

# Cygnets Appletree

## 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 Appletree as good because:'**

- The service provided safe care. The hospital environment was safe and clean. The hospital had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The team included a full range of specialists required to meet the needs of patients. Managers ensured that these staff received training, supervision and appraisal. The hospital staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However,

- Although staff were booked to attend safeguarding level 3 courses the provider was not compliant at the time of the inspection.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working-age adults	Good	

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# Summary of findings

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Good 

# Location name here

## Services we looked at

Long stay or rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to Cygnet Appletree

Cygnet Appletree provides specialist mental health rehabilitation to women aged 18 and above in a safe and comfortable environment. Cygnet Appletree is a high dependency rehabilitation unit. It provides services to up to 26 patients who are detained under the Mental Health Act 1983 or admitted as informal patients. It is situated in its own grounds in Meadowfield, close to the city of Durham.

The hospital has 26 en-suite bedrooms and the provider's statement of purpose says that they provide the following:

- specialist treatment programmes for forensic patients, including self-harm, addictions, personality disorder, anger management
- daily living skills and vocational development

At the time of inspection, the hospital had 16 patients.

The hospital had a registered manager and a controlled drugs accountable officer at the time of the inspection. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations. Controlled drugs accountable officers are responsible for all aspects of controlled drugs management within their organisation.

Cygnet Appletree has been registered with the CQC since 26 September 2012. Appletree has previously been managed by two other providers. In March 2018, the provider of Appletree became Cygnet Behavioural Health Limited and the hospital was re-named Cygnet Appletree. It is registered to carry out two regulated activities; assessment or medical treatment for persons detained under the Mental Health Act 1983, and treatment of disease, disorder, or injury.

A comprehensive inspection of Cygnet Appletree took place on 8th and 9th May 2018. At that time, we identified concerns with the safety of the hospital. In June 2018, CQC received three whistle-blowing complaints from staff raising serious concerns about the hospital. Therefore, a responsive inspection took place on 27th and 28th June 2018 to look at these specific concerns. The hospital was

not rated at this time because our focused inspection did not cover all the key lines of enquiry under each key question (safe, effective, caring, responsive and well-led). However, due to the seriousness of the issues found at this inspection, we used our enforcement powers to act against the provider.

Requirement notices were issued for the following:

Regulation 10 (RA) HSCA Regulations

Dignity and Respect

Staff did not ensure that patients were treated with dignity and respect.

This was a breach of Regulation 10 (1)

Regulation 12 (RA) HSCA Regulations

Safe Care and Treatment

Care and treatment were not provided in a safe way for patients because the service was not regularly assessing the risks to the health of patients by ensuring there was

proper monitoring of long-term anti-psychotic use. A doctor trained in resuscitation was not immediately available to respond in an emergency.

This was a breach of Regulation 12 (1) (2) (a)

Regulation 16 (RA) HSCA Regulations

Receiving and Acting on Complaints

Staff did not ensure all complaints were investigated or operate an effective system for responding to complaints by patients in line with the provider's policy.

This was a breach of Regulation 16 (1) (2)

Regulation 17 (RA) HSCA Regulations

Good Governance

Staff did not operate systems and processes effectively to ensure they assessed, monitored and mitigated the quality, safety and risks to the welfare of the patients and staff.

This was a breach of Regulation 17 (1) (2) (a) (b)

# Summary of this inspection

## Warning notice issued:

Regulation 9 (RA) HSCA Regulations

Person Centered Care

Staff did not ensure that care and treatment being delivered was appropriate for all patients, met their needs and reflected their preferences.

This was a breach of Regulation 9 (1) (a) (b) (c)

## Warning notice issued:

Regulation 18 (RA) HSCA Regulations

Staffing

The provider did not deploy enough numbers of suitably qualified, competent, skilled and experienced persons to meet the needs of all patients.

This was a breach of Regulation 18 (1)

## Fixed Penalty Notices being issued:

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The provider did not notify the Commission without delay of incidents of any abuse or allegation of abuse in relation to a service user on three occasions.

