Safe staffing

The current staffing establishment was:

- 7.1 whole time equivalent qualified nurses
- 11.3 whole time equivalent nursing assistants
- one ward manager

Staff currently in post were:

- six whole time equivalent qualified nurses with one vacancy
- nine whole time equivalent nursing assistants with two vacancies
- Over the three months 01 August 2015 – 31 October 2015, 27 shifts were filled by bank or agency staff.
- We were shown a matrix that identified how many staff and the type of staff that should be on duty. The number of staff increased depending on the number of patients admitted. The ward ran a two system shift roster. All staff either worked long days (from 07:30 hours until 19:45 hours) and or nights. Each shift had a minimum of two qualified staff, with the overall staff numbers being five in the morning, five in the afternoon and four at night. We checked three months of rotas and identified that not all night shifts had two qualified nurses on duty, however all shifts had the correct number of staff. We were advised that staff were redeployed from other wards in the hospital but this was not always reflected on the rota.
- We were advised that the manager could block book agency staff to fill any short full on the rota, which helps with consistency for the patients. The rota's we checked confirmed this.
- The ward manger told us that they could increase staffing to meet clinical need and was able to identify shifts on the rota when this had been done. The ward manager advised us that they could also increase staffing to ensure staff could complete administrative duties and attend training.
- Patients were allocated a member of staff at the daily morning meeting and advised whom this was. This member of staff would give the patient one to one support as required during the shift. The patients were also advised they could speak to any other member of staff they wished to.
- The staff always planned to cover all leave throughout the day to avoid it being cancelled. We were advised that it would never be cancelled unless there was an untoward incident that required staff to remain on the ward. In this situation staff would speak to the patient and arrange for them to go on leave as soon as possible.
- The ward had medical cover nine to five Monday to Friday and out of hours medical cover was provided by an on-call rota.
- Staff received appropriate mandatory training and had a compliance rate of 98%.

Assessing and managing risk to patients and staff

- In the previous six months there had been 11 incidents of restraint involving three patients. None of these incidents involved rapid tranquilisation. Only one restraint involved the prone position (when a patient is restrained on their front). Care records showed that de-escalation techniques were used prior to physical interventions.
- We looked at five care records and all demonstrated good practice risk assessment. Staff used both the

'historical clinical risk management – 20' (HCR-20) and 'short term assessment of risk and treatability' (START) risk assessments. Risk assessments were carried out prior to admission, reviewed at admission and at regular intervals afterwards. We saw evidence that this had occurred in all the files we reviewed.

- There was a list of restricted items such as drugs, alcohol and knives. Other restrictions, which could include personal items such as CD's, were on a risk assessed basis.
- The management of medicines on Milton ward was well organised. Ashtons pharmacy provided pharmaceutical support to Milton ward and visited weekly to undertake audits and other duties including stock control. Staff had training in the management of medicines which included Clozapine titration, prescribing standards and rapid tranquilisation. All three subject areas were reported as having 100% of staff trained.
- All staff members completing observation sheets signed the back of the sheet so their signature could be identified. The nurse in charge of the ward should have counter signed the observation sheet. Staff could comment on the patient and use different colour pens depending on the level of observation the patient was on. All patients were currently on intermittent observations so no different colours were required. Of the three records we reviewed all were filled in correctly, however, the nurse in charge had not signed the signature list on the back.
- All staff were trained in safeguarding and the five staff we spoke with were able to explain what type of incident they would raise as safeguarding and how they would do this.
- Children did not visit the ward. Where possible visits with children were facilitated in the community. If this was not possible, there was a visiting room on site.

Track record on safety

- There were no serious incidents in the past 12 months.

Reporting incidents and learning from when things go wrong

- The staff we spoke to knew how to and what events to report. We reviewed the unit incident book and noted it had relevant incidents reported. The book tracked incidents so if required staff could see that a relevant entry was also made in the restraint book. Staff recorded the outcome of any identified actions. This allowed the ward manager to track incidents and explain what action had been taken. Staff showed us examples that included the notes of reflective practice sessions with staff members. The ward manager gave us examples of previous changes that have occurred following incidents such as changes to doors following a ligature incident and changes to observation records.
- Incident reporting was done firstly by paper record at ward level and then entered onto an electronic system called eprime, which was then reviewed by senior staff.
- Patients received a debrief following incidents and they were advised of what action staff took. The ward manager told us he would apologise to the patient when things went wrong.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed five patient care records, which included 40 care plans and 10 risk assessments.
- The records we saw showed that patients had a physical health assessment on admission and at least annually afterwards. If necessary on going physical health monitoring took place. We saw care plans to address patients on going physical health needs. When patients refused to have a physical health assessment this was recorded and staff would continue to encourage the patient to have this assessment carried out. Records showed that staff did this in a sensitive manner. We saw evidence of a patient that had been in a previous hospital and refused physical health assessment; tests had been completed since admitted to Milton ward. The patient was now being offered treatment, for underlying physical health needs.
- All care plans were comprehensive, complete and reviewed at an appropriate time. All the care plans we reviewed had the patient's opinion of their care and recorded in their own words. All care plans had what actions the patient needed to take, what was expected from staff and patients agreed goals. Care plans relating

to an identified risk were linked to the risk assessment. All changes to care plans were clearly documented and allowed staff to track why and when changes were made.

- Care plans were linked to my shared pathway, which was a programme to allow patients to chart their own progress through secure services and set their own agreed outcomes/achievements. The ward linked care plans to the START risk assessment; this provided a greater link between care plans and risk management clearly identifying all risks and involving the patient in the management of them.
- Care records were in a paper format and kept within a locked office to allow staff to access them as necessary.

Best practice in treatment and care

- Care plans were letter coded. If staff needed to know which particular profession was doing which intervention as per plan of care, staff would go to that lettered care plan. Care plans referenced any relevant guidance it was following; for example, care plans for medication would be linked to any relevant national NICE (national institute for clinical excellence) guidance.
- The local G.P. visited on a weekly basis and patients could go to the surgery, if required. All patients were offered an electrocardiogram on a quarterly basis and ward staff had been trained to read the results. Referral to a specialist would be made when required. The hospital provided dietary support and access a local dentist. The hospital employed an active life lead who encouraged patients to engage in physical exercise working on a one to one basis
- Currently the service was running cognitive and dialectic behaviour therapy, drug and alcohol and individualised sessions around offending behaviour. These therapy groups were organised by the team psychologist. However, drug and alcohol support was also provided by community groups.
- Health of the nation outcome measures (tests used to establish a base line for a patient and then used to plot progress through re testing) were conducted every three months to establish if treatment was being effective and then, if required suitable alternatives could be discussed by the staff team and the patient.
- The staff team engaged in clinical audits. The ward manager had a list of audits to be completed by the tenth of each month and actions needed to be completed by the fifteenth, or a new date was set and a record of the reasons why these are not completed. Audit results were sent to the quality lead who would come down to the ward and review a randomly selected audit to ensure it has been conducted correctly and the results acted upon.

Skilled staff to deliver care

- The ward had access to a full range of mental health professionals including psychiatry, psychology, occupational therapy, social work and nursing staff.
- We saw three records that showed staff received regular supervision. The ward manager explained that he booked all supervision in for the year and would check it had been carried out as planned. If supervision was not carried out as planned the reason why and a new date needed to be recorded. There was a weekly group reflective practice/supervision meeting held on the ward, we saw records of this.
- Eighty-four percent of staff had received appraisal in the past 12 months.
- The ward manager was able to explain the performance management policy and how it had been used in the past. Currently no staff were receiving performance management.
- All new care health care support workers were required to complete the care certificate within their first 12 weeks of employment. The ward manager tracked each staff member's career progression via their annual appraisal.
- All new staff received a 'personal induction book' which they worked through with their supervisor on the first few days of employment. Agency staff were asked to work through an induction checklist before commencing work on the ward. The checklist included signing for the staff member's personal alarm, an explanation of security, keys and fobs, fire procedures and emergency equipment, how to access information, how to respond to alarms, how to deal with phone calls, an overview of observations and contraband items. The induction book identified the care certificate as a set of standards a health care support worker must reach within their first 12 weeks of employment. The induction book was signed off by the employee's line manager to be completed within the first four weeks of employment.

Multi-disciplinary and inter-agency team work

Good

Forensic inpatient/secure wards

- There were regular multi-disciplinary meetings. Although we did not attend one during our inspection we were told by patients that they were able to attend and contribute to planning their care.
- There was ward handover at the change of shift which was attended by the nursing staff. There was a daily handover at 9 am. At this meeting staff discussed changes to care plans, risk, patient presentation, patient progress, discharge plans and daily activities. All staff were professional and reported on any area they had been working on, for example, advising that care plans and risk assessments had been updated.

