

**Good** 

# Cornwall Partnership NHS Foundation Trust

## Forensic inpatient/secure wards

### Quality Report

Bodmin Community Hospital  
PL31 2QT

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Date of inspection visit: 13 – 17 April 2015

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RJ866	Bodmin Community Hospital	Bowman Ward	PL31 2QT

This report describes our judgement of the quality of care provided within this core service by Cornwall Partnership Foundation NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cornwall Partnership Foundation NHS Trust and these are brought together to inform our overall judgement of Cornwall Partnership Foundation NHS Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

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 / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Bowman Ward, Forensic Secure Ward as **good** because:

- The ward showed collaborative working with patients. They adopted a recovery focused approach to care and had comprehensive and up to date information of patients and risks. There was an embedded multi disciplinary approach to patient care.
- The ward had a range of therapeutic activities and facilities available to support patients recovery.
- The environment was clean. Soft furnishings were in good condition and the décor light. Paintings by patients were hung on the walls.
- There was a good sense of relational security and this was observed in the interactions between staff and patients and through the level of knowledge that staff had about the patients on the ward.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **good** because:

- We reviewed all seven patient records on the day of our visit and we could see that staff undertook a risk assessment of every patient on admission and updated this regularly and after every incident.
- Staff used a recognised risk assessment tool and the risk assessments were subject to review on a regular basis.
- There were no blanket restrictions in place on the day of our visit. Patients were able to access drinks and snacks 24 hours a day and were able to smoke without restriction. We were told that should the risks change on the ward, restrictions may be used but that this would be the least restrictive option possible and for the shortest amount of time.
- There was a well-equipped, homely family and child visiting area on the ward with the facility to have telephone and television conferencing with families for patients whose family were unable to visit.
- Staff told us that they receive debrief and are offered support after serious incidents and we saw evidence of this reflected in supervision records and team meeting minutes.

Good



### Are services effective?

We rated effective as **good** because:

- Care records showed that a physical examination had been undertaken on admission and that there was ongoing monitoring of physical health problems.
- We reviewed all seven care records and they all contained up to date, personalised plans of treatment. We saw how quotes from patients about their plan of care was highlighted in the plan.
- We reviewed medication charts and saw evidence that staff follow National Institute of Clinical Excellence (NICE) guidance when prescribing medication.
- There was a range of psychological therapies available on the ward.

Good



### Are services caring?

We rated caring as **good** because:

Good



# Summary of findings

- Patients spoke highly of the care they receive and we witnessed staff treating patients with respect and dignity
- Staff on the ward had a good understanding and knowledge of individual needs of patients.
- Patients were involved in the planning of their own care and treatment and patients were encouraged to engage with advocacy services.

## Are services responsive to people's needs?

We rated responsive as **good** because:

- We saw a full range of rooms and equipment to support treatment and care. There was a fully functional clinic room to examine patients. There were well equipped activity and therapy rooms available for one to one interactions, social events and a music studio.
- There were quiet areas on the ward and a homely, comfortable room where patients can meet visitors.
- Patients told us that they knew how to complain and would raise their concerns through advocacy or the ward manager.
- The ward had adopted a model of care that focused on the patients recovery. This enabled staff and other multi disciplinary team members to work in a collaborative manner with patients and we saw this reflected in the care records of patients and the relationships we observed between patients and staff.

Good



## Are services well-led?

We rated well led as **good** because:

- Staff knew of the organisation's values and had also formulated their own values for the ward which were patient centred and recovery focused and were in line with and built upon the Trust core values.
- Staff were receiving mandatory training and by the feedback provided by both staff and patients about the high level of care received, this was effective
- All Staff were receiving supervision and receiving annual appraisals.
- Staff we spoke to knew who the most senior managers in the organisation were and we were told there had been an executive visit two months prior to our visit.

Good



# Summary of findings

## Information about the service

Bowman ward was a low secure ward for men with mental health issues who have at some point come into contact with the criminal justice system. Bowman ward was on the site of Bodmin Community Hospital, where there were other adjacent mental health wards.

The ward had 12 ensuite bedrooms and on the day of our visit there were seven patients.

Patients admitted to Bowman ward are detained under the Mental Health Act (MHA). The ward does not admit informal patients.

The ward was entered through an airlock. The door was always locked and the ward operated with a significant but relatively unobtrusive degree of security.

There were many areas for therapeutic activities to take place and a homely, comfortable room for family and children's visiting.

In a separate self-contained part of the ward there was a seclusion room and a de-escalation room.

The ward was staffed by registered mental health nurses and health care assistants (HCAs). There was a full time clinical psychologist and occupational therapist (OT), with a dedicated consultant psychiatrist and medical team. On the day of our visit there was one registered mental health nurse, four HCAs and the ward manager on duty.

## Our inspection team

Our inspection team was led by:

**Chair: Michael Hutt, Independent Consultant**

**Head of Inspection: Pauline Carpenter, Head of Hospital Inspection, CQC**

**Team Leader: Serena Allen, Inspection Manager, CQC**

The team that inspected this core service included two CQC inspectors, a Mental Health Act reviewer and a variety of specialist advisors including a consultant psychiatrist, two social workers, and one forensic nurse specialist.

## Why we carried out this inspection

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

## 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 these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited Bowman Ward.
- Spoke with 6 patients who were using the service.
- Spoke with the manager and service manager for the ward.

# Summary of findings

- Spoke with 8 other staff members; including doctors, nurses and social workers.
- Attended and observed one multi-disciplinary meeting.
- Looked at 7 treatment records of patients using the service.
- Carried out a check of the medication management on the ward
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

On the day of our visit we spoke to four patients who spoke highly of the service provided on Bowman Ward. They described staff as being kind and respectful and that they felt supported and listened to by the wider multi disciplinary team, including doctors, psychologists and occupational therapists.