This was a breach of regulation 18 (1) (2) (e)

## Our inspection team

The team that inspected the service comprised one CQC inspector, one assistant inspector, two specialist advisors 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. CQC have been working with Cygnet Appletree through

regular engagement meetings and monitoring of the hospital action plan produced after the responsive inspection. The inspection team assessed the service against the breaches and enforcement action.

## 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 hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with the registered manager and head of care
- spoke with 13 other staff members including doctors, nurses, occupational therapist, psychologist and activities worker
- received feedback about the service from two care co-ordinators or commissioners
- spoke with an independent advocate
- attended and observed one hand-over meeting and one multi-disciplinary meeting
- collected feedback from patients using comment cards
- looked at five care and treatment records of patients

# Summary of this inspection

- carried out a specific check of the medication management on two wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with six patients at the hospital. There were mixed responses from patients with some feeling that staff could do more to support them when they were upset. However, all patients reported feeling safe, that staff were supportive and that the food was good. During a Mental Health Act monitoring visit in December 2018 patients had raised an issue with the evening meal time and access to the doctor. This had been discussed at a community meeting and the meal time changed. However, patients had requested this be changed back. The doctor had increased clinics to twice per week and was now more visible on the ward.

We reviewed the patient survey results and found that they were not dated, meaning that it was difficult to establish if the results reflected the current state of care on the ward. The results overall were inconsistent, with some results reflecting positive experiences and others less so. Within the results, there were no common themes or reoccurring areas of concern/good practice. The survey only allowed for yes and no answers and some patients had amended the survey to include a 'sometimes' option.

# 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?

We rated safe as good because:

- The hospital was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The hospital staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.
- The hospital had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- Not all staff were trained in safeguarding level three.

Good



### Are services effective?

We rated effective as good because:

Good



# Summary of this inspection

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs and were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, and quality improvement initiatives.
- The hospital included the full range of specialists required to meet the needs of patients. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The hospital had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Are services caring?

### We rated caring as good because:

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

Good



# Summary of this inspection

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

## Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



## Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- The hospital had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



# Summary of this inspection

- Staff engaged actively in local and national quality improvement activities.

# Detailed findings from this inspection

## Mental Health Act responsibilities

The mandatory training module included Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of the inspection 100% of staff had completed the training.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and the Code of Practice. The hospital had a dedicated Mental Health Act administrator.

The provider had relevant policies and procedures that reflected the most recent guidance and staff had easy access to these on the intranet.

Patients had easy access to information about independent mental health advocacy. A regular advocate visited the service twice a week and was present during the inspection. There were no concerns with the

independent mental health advocacy service and the advocate supported patients with understanding meetings and benefits, and assisted patients to raise concerns with medicines.

Staff explained to patients their rights under the Mental Health Act as required by section 132 in a way that they understood. This was done at the time of admission and three-monthly after this.

Staff ensured that patients could take section 17 leave (permission for patients to leave hospital) when this has been granted. Staff stored copies of patients' detention papers and associated records (for example, section 17 leave forms) correctly and so that they were available to all staff that needed access to them.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it and knew where to get advice from.

Staff gave patients every possible assistance to make a specific decision for themselves. Staff continuously assessed capacity and where patients lacked capacity they made best interest decisions.

Patients' care and treatment records contained evidence of capacity assessments. These were all related to consent to treatment decisions. The assessments contained clear documentation of the capacity assessment completed and the rationale on the outcome whether a patient was assessed as having or lacking capacity to consent to treatment.

## Overview of ratings

Our ratings for this location are:

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

### Notes

# Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

### Safe and clean environment

Staff did regular risk assessments of the care environment and were aware of potential ligature risks in the hospital. Wherever possible, changes to design, fixtures or fittings were made. There were some blind spots which had been mitigated with mirrors. Some areas of the hospital including the gym and laundry had been risk assessed. The hospital was clean, tidy and well maintained. Staff cleaned the hospital daily to a high standard and kept cleaning records up to date. Patients were encouraged to keep their bedrooms clean and staff would intervene if needed.