Adherence to the MHA and the MHA Code of Practice

- People had their rights under the Mental Health Act explained to them on admission and routinely thereafter; we saw evidence in patient files which supported this. Consent to treatment and capacity forms were attached to medication charts where applicable. Staff were trained in and had a good understanding of the MHA and the guiding principles. Staff were 100% compliant with Mental Health Act.
- The new code of practice to the mental health act was published on 1st April 2015. There are a number of significant changes in it that relate to the management of patients in hospital settings. Staff had not been given any training in these changes and the on-going mental health act training did not address these changes either.
- There were regular audits to ensure that the MHA was being applied correctly and there was evidence of learning from these audits. There was information within the ward information booklet with regard to the patient's rights and access to support from an independent mental health advocate (IMHA).
- Administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice was available from a central team.

Good practice in applying the MCA

- All patients on Milton Ward were detained under the Mental Health Act and where necessary staff would conduct a capacity assessment. We saw evidence in patients' records of capacity assessments. Patients were given information about treatment options and this information was given in an accessible way to the patient.
- One assessment of a patient who lacked capacity to make a decision did not give a clear reason as to why the patient lacked capacity. We were advised that the patient was to be given medication covertly because they lacked capacity around physical health issues. However, the patient would refuse to eat so this had stopped.
- Staff understood the principals of the Mental Capacity Act and we were advised that it was currently the policy of the week. Policy of the week was a ward plan to get staff familiar with policies whereby they were encouraged to read and discuss this policy at handovers and other meetings.
- Adherence to the MCA act was monitored through monthly MCA audits and was reviewed by senior staff.
- Training for MCA was incorporated into the MHA training, so therefore 100% of staff had completed this. However, the MCA act training was only one and a half hours long.
- Staff told us that they would seek advice on the MCA from the hospital's safeguarding lead who was freely available for advice.

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

- We witnessed staff speaking to patients in a respectful manner and staff knocked on patients' doors before entering bedrooms. We received eight comments cards completed by patients. Seven stated that the staff were caring and listened to them; one card said that staff did not treat them with respect. Three patients wanted to speak with the inspection team. Two said that the staff team were caring and supportive and that they felt safe on the ward. One did not comment on the staff team, but raised concerns about patient safety. We checked these issues with the manager and were assured that the correct safeguarding process had taken place. We spoke with two patients family members and they both stated that staff were always friendly.

The involvement of people in the care they receive

- Patients could visit the ward prior to admission. Patients were shown round and given a ward welcome pack on admission. The front page was then copied and put in the patient's file to confirm they were given one.

Patients were allocated a "buddy" from the current patients to help them settle on the ward. Patients were shown around the ward and introduced to staff and patients. There was an information pack in the lounge area which gave information about the ward routine, local advocacy services and patient rights. The ward was having a notice board installed on the first day of our visit which had information about the ward vision and values. However, there was no other information displayed on the ward about rights, complaints procedure or advocacy. We spoke with two family members one felt that they were kept informed and involved in their family members care and treatment while the other did not.

- There was evidence in the care plans that patients were involved in developing their care plans and risk assessments. One patient we spoke to said that they had dictated their care plan to the staff.
- We observed a discharge meeting. The patient was fully involved and their opinion was actively sought throughout.
- There was an advocate who visited the ward twice weekly.
- Patients are able to input in to the service development via caring and sharing meetings, a ward suggestion box and being involved in interviews.

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- In the six months between May 2015 and October 2015, 13 out of the 15 beds were occupied and there were no delayed discharges. All discharges were planned and at an appropriate time of the day. During the discharge meeting, we observed a patient being asked when they would like to be discharged and the discharge was agreed for this time.
- Bed occupancy levels between May 2015 and October 2015 on Milton ward were on average 14 days.
- Beds were never filled when patients went on leave and patients were only moved to other wards for clinical reasons.
- When patients needed to be transfer to a more secure location this was agreed with the patient's commissioners and an appropriate placement located.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had two lounges. One was a quiet lounge. There was a clinic room and a large meeting/therapy room. There was an outside area surrounded by a fence that patients could access for fresh air. This area had a covered shelter and exercise equipment. There were statues, which wobbled when pushed. They were due to be secured but could not be pushed over due to their design. Staff advised that patients mainly used the area for smoking but staff regularly encouraged patients to use it at other times and we saw evidence of this.
- Patients were given a mobile phone by the ward when they were admitted; the patient had to purchase their own sim card. This was to avoid patients having camera phones which could affect other patients' privacy.
- In the dining room, there was access to hot and cold drinks, and snacks 24 hours a day. Patients we spoke to said that the food was of a good quality and there was a choice. There was enough seating for all the patients and staff to sit down at meal times.
- There was an activities rota with activities scheduled seven days a week.
- Patients could keep valuables in a safe in their bedrooms or staff could keep them in the security cupboard. Items in the security cupboard were checked at handovers between shifts and were signed out by staff when patients requested them; we saw records that confirmed this.

Meeting the needs of all people who use the service

- The ward was on the ground floor with large corridors, which could facilitate disabled access if required.
- There was no information displayed in accessible formats or in foreign languages, we were advised that these could be provided if patients needed them.
- There is an independent mental health act (IMHA) service available and detained patients have direct access to this service.
- The hospital provided food to meet patients' dietary requirements and for religious or ethnic needs. The

service supported patients to meet their spiritual need by attending local places of worship. There was a multi-faith room in the building and a local minister visited monthly.
- Interpreters were sourced locally and were used to support patients to communicate where there were language barriers.

Listening to and learning from concerns and complaints

- There were no posters displayed on the ward advising patients how to complain, however it was in the ward information folder. Two of the three patients we spoke to told us they knew how to complain. There had been three complaints in the 12 months between October 2014 and September 2015. The hospital had not upheld any of the complaints or referred any to the independent sector complaints adjudication service or the parliamentary health service ombudsmen.
- We were advised that learning from complaints would be discussed with individual staff as required.

Are forensic inpatient/secure wards well-led?

Good

Vision and values

- The staff members we spoke to were all dedicated to providing high quality health care in line with the services visions and values.
- Staff we spoke to were aware of who the senior managers were but felt that not all of them visited the ward. However, one manager did a walk round of the ward on a weekly basis.

Good governance

- Staff received mandatory training and supervision in line with the hospital's policies and we saw evidence to support this. Overall, mandatory training was at 98% with 21 out of 26 courses at 100% and none below 75%.
- Shifts were covered by the agreed number of staff. The ward manager gave staff administration shifts to ensure paperwork did not affect the day-to-day running of the service.
- There was a schedule of audits that needed to be completed on a monthly basis and the ward manager reviewed that these had occurred and that action was taken within an appropriate timeframe.
- All staff we spoke to knew what events to report as an incident. We saw the local incident book, which demonstrated this and evidenced the actions taken by the staff team. The staff understood what made a safeguarding issue and how to report it.
- There was no administration support for the ward team. The ward manager reported having enough authority to perform his role and was able to submit items to the risk register.

Leadership, morale and staff engagement

- Overall satisfaction figures for staff working at Kewstoke Hospital were only available for the whole hospital and were 78%. Seven members of staff had left Milton ward in the 12 months between November 2014 and October 2015.
- Staff we spoke to stated that they would be happy to raise concerns without fear. Staff were aware of the whistle-blowing process but no one had needed to use it. There were no bullying or harassment cases on-going at the time of our inspection
- The ward manager advised us that there were regular conferences about leadership organised by Cygnet that they could attend.
- All staff we spoke to felt there was good team working on the ward.

Commitment to quality improvement and innovation

- Milton ward was a member of the College Centre for Quality Improvement (CCQI) forensic network.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- The Lodge was generally well maintained with an environment which provided patients with their own rooms and space for delivering care. At the time of our inspection, local arrangements to manage and mitigate the potential risks presented by ligature points were in place. The Lodge was not suitable for acutely ill patients as it was endeavouring to provide a homely environment which was not free of environmental risks.
- There were plans in place for CCTV and patients had been informed about this with notices in place to advise visitors. The manager explained how this would aid monitoring of the Lodge environment and also enable reviewing of any incidents if they occurred.
- The Lodge only admitted female patients so adhered to same sex accommodation guidance.
- The Lodge included a clinic room and there was evidence of regular checks to equipment. There were emergency medicines and equipment available, both of which were checked weekly. The clinic room was clean and well organised. A fridge used to store medicines had the temperature checked daily to ensure it was safe to use.
- The Lodge did not have a seclusion room and the philosophy was one of de-escalation. Patients who required periods of time out from the communal areas could access a quiet room, external garden room or their bedroom.
- Staff adhered to infection control principles. Hand cleaning facilities were available throughout the Lodge including by the entrance.
- Cleaning records were up to date and the environment was clean and tidy.
- Each member of staff carried an alarm. In addition, the Lodge had two radios for staff members to contact staff on other words, if they needed assistance. Alarms were also available for visitors. These were checked twice a year.