All rooms including patient bedrooms were fitted with alarms and there were enough staff on site to respond to alarms. Panels were placed on communal walls to alert staff to where the alarm had been raised.

There were two clinic rooms which were well-equipped with the necessary equipment to carry out physical examinations. A pharmacist attended to carry out a weekly audit. Staff adhered to infection control principles, including handwashing. Staff maintained equipment well and kept it clean. Any 'clean' stickers were visible and in date.

### Safe staffing

The provider had determined safe staffing levels by calculating the number and grade of members of the

multidisciplinary team required using a systematic approach. Internal analysis tools were used to calculate the level of nursing cover required. Minimum staffing levels were two registered nurses on duty over 24 hours to give a ratio of one nurse to every eight to nine patients.

This supported the level of 1:1 time and emotional input required by the patient group and allowed nurses to be actively involved in supporting occupational health and psychology programmes. Nurses worked closely with the responsible clinician at regular clinics. The hospital currently employed two senior nurses and six nurses, and 22 health care assistants. There were currently no vacancies.

Staffing levels took account of the shift system and patient needs. The manager changed the rota every four to six weeks to ensure that the same staff did not always work together. The hospital used regular bank staff who worked regular shifts at the hospital to cover sickness, leave and any vacancies. The hospital had a current sickness rate of 3.8%.

A full-time psychiatrist specialising in rehabilitation was based in the hospital and ran clinics twice a week. The doctor was available to patients when required. An on-call rota was in place for out of hours psychiatry cover. However, this was rarely used and any potential medical needs out of hours were discussed by the multi-disciplinary team and plans were in place for evenings and weekends.

Staff had received and were up to date with appropriate mandatory training. There were 17 mandatory training courses which included

- immediate life support 100%
- fire safety, first aid 100%
- suicide and risk 100%

# Long stay or rehabilitation mental health wards for working age adults

Good 

- Mental Health Act 100%
- equality and diversity 100%
- infection control 100%
- information governance 98%
- health and safety 98%
- responding to emergencies 98%
- safeguarding e learning 93%
- basic life support 94%
- Management of aggression 97%
- dealing with concerns at work 93%
- food safety 96%

One course, safeguarding level three was below the compliance rate at 29%. The course had commenced in 2019 and staff were booked to attend.

## Assessing and managing risk to patients and staff

### Assessment of risk

Staff did a risk assessment of every patient at initial triage/assessment and updated it regularly, including after any incident using a recognised risk assessment tool. Risk profiles were informed by an assessment called the short-term assessment of risk and treatability which identified areas of strength and vulnerability to assess risk within the areas of violence to others, self-harm, suicide, substance misuse, unauthorised leave, self-neglect and being victimised. Daily dynamic risk assessments were undertaken for all patients as part of the daily routine and this included risk to self and others in line with individual presentation. Staff worked closely with patients enabling open and honest disclosure from patients regarding how they were feeling and to enable staff to support and recognise changes in mood and mental state that may in turn increase risk.

When appropriate, staff created and make good use of crisis plans and advance decisions. We reviewed a patient record where an advance statement was in place.

### Management of risk

Staff responded promptly to sudden deterioration in a patient's health and the doctor was available on site if needed. Staff used a daily risk assessment screening tool for each patient which was reviewed by the multidisciplinary team on a daily basis.

The tool enabled staff to communicate and review changes in risk over the previous 24 hours and update the risk reduction plan.

Patients could be excluded from areas both on and off the unit to ensure their safety, this included a bathroom where ligatures had been identified. Patients were individually risk assessed and could have keys to locked areas if risks were low. Staff also made amendments to leave arrangements (escort levels and venues), increased observational checks and agreed temporary removal of specific risk items. Equipment to manage high level self-harm, e.g. ligature cutters for ligatures tied was easily accessible.

The provider had a restrictive interventions reduction programme in place. Staff in the hospital followed the programme and used de-escalation processes such as verbal de-escalation and breakaway techniques to avoid the need for physical interventions. The use of physical interventions was monitored in handovers monthly governance meetings, trends analysis, lessons learned reviews and debriefs with the patients and staff involved. Between February 2019 and July 2019 there had been 92 incidents of restraint with 44 of these being described as low level. These included relocations following verbal altercation between peers/redirect away from incident and removing ligatures. The hospital had patients who were at high risk of self harm and ligature and were working with patients to reduce harm.

Restrictions were individually assessed and monitored. The assisted kitchen, activities room and upstairs bathroom were all locked due to risk to patients. Those patients assessed as not presenting with the relevant risk were given keys. Staff were available to unlock the doors for patients who did not have keys.

The service had developed good personal safety protocols, including lone working practices, and there was evidence that staff followed them. Patient leave was discussed daily, and staff would double up if needed.

Staff completed a face to face risk assessment with patients prior to using unescorted leave. Patients were supported to describe their current mood and how they would be using leave that day. This helped staff identify trends with medicines concordance, discussion within community meeting regarding respect for peers and not bringing in items for each other, liaising with family members to identify risks/potential risks and discuss their competence/willingness to accept responsibility for patient while on unescorted leave.

## Safeguarding

# Long stay or rehabilitation mental health wards for working age adults

Good 

Staff were trained in safeguarding level two, knew how to make a safeguarding alert, and did so when appropriate.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Discussion took place in community meetings about respecting each other.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. That included working in partnership with other agencies. The hospital worked closely with the local safeguarding team and the hospital manager was the designated safeguarding lead.

## Staff access to essential information

The hospital used a combination of paper and electronic patient records. These were stored safely and accessible to staff.

All information needed to deliver patient care was available to all relevant staff when they needed it and in an accessible form. The use of both paper and electronic systems did not cause staff any difficulty in entering or accessing information.

## Medicines management

Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, recording, disposal) and it was done in line with national guidance. The head of care supported the nursing team and ensured that policies and procedures were followed. There had been a reduction in incomplete paperwork and missing signatures, and medication stock checks were regularly showing no issues.

We reviewed five prescription charts and found these to be in order. There was evidence of high dose monitoring and physical health checks. A separate 'as required' medicines card was in place and patients had individual care plans in place for 'as required' medication.

Staff reviewed regularly the effects of medication on patients' physical health. This included the review of patients who were prescribed antipsychotic medication or lithium. These reviews were in line with guidance from the National Institute for Health and Care Excellence.

## Track record on safety

There had been 14 serious incidents at the hospital in the 12 months prior to inspection. Seven of the incidents involved patients overdosing on medication that had been secreted. Although these did initially meet criteria for a serious incident manager told us that they had been downgraded following the 72-hour report.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff completed a paper form that was then discussed in the morning meeting and reviewed by managers. All incidents were then logged by administrators onto the electronic system. All incidents were reported monthly in managers' meetings and discussed in monthly clinical governance meetings to identify trends and themes.

Staff understood the duty of candour. They were open and transparent, and explained to patients and families when something went wrong.

Staff received feedback from investigation of incidents both internal and external to the service. These were discussed in team meetings and a learning lessons folder was available to staff. The provider produced a regional newsletter containing information on the three hospitals in the local area.

Debriefs were taking place either at the end of the shift on the day the incident occurred or through a reflective practice forum chaired by the psychology team. In these meetings, the staff team were facilitated to discuss incidents or issues or anxieties in supporting patients, and where possible, to identify possible solutions. Any incidents from the previous 24 hours were discussed in handover and morning meetings. This included discussion of any immediate learning, action or change to procedure that may have occurred or needed to occur as a result.

The hospital had a significant number of self harm incidents and learning from this included patients' being subject to mouth checks following medication being administered to reduce the risk to patients. Damage to property was also an issue at the hospital. Learning from these incidents included a review of the exclusion/inclusion criteria, review of observation levels, ensuring debriefs occurred after all incidents and risk assessment of the environment to reduce the ability of patients to cause extensive damage to property.