Safe staffing

The current staffing establishment was:

- six whole time equivalent qualified nurses
- seven whole time equivalent nursing assistants
- one manager

Currently in post were:

- six whole time equivalent qualified nurses with no vacancies
- six whole time equivalent nursing assistants, one vacancy and one 22 hour post being covered due to a long term sickness.
- The Lodge used the staff matrix to determine staffing levels.The staffing level had been set three years previously when The Lodge had a male client group with different levels of dependency.

Long stay/rehabilitation mental health wards for working age adults

Good

- There was a core staffing level set each day of one qualified and two support staff. Any additional staff being added to support observation levels or activities such escorted leave or trips. One member of staff was identified as a security lead each day. Any staff shortages were responded to quickly and adequately by the manager. There were effective handovers and shift changes, to ensure staff can manage identified risks to patients.
- Bank and agency staff were employed to ensure that sufficient staff were available to meet needs on the wards. Staff told us that the numbers of bank and agency staff had decreased over the past 12 months. Some staff thought that the number had previously been high. Over the three months 01 August 2015 – 31 October 2015 55 shifts were filled by bank or agency staff.
- The manager told us wherever possible, the Lodge had employed bank and agency staff who had worked there before and were familiar with its layout, its procedures and policies. We met one such member of bank staff on the day of the inspection who confirmed this was usually the case. This helped ensure continuity of care for patients.
- The manager said staffing resources were usually available in order to meet the needs of the ward. This was evidenced by the additional staff on the day of our visit to undertake patient's visits and activity. Staff were usually present in the communal areas throughout the day.
- Staff said there were times when there had not been enough staff for patients to have regular 1:1 time with their named nurse. One patient told us that over the last two weeks they had spent little time with their named nurse. The manager explained to us that with two staff absent on long term sick leave this had compromised the ability to have dedicated 1:1 time.
- There was usually enough staff to ensure that patients could be taken on escorted leave and to undertake activities.
- There were doctors available to provide medical cover during the day and an on call system at night.
- The Lodge had a 95 % completion rate for mandatory training which included; equality and diversity, health and safety, infection control, medication management, risk management, safeguarding adults and children, prevention and management of violence and aggression. We looked at training records which verified the figures.

Assessing and managing risk to patients and staff

- The Lodge had no seclusion facility and did not use restraint. De-escalation techniques are used when required to support patients.
- We looked at 12 care records including 10 records of patients detained under the Mental Health Act 2005. Staff used the 'short term assessment of risk and treatability' (START) tool to assess potential risks. A risk assessment was completed on admission for each patient. Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health or medical emergencies. Patients were involved in managing risks and risk assessments were person-centred, proportionate and reviewed regularly. The risk assessments were updated following any identified changes and a full review was held within the multi-disciplinary team meeting (MDT).We found patients had signed their consent to the identified care plans which had been created as a result of any risk assessments.
- Patients told us they had been involved in discussing their risk behaviour with the multidisciplinary team. Patients told us that they worked more effectively under the positive risk taking model used within the Lodge.
- There were no blanket restrictions, although the front door to access and exit The Lodge was locked. There were clear notices in place for patients, staff and visitors explaining why this was so which was due to normal household security measures. Two of the patients on the ward were not detained under the Mental Health Act and they told us that they were free to go in and out as they chose.
- Medications were stored appropriately in a locked room within a secure cupboard. Stock levels of medication were audited on a weekly basis. We saw that two patients on self-medication programmes had risk assessments and associated care plans.
- The Lodge completed a ligature audit as part of its annual environmental risk assessment. This is

Long stay/rehabilitation mental health wards for working age adults

Good

completed on an annual basis and showed where ligature points had been identified and how they were managed through risk assessments in support of positive risk management.

- Staff understood their responsibilities to safeguarding adults and told us they tried to focus on early identification and prevention. They responded appropriately to any signs or allegations of abuse and worked effectively with other agencies to implement protection plans. A safeguarding lead was in place for the hospital and she would attend ward rounds. There was also an up to date policy and procedure in place.
- They told us that they knew the patients which helped understand and recognise indicators if a patient's mental health deteriorated before it became a crisis.
- Any visits which would involve children were undertaken in a dedicated facility within the main hospital.

Track record on safety

- There were no serious incidents recorded at The Lodge over the last 12 months.

Reporting incidents and learning from when things go wrong

- The incident recording form was a paper based system which was completed by staff. The Lodge manager had responsibility for uploading this information onto the provider's electronic reporting system (known as 'E prime'). This was reviewed daily by the providers compliance lead on site.
- Staff we spoke with knew how to recognise and report incidents. Any incidents which had occurred were reviewed daily by managers and senior clinicians in a morning meeting which involved representatives from all wards in the hospital. We saw evidence which showed how the senior management team discussed incidents and recommendations then reported these back weekly to the wards for discussion in team and service-wide meetings. An example from the Lodge was related to medicines management issues with agency staff. We saw how this had been addressed and the subsequent action plan implemented to change medication administration.
- Staff told us they received feedback from any incidents in the team meetings which included key themes and action plans if they needed to make changes. Staff said there was a debrief session arranged after an incident, and a reflective session would take place to ensure staff felt adequately supported.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Referrals were received from several sources which included internal moves from the admission ward within the hospital site. Each referral was discussed and prioritised at the multi-disciplinary team (MDT) meeting which took place each week. All patients received a detailed assessment prior to being admitted onto the Lodge.
- All patients received a thorough physical health assessment and we saw evidence how staff identified and managed any on-going risks to physical health. We saw that in addition to doctors working within the multidisciplinary team, a general practitioner visited the hospital including The Lodge every week. All staff we spoke to were very confident in the team's ability to assess physical health care needs and provide appropriate treatment.
- Care plans we saw were personalised, holistic and recovery focused. The Lodge used the 'my shared pathways' approach for planning and evaluating care and treatment. This is a nationally recognised good practice recovery tool. It focused on patients' strengths and goals and we saw how this provided a consistent approach during assessment, implementation and evaluation of patient's care.

Best practice in treatment and care

- Patients had access to a variety of psychological therapies, either on a one to one basis or in a group setting, as part of their treatment. This was in keeping with the national institute for health and care excellence (NICE) guidance. Psychologists, occupational therapists, social workers, and activity co-ordinators were part of the multi-disciplinary team.

Long stay/rehabilitation mental health wards for working age adults

Good

- We saw evidence of detailed psychological assessments. All of the patients in the Lodge were receiving a therapy programme in response to their assessed needs. The range of therapy included trauma work, dialectical behaviour therapy, cognitive analytic therapy, and family therapy.
- A general practitioner attended The Lodge routinely on a weekly basis and provided physical health advice and consultancy for patients. Regular physical health checks were taking place for all of the patients in The Lodge.
- Staff assessed patients using the health of the nation outcome scales which enabled clinicians to review their patients' responses to interventions. A range of additional outcome measures were also used and included, the 'beck depression scale' and 'recovery star'.
- The manager showed us the range of clinical audits used to monitor the effectiveness of services provided, such as medication, notes, patient involvement. We also saw that all staff participated in reflective practice sessions which helped evaluate their interventions.

Skilled staff to deliver care

- The staff were from various professional backgrounds, including medical, nursing, psychology, occupational therapy, social work and activity specialists. All qualified staff were trained in a minimum of three days of dialectical behaviour therapy.
- Staff received appropriate supervision, appraisal and professional development. Over 95% of staff had updated mandatory training refresher courses recorded. Any new staff had attended a corporate induction programme followed by a two month assessment period.
- Staff we spoke with said they received individual and group supervision on a regular basis, usually every six weeks, as well as an annual appraisal. We looked at staff records which showed that over 90% of staff had received an appraisal. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward. We saw there was a supervision tree in place to ensure the appropriate clinical and management supervision programme was effective.
- All new care health care support workers were required to complete the care certificate within their first 12 weeks of employment.

Multi-disciplinary and inter-agency team work

- The Lodge multi-disciplinary staff worked together to plan and deliver care and treatment in a timely way through the multidisciplinary team (MDT) meetings. Care was co-ordinated between wards and other services from referral through to discharge, or transition to another service often significant distance from the hospital.
- MDT meetings were used to collaboratively manage referrals, risks, treatment and appropriate care pathways options. Any discharge planning was also managed via the MDT or care programme approach meetings. Staff included in the MDT meetings was support workers, nurses, occupational therapies, psychologists and doctors. Each patient was discussed at length and invited to attend their part of the meeting.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act training on the Lodge was 100%.
- Out of 12 patients at The Lodge, 10 patients were detained under the Mental Health Act 1983 (MHA). Care record files were in order and easy to navigate. The MHA documentation was present, correct and available on all the files.
- We saw how patients were regularly informed of their rights under section 132 of the MHA.
- There was active involvement of an independent mental health advocacy (IMHA) service and information about the service was on the dining room notice board. Patients told us they knew how to request an appointment with an advocate and that they had done this.
- Copies of up-to-date section 17 leave forms were clear detailing the levels, nature and conditions of leave. We saw these were regularly reviewed and updated. We saw good recording of who had been given copies of the section 17 leave forms.
- We were concerned to find that staff had not been given any training in the changes to the new Code of Practice

Long stay/rehabilitation mental health wards for working age adults

Good

and that the on-going Mental Health Act training did not address these changes either. We noted that each ward had been given a copy of the new Code of Practice the week before our inspection.

Good practice in applying the MCA

- 100 % of staff had undertaken Mental Capacity Act training as this training was part of the MHA training however was only one and a half hours long.
- There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.
- The Mental Capacity Act training delivered did not cover the MCA's most recent updates on the definition of restraint.
- Staff told us that they would seek advice on the MCA from the hospital's safeguarding lead who was freely available for advice.
- Staff told us that they were audited on the MCA to ensure they were working in compliance with the Act.

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

Good

Kindness, dignity, respect and support

- We observed staff treating patients in a calm and supportive manner. We heard numerous staff talking with patients in an empathic and non-judgemental manner. As an example, one therapist was seen patiently supporting a patient make a decision about activities she was interested in and planning how to access them.
- Patients we spoke with described staff as helpful and caring. They described feeling safe at The Lodge and appreciated the professional approach of staff. They also told us the care and treatment was beneficial and how it had enabled them to deal with a wide range of issues and situations. They all complimented the type of therapies available within the hospital. Patients told us staff understood their needs and respected their privacy and confidentiality.
- Staff showed an understanding of the individual needs of patients and knew the needs of the patients who were living at The Lodge at the time of the inspection.

The involvement of people in the care they receive

- Patients had received a booklet upon admission to The Lodge describing the support they could receive as well as summarising their rights. They would also be given a tour of the Lodge and were able to personalise their own room. A buddy system had been established where an existing patient would provide support as appropriate to someone who was newly admitted
- Care plans had evidence of patient involvement and all patients had a copy of their care plans. The approach was person centred, individualised and recovery orientated. We saw all patients care plans were reviewed every two weeks with the multidisciplinary care team and at least once each month with a member of the nursing team.
- There were daily community meeting held where patients could feedback issues about the service. Minutes from these meetings with action points were displayed on a noticeboard.
- The Mental Health Independent Advocacy service was advertised on the patient notice board. The information gave the name of the advocate, when they were visiting the ward and how to contact them.
- Relatives and carers had been provided with an information booklet about the hospital and what their relative could expect in the way of treatment options. We spoke with two carers who told us they were invited to care review meetings, and their views and wishes were considered

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

Good

Access and discharge

- The Lodge had a bed occupancy level of 95% over the last 6 months.

Long stay/rehabilitation mental health wards for working age adults

Good

- There was a clear process in place to admit and discharge patients from The Lodge. A referral criterion was used to assess patients both from other wards and external services who may be suitable for the next stage of their care pathway to recovery. This enabled The Lodge to assess if they were able to meet a patient's needs.
- Assessment of the patient for a place within The Lodge was undertaken by an appropriate selection of staff, which could include The Lodge manager, consultant or occupational therapist. The catchment area was generally from the West Country but had included patients from Wales and the Midlands in the past.
- The last admission to The Lodge was last year. All discharges were planned in full consultation with the patient and the mental health services from their home area. Staff we spoke with told us that although there are currently no delayed discharges, there had been delays in finding patients suitable accommodation.
- The Lodge manager told us that there had been no transfers from The Lodge to other wards in the last 12 months. These would only occur if this was justified on clinical grounds and in the best interests of the patient. An example would be if a patient had a relapse and would be referred back to an acute setting within the hospital.
- The Lodge manager advised that there was no waiting list but they had two referrals awaiting assessment.

The facilities promote recovery, comfort, dignity and confidentiality

- Apart from one, bedrooms on the unit were en-suite and contained plenty of furniture. Patients were able to have their belongings with them and personalise their rooms. All patients had a key to their bedroom and could gain access at any time. There was a bathroom available for the one bedroom that was not en-suite. There was a dining area with tables and chairs to fit all the patients comfortably. There was a kitchen, dining area, large garden and an activity room located in the garden.
- There was a small dedicated quiet lounge which could also be used for patients to meet visitors.
- Patients were able to use their own mobile phones.
- There was a large garden with a smoking area which patients could access from the dining room.
- Patients had access to the kitchen to make themselves hot drinks and snacks 24 hours a day. Whilst there was normally a chef employed to cook meals and assist patients with food preparation, at the time of the inspection they were covering the absence of the main hospitals chef.

Meeting the needs of all people who use the service

- We saw a wide variety of information was available for patients, carers and family members within the Lodge. This included such items as information leaflets on healthcare advice, local community resources, activities, mental health support groups. Contact information was available on advocacy services and how to access help and support.
- The Lodge manager advised us that interpreters can be accessed if required so that patients, family members or carers could be assisted in understanding care and treatment provided.
- A variety of foods were readily available to meet the needs of patient's dietary or religious requirements.
- We were also told patient's cultural and religious requirements could be supported and this was confirmed when we spoke with patients. One patient told us how they attended local church services

Listening to and learning from concerns and complaints

- We were told by the manager any complaints were usually addressed at a local level to attempt a resolution before they became formal. If a local attempt at resolution failed then patients had the option of going through the provider's formal complaints process. There was a complaints policy and procedure in place to support this process. No formal complaints had been received by the Lodge in the past 6 months. Staff and patients we spoke with confirmed this process.
- The manager held open sessions each week where patients could book in to have a one to one slot about any issues or concerns they wanted to raise. We saw this information was also displayed on the dining room notice board.

Long stay/rehabilitation mental health wards for working age adults

Good

- Staff met monthly and would discuss learning from any issues raised or complaints. An example we were shown was how recreational visits had been organised in response to patients raising this with staff.

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

Good

Vision and values

- The provider's vision, values and strategies for the service were on display in the Lodge and the main hospital reception. Staff we spoke with understood the direction of the service but were unclear about the potential changes they had heard about with regard to the admission criteria for the Lodge. Staff felt part of the service and were able to discuss the philosophy of the unit confidently.
- The manager had daily contact with the hospital manager and senior clinical team in the morning managers meeting. The senior management and clinical team were visible and staff said that they regularly visited the Lodge each week.

Good governance

- The hospital had monthly governance meetings for senior management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service to ensure quality assurance systems were effective in identifying and managing risks to patients. The Lodge manager confirmed her attendance and participation at these meetings.
- We saw the system for undertaking clinical audits, reporting on management data including training, absences, supervision and appraisal rates, data on incidents and complaints. This information was summarised and presented monthly in a key performance indicator dashboard. Examples of audits carried out included, patient engagement, physical health checks, and standard of care plans.
- The manager told us they felt they were involved in the decisions about changes to the service and how they were well supported by the clinical team. She did not feel there was sufficient administrative support to the Lodge as clinical staff had to complete these tasks.
- The manager showed us the hospital risk register and described how they could ensure risks were identified and managed via this process.

Leadership, morale and staff engagement

- We found The Lodge to be well-led at a local level. The manager and clinical team leaders were visible during the day-to-day provision of care and treatment, and were accessible to staff and patients.
- All of the staff we spoke with were enthusiastic and committed to the work. They told us they felt confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken about issues and said this had been received positively.
- Staff told us that staff morale was generally good but some longer term sickness had been making the day to day work more challenging in providing quality time with the patients. We saw in the annual review the majority of staff thought The Lodge was a positive place to work.
- Sickness and absence rates were at 15% which was higher than the hospital average, but caused by a couple of staff with long term health problems.
- At the time of our inspection there were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment.