# Long stay or rehabilitation mental health wards for working age adults

Good 

**Are long stay or rehabilitation mental health wards for working-age adults effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient. All referrals were discussed by the multidisciplinary team before admission. Patients were seen before they were admitted to the hospital to ensure suitability. Each patient had a self-assessment on admission. A separate physical health assessment was completed which included a nutritional screening tool and patients had access to a well women's clinic.

Staff developed care plans that met the needs identified during assessment. We reviewed five care plans and found that these were easy to read and navigate. Care plans were reviewed monthly and included personal needs, social needs, mental health needs, rehabilitation needs, restrictions on freedom, potential risks and physical health.

Care plans were personalised, holistic and recovery-oriented. Patient requests and views could be seen throughout the care plans. Patients had positive behavioural support plans in place.

## Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by and were delivered in line with National Institute for Health and Care Excellence guidance. Interventions included medication, psychological therapies and support around accessing structured activities and interventions that enabled the patients to acquire daily living skills. Every patient had access to the psychology team who provided an individually tailored treatment plan and case formulation using the five P's model (problems, predisposing, precipitating, perpetuating and protective factors).

Psychologists also delivered sessions which had a dialectical behaviour therapy informed approach. Sessions included distress tolerance, mindfulness, emotional regulation and interpersonal relationships.

Staff ensured that patients' physical healthcare needs were being met, including their need for an annual health check. Staff supported patients to attend the local GP, dentist and hospital if required. The doctor ran monthly physical health clinics and liaised closely with GPs in the community.

Staff supported patients to live healthier lives through participation in smoking cessation schemes, acting on healthy eating advice, managing cardiovascular risks, screening for cancer and dealing with issues relating to substance misuse. A local substance misuse service attended the hospital weekly to support patients and had carried out training with staff. Information on healthy eating, tips for better sleep, benefits of exercise and other healthy living information was displayed around the hospital.

Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes. Staff were using the Health of the Nation Outcome Scales and the Recovery Star.

Staff participated in clinical audit and quality improvement initiatives. An audit timetable was in place which included quarterly engagement/observation audit, monthly health and safety audit, quarterly care audit, quarterly infection control audit, quarterly physical healthcare audit and six-monthly blanket rules audit.

## Skilled staff to deliver care

The team included the full range of specialists required to meet the needs of patients. The hospital had a full-time doctor, nurses, occupational therapists, clinical psychologists, activities coordinators and a range of health care support workers. A pharmacist visited the hospital weekly to complete audits.

Staff were able to identify any issues or trends quickly and ensured this was documented. Management acted upon any discrepancies shown and these were used as learning points within staff meetings.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. Hospital managers had delivered a series of training events around different themes such as understanding personality disorder and hearing voices. The psychologist had offered drop in sessions to staff to give them a greater awareness of the interventions delivered.

# Long stay or rehabilitation mental health wards for working age adults

Good 

Managers provided new staff with appropriate induction to the hospital. This included orientation to the hospital and completion of all mandatory training.

Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings and regular group supervision was taking place.

The percentage of staff that had had an appraisal in the 12 months prior to inspection was 71%. The staff who had not had an appraisal had been at the hospital for less than a year.

The percentage of staff that received regular supervision was 100%. Staff received supervision with their line manager at least every two months and group supervision took place. Staff could meet with psychology staff to look at case reviews.

Managers ensured that staff received the necessary specialist training for their roles. Since the last inspection various training courses had been delivered to staff.

Managers dealt with poor staff performance promptly and effectively. New staff had a probationary period and if performance was not successful then employment was not continued.

## Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary team meetings. Meetings took place every morning and were attended by all disciplines. Staff discussed incidents and changes in the presentation of patients that they were concerned about. The minutes of these meetings were shared with all staff members by email. Staff shared information about patients at effective handover meetings within the team between shifts.