Commitment to quality improvement and innovation

- There are a range of key performance indicators which are monitored for quality assurance. These are managed via the hospital managers meeting on a weekly basis. They included staffing levels, use of agency or bank staff, service user involvement, waiting times for assessments, and any delayed discharge arrangements.
- The Lodge manager told us they had plans to seek Star Wards accreditation. This programme uses patient insights to improve the practice and quality of mental healthcare and create a more empathetic and therapeutic environment

Good

Tier 4 personality disorder services

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

Are tier 4 personality disorder services safe?

Good

Safe and clean environment

- The physical and procedural security on Knightstone ward was provided to a consistently effective standard. Staff applied strong operational policies and procedures effectively which ensured the safety of patients, visitors and staff. We saw a comprehensive range of effective procedures across the service, which enabled staff to establish and maintain clear boundaries across the site. Staff and patients told us that the procedures assisted them in feeling safe across the hospital site.
- There was a single main entrance to enter and exit the hospital site with an airlock operated by reception staff. An airlock is an additional locked room to pass through before gaining access to or exit from the hospital. This strengthened security in and out of the hospital. The entrance environment for patients, visitors and staff was welcoming, with comfortable furniture, cold water to drink, bathroom facilities and a variety of relevant leaflets and information. Knightstone ward was on the first floor and had an airlock to access the ward operated by a fob system.
- The layout of Knightstone ward enabled staff to observe the majority of the ward area. Where observation was restricted staff mitigated risks by using more staff to safely observe patients. In addition, mirrors were used to assist clear lines of sight through the ward.
- Staff carried out a ward audit of ligature points and completed risk assessments for the ward. All staff we spoke to were familiar with all ligature points throughout the ward and also mitigation plans to be used. For example the laundry room, which had a lot of ligature points, was only used with staff supervision.
- Knightstone ward was for female patients only and therefore met the guidance on same sex accommodation.
- Emergency equipment was stored on the ward in the nursing office. An automated external defibrillator and anaphylaxis pack were in place. The staff carried out checks regularly to check the equipment was in order, fit for purpose and we saw evidence of these checks. The ward manager told us that equipment such as weighing scales and the blood pressure machine were regularly calibrated and that the equipment was checked on a regular basis to ensure it was fit for purpose. The ward clinic room was fully equipped and had an examination couch. Ligature cutters were available in the clinic room and in the nursing office.
- There was no seclusion room on Knightstone ward.
- We saw staff following effective infection control practice including hand washing. Knightstone ward was visibly clean, with good furnishings and was well maintained. The ward had dedicated housekeeping staff. Cleaning records were complete and up to date. Cleaning schedules were available and followed.
- Environmental risk assessments were undertaken regularly and we saw evidence of work carried out as a result.
- Alarms were available throughout the ward and all staff carried alarms. We were told by all staff that alarms were responded to quickly. We saw that the use of alarms and testing was well documented.

Safe staffing

Good

Tier 4 personality disorder services

- There were 25 staff working on Knightstone ward. There were 20% staff vacancies between November 2014 and October 2015 however there were no vacancies at the time of our inspection, following some recent staff appointments. Over a three month period from August to October 2015 an average of 364 shifts were filled by temporary staff. All temporary staff were agency staff who in the main were familiar with the service. The providers own staff covered a large number of the available shifts. The sickness rate was 3% as of October 2015 and the staff turnover rate 28%.
- All staff told us there were sufficient staff to delivery care to a good standard and we saw that there were sufficient staff on duty. Knightstone ward had two qualified nurses and two support workers during the day shift. Night shifts were covered by one qualified nurse and three support workers. The ward manager was working in addition to the minimum number of staff on each shift. We looked at the staffing rotas and saw that there were sufficient staff working on each shift.
- Arrangements were in place, to provide effective support and processes to enable clinical staff to spend their time in direct contact with patients. This meant staff had time released to be able to prioritise the care and treatment of their patients. Staff said that three periods of protected time were in place during the week when all staff spent time out of the office and in direct contact with patients.
- Staff told us that they could always access a psychiatrist if required. There was a full time consultant psychiatrist and a specialist ward doctor for Knightstone ward. Doctors were flexible and responsive to requests to attend the wards when required. This included in an emergency. Staff told us that there were adequate doctors available over a 24 hour period, seven days a week, who were available to respond quickly to the ward in an emergency.
- We were told by the nurses that senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required.
- Staff told us it was usually possible to escort patients on leave. Patients told us that leave was rarely cancelled. Having said this several of the comment cards left for us said that escorted leave had been cancelled due to staff shortages. We did not see any evidence of this and staff kept cancellations of escorted leave to an absolute minimum and recorded this.
- Patients told us they were offered and received a one-to-one contact with a member of staff every day. We looked at patients' care records and saw that this was the case.
- Knightstone ward staff had a 90% completion rate for mandatory training which included training on first aid, equality and diversity, health and safety, infection control, medication management, risk management, safeguarding adults and children, engagement and observation, prevention and management of violence and aggression, the Mental Health Act, recovery and the my shared pathway approach. We looked at the Knightstone training records to verify the training course content and adherence figures.

Assessing and managing risk to patients and staff

- There was no seclusion room facility on Knightstone ward. There were 15 incidents of restraint, involving seven patients, over a six month period preceding our inspection. We saw that those patients liable to require restraint had a clear care plan describing this and the rationale behind. We looked at the records on restraint and saw that there was one incident of prone restraint which did not result in rapid tranquilisation.
- We looked at nine care records on Knightstone ward; including seven records of patients detained under the Mental Health Act 2005. We found a comprehensive risk assessment in place for all patients on admission. All patients, where they had wanted to, and had consented to, had been actively involved in the risk assessment process.
- The overarching risk documentation and assessment method used on Knightstone ward was called the 'short term assessment of risk and treatability' tool. Risk formulations and plans were consistently well planned, of a good standard and used structured professional judgement risk assessment schemes which staff had been trained to use. A structured decision support guide, called HCR-20, was used to assess risk factors for violent behaviour. The structured assessment of protective factors was used to help reduce the risk of any future violent behaviour as well as offering guidance for treatment and risk management plans.
- A range of additional and nationally recommended assessment methods were also used and included, the trauma symptom inventory, the cognitive analytic therapy file, cognitive assessments, schema

assessments, the international personality disorder examination and dialectical behaviour therapy assessments. A range of outcome measures were used to inform the ongoing risk assessment process and included, the Beck depression inventory, anxiety and hopelessness inventories and drug and alcohol screening assessments. All of this information was reviewed regularly and documented in the care records. Reviews of risk were part of the multidisciplinary care review process.

- Where blanket restrictions this was for items such as contraband items and locked doors to access and exit .These were justified and clear notices were in place for patients, staff and visitors explaining why these restrictions were being used. Two of the patients on the ward were not detained under the Mental Health Act and they told us that they were free to come and go in and out of the ward as they chose.
- Staff told us that where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, the level and frequency of observations of patients by staff was increased. Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.
- All staff were trained in promoting safer and therapeutic services and all staff were trained to use their engagement and observation policy. We saw repeatedly that when a patient was in distress and called for assistance the staff responded calmly and quietly. These responses had been identified in the patients' advanced directive of dealing with a crisis.
- All we spoke with that they felt safe on Knightstone ward.
- We spoke with staff about protecting patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding vulnerable adults and children and were aware of the organisation's safeguarding policy. Staff discussed a potential safeguarding alert in both a multidisciplinary meeting we attended and a handover meeting. The lead social worker for safeguarding was at both meetings during discussions and agreed to co-ordinate and potentially make a safeguarding alert to the local authority.
- We reviewed 11 medication cards on knightstone ward. The medicines were stored securely in the clinic room on the ward. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use and we saw records to show that this was the case. All medicines needed were available. We looked at the ordering process and saw the process for giving patients their regular medicines and we heard from patients about the information they were given. A pharmacist visited the ward every week and there were endorsements and signatures on the charts to indicate the pharmacist had been.
- There were three controlled medicines waiting for destruction which had not been checked for accuracy in the register for two and a half weeks. The denaturing kits to safely dispose of the medicines arrived on the day of our inspection and the medicines were disposed of in keeping with the provider's medicine policy.
- The provider had a policy for self-medication and we saw that the two patients on self-medication programmes had risk assessments and care plans for this.
- A number of patients were prescribed Lorazepam orally and via injection. It was not clear on the prescription chart that the maximum dosage could have been exceeded if both had been administered together. We raised this with the doctor who took action to clarify this. Two patients were on high unlicensed doses of antipsychotics on an "as and when" basis, with no regular treatment with these drugs. We discussed this with the prescribing doctor who confirmed that this was clinically indicated.
- Staff gave patients information about medicines. Staff discussed medicines in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information. We saw this happening during our inspection.
- Staff used clear protocols for patients to see children from their family. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. There was a meeting room available for visitors outside of the ward areas.

Track record on safety

- There was one incident requiring investigation on Knightstone ward in the preceding year which involved poor communication between a number of agencies following an incident of self-harm. As a result of the learning regular meetings between agencies have been set up to ensure better communication.

Good

Tier 4 personality disorder services

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents. All incidents were reviewed daily by managers and senior clinicians in a morning meeting which involved representatives from all wards in the incident. Senior management team discussed all incidents and analysed recommendations from all serious incidents and reported these back weekly to the wards for discussion in team and service-wide meetings. Staff investigated all incidents to try to establish the root cause. We looked at six recently reported incidents on Knightstone ward and tracked them back to the patients' care records. We saw in all cases that patients and staff had received a de-brief session following the incidents to immediately address any lessons to be learnt. Staff told us about an incident which had occurred on a neighbouring ward the night before. We were told that a staff member had assisted with the patient and the incident had been well managed. The staff member briefed the ward manager prior to the daily management meeting.
- Patients told us that they were actively involved in discussing their risk behaviour with the multidisciplinary team. We saw that members of the team prepared individualised spreadsheets which listed any incidents which had occurred for patients on the ward. This was presented at patients' clinical review meetings and enabled patients to see how much progress had been made, any deterioration with progress or any other key observations. Patients told us that they worked more effectively under the positive risk taking model used on Knightstone ward.
- We looked at a detailed review of incidents carried out on Knightstone ward for a six month period from June 2015 to November 2015. The review looked at any patterns and themes such as what the incidents were, how many involved self-harm, what sort of self-harm was used, on which days and at what time of the day. Any trends were highlighted and discussed. Changes were made to try to reduce the number of incidents such as availability of activities outside of office hours and increasing staff availability during the evening periods.
- Staff told us that they received feedback from investigations in regular team meetings and that they learnt key themes and lessons and developed action plans if they needed to make changes. Staff said there was always a debrief session arranged after a serious incident, and that a facilitated, reflective session would take place to ensure, as well as learning lessons, that staff felt adequately supported.
- During our inspection on Knightstone ward a patient raised a concern with staff about an incident involving medication. Staff immediately escalated the concern to the ward manager who commenced an immediate investigation into the issues.

Are tier 4 personality disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff assessed patients' needs and delivered care in line with the patients' individual care plans. All patients received a detailed assessment prior to being admitted onto Knightstone ward. All patients received a thorough physical health assessment; staff identified and managed risks to physical health. We saw that in addition to psychiatrists working as part of the multidisciplinary team, a general practitioner visited the ward every week. All staff we spoke to were very confident in their ability to assess physical health care needs and provide robust care and treatment plans.
- Care plans were personalised, holistic and recovery focused. Knightstone ward used the 'my shared pathways' approach as the overarching method for planning and evaluating care and treatment. This is a nationally recognised good practice recovery tool. The process focused on patients' strengths and goals and we saw through the care records that this provided a consistent approach during assessment, implementation and evaluation of patient's care and treatment.
- Patients' told us that they received a copy of their care plans. Patients we spoke with told us that they were involved in the care planning process and that the plans were recovery focused. We saw many examples of staff applying this individualised approach to patients. The clinical meetings we attended discussed patients as individuals with unique needs. For example, staff discussed their responses to one patient who was

refusing prescribed medication and had seen deterioration in their mental state. Staff also discussed the relationship needs of another patient and how these needs could be managed effectively with privacy, dignity and safety.
- Care records were stored securely in the nursing office and were organised and easy to navigate.

Best practice in treatment and care

- In keeping with the national institute for health and care excellence (NICE) guidance, patients had access to a variety of psychological therapies either on a one to one basis or in a group setting, as part of their treatment. Psychologists, occupational therapists, social workers, drug and alcohol workers and activity co-ordinators were part of the multi-disciplinary team and were actively involved.
- We saw evidence of detailed psychological assessments. All of the patients on Knightstone ward were receiving an individually tailored programme of therapy, delivered flexibly and in response to their individually assessed needs. The range of therapy included trauma work, dialectical behaviour therapy, mentalisation-based therapy which helps patients differentiate and separate out their own feelings from those around them, cognitive analytic therapy, family therapy and schema-focused therapy.
- A general practitioner attended Knightstone ward routinely on a weekly basis and provided physical health advice and consultancy for patients. Regular physical health checks were taking place for all of the patients on the ward.
- Occupational therapy assessment and outcome measures were in place for all patients.
- Staff assessed patients using the health of the nation outcome scales. These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions. A range of additional outcome measures were used to inform the ongoing evaluation of interventions made and included, the Beck depression, anxiety and hopelessness inventories and drug and alcohol screening assessments.
- Staff participated in clinical audits to monitor the effectiveness of services provided. and Audits carried out included an annual review into the effectiveness of care and treatment for patients with a diagnosis of personality disorder, a detailed incident review, identifying trends and ensuring adherence to outcome measures through a review of care records.
- In keeping with the NICE guidance for patients with a personality disorder, Knightstone ward staff encouraged patients to make informed decisions about their care and treatment in partnership with them. With consent from patients and where possible families were also given the opportunity to be involved. We spoke to relatives who confirmed that their involvement was sought and greatly appreciated by the multidisciplinary team.

Skilled staff to deliver care

- The staff on Knightstone ward came from a variety of professional backgrounds, including medical, nursing, psychology, occupational therapy, social work, drug and alcohol workers, alternative therapists such as in art, dance and music and activity specialists and were all fully integrated into the team. All staff were trained in a minimum of three days of dialectical behaviour therapy with eight staff fully trained as dialectical behaviour therapists.
- Staff received appropriate training, supervision and professional development. Over 90% of staff had updated mandatory training refresher courses recorded. All new staff attended a comprehensive and thorough induction programme followed by a mentorship period. Health care support workers were required to complete the care certificate. We saw that staff were also encouraged to attend longer internal and external training courses. We saw that all staff participated, at least weekly, in reflective practice sessions. All aspects of clinical training took into account the needs of the patient population for example safeguarding adults at risk and updates on the Mental Capacity Act and the new Code of Practice for the Mental Health Act. All the staff on Knightstone ward had recently been trained in solution focused counselling, using the Egan skilled helper model. We spoke to a member of staff who told us that they had used the training to assist them to help a distressed patient the night before our inspection. The problem solving approach had helped the patient use positive behaviour instead of the self-harming behaviour which had been displayed.
- All staff we spoke to said they received individual and group supervision on a regular basis, at least every six

weeks, as well as an annual appraisal. We looked at staff records which showed that over 90% of staff had received regular supervision and an appraisal. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward.

- The ward had a regular team meeting and all staff we spoke with described morale as very good. Staff said their ward manager and senior clinical team were highly visible, approachable and supportive. Topics recently covered included managing and learning from incidents, care planning and setting boundaries.
- Senior managers told us they were performance managing a small number of capability issues at the time of our inspection.

Multi-disciplinary and inter-agency team work

- The Knightstone staffing team were a fully integrated and adequately staffed multidisciplinary team. Regular and fully inclusive team meetings took place. We observed care reviews and clinical hand over meetings on the ward and found these to be effective and involved the whole multidisciplinary team. All members of the team were given the opportunity to feedback and add to discussions in meetings.
- We observed inter-agency working taking place with discussions about and with the patients' home care team and commissioners. We saw one example of communication with a previous hospital a patient had been admitted to clarify a situation which the patient had complained about.