We reviewed care programme approach meeting minutes and saw that patients' home teams and commissioners were invited to meetings and did attend when they could. The provider contacted home teams regularly with information on patients. One home team reported that communication could be improved, and the manager was working to resolve this issue. Clinical commissioning teams had visited the hospital as part of assurance visits and good working relationships existed.

The hospital had good working links, including effective handovers, with primary care, social services, and other teams external to the organisation. Staff had good relationships with the local police who reported that demand on their resource had reduced by 73% in the six months prior to inspection. Before this the police were regularly called to support staff at the hospital due to patient behaviour.

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

The mandatory training module included Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of the inspection 100% of staff had completed the training.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and the Code of Practice. The hospital had a dedicated Mental Health Act administrator.

The provider had relevant policies and procedures that reflected the most recent guidance and staff had easy access to these on the intranet.

Patients had easy access to information about independent mental health advocacy. A regular advocate visited the service twice a week and was present during the inspection. Patients could easily speak with the advocate. The advocate supported patients with understanding meetings, benefits and assisted patients to raise concerns with medicines.

Staff explained to patients their rights under the Mental Health Act as required by section 132 in a way that they understood. This was done at the time of admission and three-monthly after this.

Staff ensured that patients could take section 17 leave (permission for patients to leave hospital) when this has been granted. Staff stored copies of patients' detention papers and associated records (for example, section 17 leave forms) correctly and so that they were available to all staff that needed access to them.

## Good practice in applying the Mental Capacity Act

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards and 100% were compliant with training. Staff were aware of the policy and had access to it and knew where to get advice.

# Long stay or rehabilitation mental health wards for working age adults

Good 

Staff gave patients every possible assistance to make a specific decision for themselves. Staff continuously assessed capacity and where patients lacked capacity they made best interest decisions.

Patients' care and treatment records contained evidence of capacity assessments. These were all related to consent to treatment decisions. The assessments contained clear documentation of the capacity assessment completed and the rationale on the outcome whether a patient was assessed as having or lacking capacity to consent to treatment.

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

Good 

### Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.

Staff supported patients to understand and manage their care, treatment or condition. Meetings took place each morning to encourage patients to take ownership of their day.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. This included support to access support for physical healthcare needs and activities in the community.

Most patients said staff treated them well and behaved appropriately towards them. However, there were mixed responses from patients who felt that staff did not always support them when they were upset.

Staff understood the individual needs of patients, including their personal, cultural, social and religious needs.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

Staff maintained the confidentiality of information about patients.

### Involvement in care

Staff involved patients in care planning and risk assessment. We reviewed five care records and found that patients' views and opinions were consistently included.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties.

Staff involved patients when appropriate in decisions about the service. Regular community meetings took place where patients could raise issues and discuss these with staff. Managers provided feedback to patients on things which could be changed and give explanations for the things which could not be changed.

We reviewed the patient survey results and found that they were not dated, meaning that it was difficult to establish if the results reflected the current state of care on the ward. The results overall were inconsistent, with some results reflecting positive experiences and others where patients had negative responses. Within the results, there were no common themes or reoccurring areas of concern/good practice. The survey only allowed for yes and no answers and some patients had amended the survey to include a 'sometimes' option.

Staff enabled patients to make advance decisions when appropriate. Staff supported patients to express how they would like to be approached when upset or agitated.

Staff ensured that patients could access advocacy. A regular advocate attended the service twice a week and was there at the time of inspection. The advocate reported that most patient concerns were in relation to benefits, medication reviews, section reviews and support around meetings. There were no current concerns in relation to staff or care and treatment in the hospital.

Involvement of families and carers services support carers

Staff informed and involved families and carers appropriately and provided them with support when needed. Families were invited to care programme approach meetings and were spoken with by telephone. A carers' day had taken place a week before the inspection where families were invited to the hospital for the day and

# Long stay or rehabilitation mental health wards for working age adults

Good 

able to look around and speak to staff. Patients were not always from the local area and staff supported patients to stay in touch with families and provided transport for patients to visit family

Staff enabled families and carers to give feedback on the service they received. Managers had developed a carers' training package and were looking at ways to engage with families more.