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

- Out of 11 patients on Knightstone ward, nine patients were detained under the mental Health Act 1983 (MHA).
- 100% of staff had received MHA training. All staff we spoke to were able to confidently discuss the provider processes and practices for ensuring adherence to the MHA Code of Practice.
- Care record files were in order and easy to navigate. The MHA documentation was present and available on all the files.
- There was evidence in all files to show that patients were regularly informed of their rights under section 132 of the MHA.
- We saw that there was active involvement of an independent mental health advocacy (IMHA) service and that information about the service was advertised on the notice board on the ward. Patients told us they knew how to request an appointment with an advocate and that they had done this.
- We saw that patients were encouraged to contact the CQC if they chose to about issues relating to the MHA. This was contained in the information folders of all patients detained under the MHA.
- The Mental Health Act administrator for the hospital monitored requirements and compliance with the MHA and Code of Practice, daily. Six monthly audits were carried out on accuracy of T2 and T3 consent certificates; medication charts and section 17 leave documentation.
- There was evidence of timely managers' hearings at the point of patients' section renewals. These were undertaken prior to, or very shortly, after the patient's section renewal date.
- Copies of up-to-date section 17 leave forms were kept in a file accessible in the nurses' office. The forms were comprehensive, clearly detailing the levels, nature and conditions of leave. We saw evidence that these were regularly reviewed and updated. We saw good recording of who had been given copies of the section 17 leave forms. Copies of the section 17 leave forms were filed in the patients' care records.
- Assessments of patients' capacity to consent to treatment were available, at the point that T2 certificates were issued and reviewed. We found that both T2 and T3 certificates were reviewed in line with the provider's policy.
- We saw a number of patient advanced directives in their care records, detailing preferences for interventions when particular challenging behaviour surfaced.

Good practice in applying the MCA

- Mental capacity training was included in mental health act training. As mental health act training had been attended by over 100% of the ward staff, this same figure had received some mental health capacity training. However mental capacity act training lasted only for one and half hours.

Good

Tier 4 personality disorder services

- There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.
- Where appropriate patients would have a mental capacity assessment relating to care and treatment. There were no current DoLS applications or any in the preceding six month period.

Are tier 4 personality disorder services caring?

Good

Kindness, dignity, respect and support

- All of the patients we spoke with complimented staff providing the service throughout Knightstone ward. Professional, responsive and respectful staff supported patients consistently. One patient raised a concern about one temporary staff member and this was escalated to the ward manager who undertook an immediate investigation into the issues raised.
- Without exception the relatives we spoke with said that all staff on Knighstone ward genuinely cared for their relatives' welfare. The relatives said they had never experienced this level of compassion in any other psychiatric facility.
- Patients we spoke with told us that staff were busy however were generally available for them. One patient commented that staff did have a lot of written work to carry out in the office. We saw that staff spent time with patients on and off the wards. Three slots of patient protected time were available during the week when all staff spent all of their time with patients and were all out of the office. Patients commented on the compassion and care shown to them by staff. Patients told us that staff were consistently respectful towards them. For example, several patients we spoke with told us that staff had assisted them to develop care plans associated with challenging behaviour and how staff might best approach the patient to ensure dignity and privacy was upheld. All of the patients said the staff could not do anymore to meet their needs and they worked hard and had patients' best interests and welfare always as their priority.
- Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection. We saw that staff showed warmth and acceptance towards their patients despite the very challenging situations arising, often involving high levels of distress and self-harming behaviours. One patient told us that their advance directive involved a low key and quiet response from staff during a self-harm episode. The patient explained that this assisted them greatly to be able to use their own resources to bring about positive change. The patient had seen a sizeable reduction in self-harming behaviour.
- Despite the complex, and, at times very challenging needs of the patients on Knightstone ward, the atmosphere throughout the ward was very calm and relaxed. We saw staff were particularly calm and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff, at any time ask a patient to wait for anything, after approaching staff.
- During our inspection, we saw a lot of positive interaction between staff and patients on the ward. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- All staff we spoke with had a very in-depth knowledge about their patients including their likes, dislikes and preferences. They were able to describe these to us confidently, for example, preferred routines for patients and anxiety triggers.
- We received many commendations by patients about individual staff on Knightstone ward. Comments about them included them being particularly kind, warm, supportive and perceptive.

The involvement of people in the care they receive

- Staff spoke confidently and passionately about their approach to patients and the model of care practiced across Knightstone ward. They spoke about enabling patients to be as independent as possible in order to work towards living in less restrictive and non- clinical environments, generally in the community. Staff told us they assisted their patients to look out for and overcome obstacles, turning challenges into opportunities and inspiring their patients to be self-resourceful in dealing with their negative thoughts and behaviours. We saw

that staff were non-judgemental towards their patients and empowered them consistently to encourage their involvement. Staff we spoke to were optimistic and hopeful about their patients and their achievements, no matter how small. No staff, at all, were anything other than positive about caring for their patients, despite often extremely challenging circumstances.

- Patients received a comprehensive handbook on admission to the ward and this was also available electronically. The handbook welcomed patients and gave detailed information. This included information about health needs, the multidisciplinary team, care and treatment options, therapy available, medication and physical health needs, arrangements for health records, the my shared pathway approach and care plans. We found the handbook helped to orientate patients to the service and patients we spoke to had received a copy and commented on it positively.
- There was evidence of patient involvement in the care records we looked at and all patients had a copy of their care plans. Staffs' approach was person centred, highly individualised and recovery orientated. We also saw that all patients reviewed their care plan at least once every two weeks with the multidisciplinary care team and at least once each month with a member of the ward nursing team. Patients prepared well for care reviews with the help of staff and were present throughout all discussions. Patients were invited to give their feedback, via a pre prepared template at the start of the discussions.
- Local advocacy services were advertised widely. A visiting mental health advocate was available twice each week. Patients told us that they had accessed the advocate.
- Staff discussed patients' views and wishes with them. During our inspection we saw this happen in all of the multidisciplinary care review meetings we attended. Patients told us that they were actively involved in finding solutions to their problems and that this included how to manage a crisis. Patients told us that staff listened to and acted on their suggestions which showed them that the staff genuinely wanted to collaborate with them.
- Patients could get involved in their care through a number of initiatives. Patients told us that they had advance warning of any meeting held to review their care. They said that staff spent time with them to assist them in preparing for meetings. One patient told us about their involvement in care planning. They showed us their care plan which laid out the patient's progress so far, therapy and goal setting opportunities offered and accepted and what had assisted them with improved confidence and self-esteem. The patient told us what had led to them feeling more independent and how staff had given them a sense of belonging and hope for the future.
- Relatives and carers were invited to care review meetings, with patients' consent. Relatives we spoke with told us they are fully consulted in these forums, and their views and wishes expressed were considered. Patients were able to visit relatives and carers, not only within the hospital, but also in the community or at their residence providing it was safe to do so.
- All patients were invited to contribute to the Knightstone ward annual review from October 2015 to November 2015. Four patients received individual interviews with the external reviewer who carried out the work. All of the patients, who had all been in other hospitals before, reported that Knightstone ward was the best ward they had been on. High praise was given to the supportive and understanding staff team. In addition a yearly patient satisfaction survey was carried out across the hospital.

Are tier 4 personality disorder services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- At the time of our inspection Knightstone ward had three vacant beds and three prospective patients were being assessed by the multidisciplinary team for admission. The average occupancy over the preceding six months was 14.5 patients. The average length of stay for patients on Knightstone ward was one year and eight patients had been discharged from the ward in the last six months. As a specialist service a number of patients were admitted from outside of their home areas. No

patients were moved to other wards in the hospital unless clinically indicated. There were no delayed discharges reported from Knightstone ward during the previous six months.

- Patients were able to move from Knightstone ward to the Lodge, an onsite step down ward for patients who have completed the therapy programme on Knightstone ward and are preparing for community living before discharge.
- All potential patients were offered a 'buddy system' which offered contact with an existing patient on Knightstone ward prior to and during the first few weeks of admission. We spoke to existing patients who had been a trained buddy or who had received support from a buddy. Patients said the system made them feel welcome to the ward, alleviated a lot of anxiety and helped with the transition of admission.

The facilities promote recovery, comfort, dignity and confidentiality

- Knightstone ward had a full range of rooms and equipment to support care and treatment delivery. The ward had a good standard of environment and provision with quiet spaces to use, therapy rooms and meeting rooms. The ward was light and airy and patient bedrooms were of a very good size, with large en-suite bathrooms. Most rooms had a panoramic sea view and visitor rooms were available on and off the ward and were well furnished and maintained. Patients were encouraged to personalise their bedrooms and the communal areas of the wards which they had done. Patients showed us around some bedrooms and we could see that they had created a pleasant and homely environment, if they wanted to. All patients had a key to their bedroom and could gain access at any time. Patients were all able to store their possessions securely.
- Patients had access to their own mobile phones at all times and had signed an agreed contract for safe usage, such as not using the camera facility and switching phones off during therapy and activities. In addition patients were able to keep their laptops and other electronic devises with them at all times, again having agreed to a contract for boundaries around usage.
- The ward had access to a small central courtyard area. In addition and generally when the weather was good the Knightstone patients could use the larger garden facilities on another female ward on the ground floor at arranged times and for exclusive usage.
- All of the patients on Knightstone ward we spoke with made some negative comments about the quality and variety of food served, at times. This said we looked at the menu choices offered and sampled the food available and found that plentiful amounts of food and choice was provided to the patients. We spoke to staff who said that on occasions when patients were not satisfied with the food provided, the kitchen staff and chef were always contacted and responded well, in addition to providing alternative selections. We saw that many patients had the option to supplement their catered food intake with self-catering and that a number of patients had taken this opportunity. Additionally many patients opted to have lunch outside of the ward during their arranged leave. There were facilities available on the ward for patients to make cold or hot drinks or to have snacks throughout the night and day.
- Daily and weekly activities were advertised and available on an off the ward. An excellent range of activities and therapy groups were available to patients on the ward, facilitated by the activity co-ordinators, occupational therapists, psychologists, alternative therapists and ward staff. Patients had access to the hospital wide therapy unit which was on site and included very well equipped facilities including a gym, kitchen, workshops and an IT suite.
- The activities were varied, therapeutic, recovery focused and aimed to motivate patients. Patients were actively encouraged to make suggestions for activities they would like. Sessions were available on a wide variety of skills based learning and included educational courses, social skills training, therapy and creative groups. During our inspection we joined a number of these activities and found them inclusive, creative and enjoyable. Patients told us that staff were responsive to patient requests for activities. We joined one session which was patient led and involved patients planning activities over the weekend period. The option of going out in a hospital car, with staff, into the local community was available. This was also available for those patients detained under the MHA. Patients chose two trips out, shopping and having lunch as well as watching films on the ward and having a patient led work out session.

Good

Tier 4 personality disorder services

- Many educational and vocational opportunities were available for patients to access. Additional interventions were offered to patients to improve their experience and to provide them with the necessary life skills for discharge. These included dietetics, active life and health promotion, a range of complimentary therapies such as dance, art and music therapy, swimming and horse-riding. In addition support with curriculum vitae (CV) writing and job interview techniques were offered, voluntary work placements and qualifications through the local college.
- There was a local community farm at the entrance to the hospital and patients told us they regularly visited the farm to carry out voluntary work with the animals which included helping care for horses, lamas, dogs, cats and many other animals. During a multidisciplinary meeting we saw discussions taking place about positive risk taking and the therapeutic value the farm animals provide for patients.

Meeting the needs of all people who use the service

- All of the wards had full disability access both to and on the ward.
- Staff respected patients' diversity and human rights, and asked about people's cultural, language and religious needs at admission. Contact details for local faith representatives were available. A dedicated multi-faith area was available.
- Interpreters were available and used when required. Leaflets were available explaining patients' rights under the Mental Health Act.
- There was up to date and relevant information on the ward and in communal areas which included information for visitors, contact details and information for advocacy, information on mental health problems and available treatment options, local services (for example on benefits advice) and how to raise a concern or make a complaint.
- A choice of meals was available which enabled patients with particular dietary needs connected to their religion or culture, and others with particular individual needs or preferences, to eat appropriate meals.

Listening to and learning from concerns and complaints

- There were 10 complaints from patients on Knightstone ward between October 2014 and September 2015. The provider fully upheld five of these and partially upheld three complaints, which showed us that the provider was fair and transparent when dealing with complaints. Some of the themes around the complaints were staff attitudes, breach of patient confidentiality, medication issues, physical health care and delays in treatment.
- Copies of the complaints process were on display in Knightstone ward and in the ward information handbooks. Patients we spoke with all knew how to make a complaint through the hospital complaints procedure should they wish to do so.
- Staff confidently described the complaints process and how they would handle any complaints. Staff told us that they try to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns. Informal complaints were tracked as well as formal complaints.
- Knightstone ward held a daily community meeting where patients were encouraged to discuss any issues which were causing them concerns on the ward. We looked at the minutes from these meetings and saw that a wide variety of topics were raised. These included practical issues to do with the general organisation of the ward as well as relationships between patients and between staff and patients.
- The ward manager held three open surgeries during the week where patients could book in to have a one to one slot about any issues or concerns they wanted to raise. The ward manager was proactive at seeking any feedback from patients.
- Staff met regularly to discuss learning from complaints. This informed a programme of improvements and training, for example upholding privacy and dignity, maximising patient choice and briefing sessions for staff on dealing with complaints and the importance of duty of candour.

Are tier 4 personality disorder services well-led?

Good

Vision and values

- The provider's vision, values and strategies for the service were evident and on display throughout the ward. Staff on the ward understood the vision and

direction of the service and wider organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the unit confidently. Staff told us that the purpose of Knightstone ward was to offer patients a safe environment and structured therapy programme to enable them to understand and moderate their thoughts, feelings and behaviours in order to be able to live independent and fulfilling lives. Patients would be able to develop a meaningful and quality future outside of a hospital setting, living in the community.

- The ward manager had daily contact with the hospital manager and senior clinical team in the morning managers meeting. The senior management and clinical team were highly visible and staff said that they regularly visited the wards every day.
- Staff commented on the high quality support they received from ancillary services such as housekeeping, catering, human resources, maintenance and general administration.

Good governance

- The ward manager showed us a series of clinical audits, human resource management data and data on incidents and complaints. The information was summarised and presented monthly in a key performance indicator dashboard. This meant that the management team were able to apply clear controls to ensure the effective running of the service. Examples of ward audits carried out included, assessing the level of patient engagement, physical health checks, adherence to good medication management and the standard of care plans.
- The ward manager told us they felt they had the autonomy and authority to make decisions about changes to the service. The manager commented that they felt very well supported.
- The ward manager showed us the ward and wider organisation risk register. Staff told us that they were able to submit items of risk for inclusion on the risk register.
- Knightstone ward staff had a 90% completion rate for mandatory training.

Leadership, morale and staff engagement

- We found Knightstone ward was well-led. There was evidence of clear leadership at a local level. The ward manager and clinical team lead were visible on the ward during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the ward was open and encouraged staff to bring forward ideas for improving care.
- All of the ward staff we spoke with, without exception, were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.
- Staff told us that staff morale was good.We saw in the annual review of Knightstone ward that the majority of staff commented on the “good team working” and that Knightstone ward was a “Positive place to work.”
- Sickness and absence rates were low at 3%.
- At the time of our inspection there were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment.
- Staff were aware of the whistleblowing process if they needed to use it.

Commitment to quality improvement and innovation

- During our visit we were not told of or given any evidence to show that Knightstone ward had initiated any quality improvement ideas.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must take action to ensure that on Nash ward the cleanliness and damage to interior walls, fixtures and fittings are addressed immediately and adequately maintained thereon.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should update the Mental Health Act training to include updates on the new Code of Practice which came into force in April 2015.
- The provider should update the Mental Capacity Act training to include updates on DoLS following the Supreme Court judgement from Cheshire West.
- The provider should provide MHA training and supervision to the MHA administrator.
- The provider should review the hospital's medication management policy. It was due to be reviewed in March 2015.
- The provider should review the hospital's rapid tranquilisation in prevention and management of violence and aggression policy.
- The provider should ensure incidents are reviewed and documented in the minutes of the monthly team meetings on Sandford ward.
- The provider should ensure all mental capacity assessments include documentation about how specific decisions are reached when the patient lacks capacity to consent.
- The provider should make every effort to reconnect Wi-Fi access for all patients and fix the communal telephone on Sanford ward.
- The provider should consider increasing access to activities outside of Monday to Friday 8am until 6pm on Nash ward.
- Although there was some information displayed in the air lock at the entrance and exit of Nash ward and an information booklet was provided on admission, there was no other access to information for patients. The provider should consider how to ensure that patients have immediate access to relevant and appropriate information relating to their inpatient stay, including access to IMHA support.
- The provider should consider that staff have completed their full PMVA training before starting work on Nash ward.
- The provider should consider the staff matrix tool which determines staffing needs based on bed occupancy and how this impacts on the safety of the PICU ward members should clinical activity levels remain the same.
- The provider should ensure that anti-viral medication should only be used as a prescribed course for specific infections on Knightstone ward.
- Controlled medicines should be disposed of as soon as they are no longer required on Knightstone ward.
- The provider should ensure that there is adequate access to defibrillators on Milton ward.
- The provider should ensure first aid boxes are checked and the equipment is in date on Milton ward.
- The provider should ensure relative are advised of patients' progress with the consent of the patient.
- The provider should review the staffing level and skill mix of The Lodge.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 Nash ward was unclean and there was evidence of damage to interior walls, fixtures and fittings throughout the ward. The provider did not ensure that the premises where care and areas where treatment were delivered were clean and well maintained. This is breach of Regulation 15 1 (a) (e) and 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014