Carers were provided with information about how to access a carer's assessment.

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

Good 

## Access and discharge

The service had a clear criterion for which patients would be admitted to the hospital. This had been reviewed since the last inspection where patients with acute needs were often admitted to the hospital. Referrals were taken by the provider's nurse assessors and discussed alongside the multi-disciplinary team within 48 hours. The hospital would either accept them or ask for more information if they did not have all the information needed to decide. Managers were clear that they would not take any referrals that were not suitable for rehabilitation services. Patients whose needs could not be met at the hospital were referred or transferred to an acute bed usually within Cygnet.

The hospital was discharge orientated and supported patients to take part on activities that would support them to live independently. Discharge was discussed at admission and discharge planning was a section in the care plan. The average length of stay for patients was 361 days. Two patients were currently on extended home leave to support their discharge. The hospital took referrals from across the country and so patients were often far from home. The hospital received very few referrals from the local mental health trust and so worked with commissioners across the country. Care plans had a

section for discharge planning. There were two patients who had been in the hospital for over one year. Staff were working with home teams and the patients to look at discharge, but this was difficult.

## The facilities promote recovery, comfort, dignity and confidentiality

The service had a range of rooms and equipment to support treatment and care. The hospital was in a large building which had several rooms which patients could use. These included a large communal lounge, a quiet area, a salon, a gym, low stimulus room and activities rooms. The hospital had a large communal area for meal times and a large garden area where rabbits were kept. The hospital was inviting and welcoming with a good use of colour, visuals and posters.

The waiting area was spacious with seating for visitors. A full activities programme was in place led by the occupational therapists and activities team. Activities included arts/crafts, holistic therapies, baking and group work. Morning meetings took place where patients were encouraged to plan their day including any leave. We observed the daily meeting to be patient led and activities for the day were then chosen. The daily activities were then displayed on a board in the dining room so that everyone knew what was happening that day. We observed a recovery café where issues around social media were explored and a gardening group.

Interview rooms had adequate soundproofing. Patients could personalise their bedrooms and had signs on their doors stating their preferences around privacy.

The food was of good quality with a good range of healthy choices. Patients had access to the assisted daily living kitchen where snacks and drinks were available. The door to this kitchen was locked due to individual patient risks and other patients had their own keys.

## Patients' engagement with the wider community

When appropriate, staff ensured that patients had access to education and work opportunities. Staff had developed links with the local college and had identified online learning packages which patients could access. The hospital worked with local community groups and supported patients to attend. However, patient

# Long stay or rehabilitation mental health wards for working age adults

Good 

engagement with the wider community was mixed dependent on motivation. Some patients preferred to wait until they returned to their home area before accessing training and/or education.

Staff supported patients to maintain contact with their families and carers. We saw examples of where staff assisted with transport for patients who were living several miles from home. Patients were supported to contact family member on the phone and a carer open day had recently taken place.

Patients were encouraged to develop and maintain relationships with people that mattered to them, both within services and the wider community

## Meeting the needs of all people who use the service

The service adjusted for disabled patients by ensuring disabled people's access to premises and by supporting patients who had mobility issues. The hospital had a lift and ensured that those who needed it had a ground floor bedroom.

Staff ensured that patients could obtain information on treatments, local services, patients' rights and so on. Patients were provided with a welcome booklet on admission and were provided with information through various community meetings.

The information provided was in a form accessible to the patient group and could be provided in easy-read form for people who needed it.

Staff made information leaflets available in languages spoken by patients and ensured that staff and patients had easy access to interpreters and/or signers.

Patients were asked about dietary requirements when they were admitted, and this was catered for. Patients had access to a multi faith room and the service had links with local services to ensure peoples religious and spiritual needs were met.

## Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns. Information was displayed on notice boards and was given to patients during admission. We reviewed four complaints. They were investigated thoroughly, with external investigators being utilised where appropriate. However, the complaints log did not always include documentation

as to the outcome of the complaint and did not include copies of patient responses throughout the complaint process. The hospital had not received any formal complaints in the previous six months.

When patients complained or raised concerns, they received feedback either in person or through community meetings. Regular patient meetings took place in the hospital.

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

Good 

### Leadership

Leaders had the skills, knowledge and experience to perform their roles. The hospital was well led with managers having a good understanding of the hospital, and patient needs. Managers were visible throughout the hospital including in patient areas and knew exactly what was happening each day.

There had been a significant change to the management of the hospital since the last inspection. Managers were open and honest about the current challenges and how the teams were working to deliver safe care and treatment to patients.

Leadership development opportunities were available, including opportunities for staff below team manager level.

### Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The service had values champions and posters were on display around the hospital, on computer backgrounds, internal email signature, and monthly newsletter.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Discussions were taking place about the potential for half of the hospital becoming an acute unit. Staff and patients had been kept up to date with any discussions at a senior management level.

### Culture

# Long stay or rehabilitation mental health wards for working age adults

Good 

There had been a significant improvement in the culture at the hospital. All staff consistently reported feeling respected, supported and valued. Staff enjoyed the work they did and although challenging felt positive about working at the hospital.

Staff felt able to raise concerns without fear of retribution. There was an open-door policy and staff felt able to speak to managers informally or formally if they needed to. Staff reported that there were no major concerns at the time of the inspection.

Staff knew how to use the whistle-blowing process if required.

Managers dealt with poor staff performance when needed. New staff had a probationary period and we saw that this would not be reviewed if there were concerns about the quality of care delivered. Staff were supported with performance issues when required. Managers dealt with staff issues as they occurred.

Staff appraisals included conversations about career development and how it could be supported. Leadership opportunities were available for staff.

Staff sickness and absence rates were low and there had been a low turnover of staff in the last six months prior to inspection. Staff had access to support for their own physical and emotional health needs through an occupational health service.

## Governance

There were effective governance systems in place to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; patients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from.

There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Monthly clinical governance meetings took place following the seven pillars of clinical governance. The meetings included the consideration of clinical effectiveness, lessons learned and risk management. Within these meetings incident data from the previous month was reviewed to identify themes, trends, lessons learned and any actions still to be undertaken. Information was taken to quarterly regional governance meetings which

allowed learning to be shared across the wider organisation. Staff attended regional operational governance meetings which were attended by service managers from each of the sites. The senior nurse and occupational therapist attended from this hospital.

Staff undertook or participated in clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The provider's quality team completed a full audit twice a year which included thematic reviews.

Staff understood arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

## Management of risk, issues and performance

Staff maintained and had access to the risk register and could escalate concerns when required from a team level. The corporate risk register was reviewed fortnightly by executive managers. The corporate risk register contained risks which were considered to impact Cygnet Health Care company wide and contained updates of actions to mitigate the risks. Risks were raised either top down or bottom up through operational leads. There were no current items on the corporate risk register relating to Cygnet Appletree.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

## Information management

The service used systems to collect data that were not over-burdensome for frontline staff. Managers could use the information to manage the service and staff and had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Information was provided by the regional team in an accessible format, and was timely, accurate and identified areas for improvement.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Patient records were electronic, and paper based and were easy to navigate.

# Long stay or rehabilitation mental health wards for working age adults

Good 

Information governance systems included confidentiality of patient records.

Staff made notifications to external bodies as needed. There was regular contact with safeguarding teams, home teams and CQC for reporting notifiable incidents.

## Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, bulletins, and newsletters. Information was displayed throughout the hospital.

Patients and carers had opportunities to give feedback on the service. Several community meetings took place and

families were encouraged to visit and/or ring the hospital. Patients were informed of any potential changes at the hospital and honest conversations took place about what could and could not be done.

## Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. The senior nurse had researched safe wards and was working with staff and patients to implement this throughout the hospital. Managers supported safe wards in terms of learning and development.

Staff had opportunities to participate in research. The psychologist was currently applying to the University of Teesside to carry out a self-harm research project.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that staff complete the safeguarding level 3 course.