Although we did not speak with any visitors, families or carers on the day of our visit, we did see examples of statements made by family members on post discharge feedback forms including “our son received excellent care and support”. These reflected the effect the care, time and approach had on patient’s recovery and discharge into the community.

## Good practice

The ward was a member of the Forensic Quality Network Group. This is a network of professional and patient representatives who have experience of forensic services within both a professional and personal capacity, who seek to benchmark quality standards of forensic healthcare.

The Forensic Quality Network had recently published an article in its newsletter, highlighting the effectiveness of the wards recovery model in supporting patients in successful discharge

## Areas for improvement

### Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- Due to the unsuitable design of the current seclusion suite, the Trust should consider improvements being made so that patients’ do not have to be removed from the seclusion room in order to use toilet facilities.
- The trust should consider their ligature risk monitoring and how actions are addressed in the event of admission of patients with a higher risk of self harm. Patients currently resident on Bowman Ward were settled and were identified as low risk of self harm through ligature use.
- The trust should consider how to address the unresolved concerns regarding the quality of food on Bowman Ward and ensure that when escalated to a more senior level, that feedback for patients is received and actions to address the patient complaints completed.



# Cornwall Partnership NHS Foundation Trust

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bowman Ward	Bodmin Community Hospital

#### 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.

- Legal documentation was easily located and all detentions appeared compliant with MHA law.
- We viewed documentation for the Ministry of Justice and found this to be in order and accessible.
- Patients we spoke to on the day of our visit told us that they were aware of their rights. One patient told us that he receives information regarding his rights under the Mental Health Act every six weeks routinely.
- Section 17 forms had excellent detail about risk in relation to the care plan. Some patients were restricted by ministry of justice conditions but where leave was available there was plenty of opportunity to use the time allowed. Patient signatures were on the forms.

- We found an example of good practice for a patient who had been previously in a hospital outside of this trust. There was a certificate of consent (T2 form) in place but the patient's capacity to consent was reviewed on admission and Section 62 implemented as a result and a Second Opinion Approved Doctor (SOAD) visit requested by the responsible clinician (RC).
- Reminders and other correspondence from the Mental Health Act office to prompt renewals and compliance with the MHA showed that the administration was responsive and effective.
- All seven patients were subject to consent to treatment. Of the seven patients, two were subject to certificate of second opinion (T3) and five were subject to certificate of consent (T2). We found that both of the T3 certificates were in order. We did find error with four T2 documents, including missed deletions, address details, wrong British National Formulary (BNF) categories and administration routes of medications.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were trained in and had a good understanding of MCA 2005 and we saw records to support this.
- There was a policy on MCA including DoLs which staff were aware of and were able to refer to.
- For people who might have impaired capacity, capacity to consent was assessed and recorded appropriately. This was done on a decision-specific basis with regards to significant decisions, and people were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it.
- Staff knew where to seek advice regarding MCA including DoLs within the Trust and there were well established links with the Mental Health Act Office and administrator.
- Staff told us that how they would make an application for Deprivation of Liberty Safeguards, however there were no patients on the ward at the time of our visit where this applied.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

Please see summary at beginning of report.

## Our findings

### Safe and clean environment

- The ward layout did not allow staff to observe all parts of ward. To mitigate this risk and help reduce the level of potentially harmful events that may occur (for example, acts of aggression and or self harm) staff undertook observations of patients and were aware of where patients were. CCTV had also been installed to assist with areas that were not visible to staff.
- The ward was not entirely ligature risk free, however ligature risks had been identified and this was reflected in the environmental risk assessments. Where patients were at increased risk of ligature and harm, this had been identified in care plans. The current patient group were in the rehabilitation stages of their care. The trust were in the process of assessing patients who were in a more acute phase of their treatment. The current ligature processes is not suitable for those patients not in rehabilitation. For example the telephone was not in a line of site, had no CCTV and cable were accessible on the ward. The activity rooms were not in line of site and could be barricaded from inside. The curtain rails in the rooms and bathrooms were not anti-ligature.
- There was a fully equipped clinic room with accessible resuscitation equipment available. The equipment and emergency drugs were checked regularly and we saw records to confirm this.
- The seclusion room did not allow for clear observation due to the room design and the observation windows within the seclusion door[LM1]. The toilet facilities were not integral to the seclusion room and were a separate facility next door. This meant patients would have to leave the seclusion room to access the toilet, increasing the risk of harm to themselves and staff who were observing patients throughout their period of seclusion.
- The ward areas were clean and had good furnishings that were well-maintained.

- Environmental risk assessments were undertaken very regularly and routinely. The ward had been actively addressing ongoing estates issues with the site's owners using the assessments and audits. Several issues remained and re-appeared on the audits such as seclusion areas doors and air lock malfunction. The delays in estates issues were out of the control of the trust due to PFI owned contracts.
- We saw records to show that audits around the prevention and control of infection and cleanliness of mattresses were completed as a matter of routine and that actions were addressed.
- Staff carried personal alarms and nurse call systems were present in the rooms and en suite facilities. Fourteen new alarms were on order to ensure that visitors had alarms available.
- We saw records and patients told us that they have regular one to one time with their named nurse.
- Escorted leave or ward activities were rarely cancelled because of problems with staffing. On the day of our visit most patients had left the ward for other activities and were volunteering on a local farm.
- On the day of our visit, there were enough staff to safely carry out physical interventions with patients. We were told that staffing numbers were good on the ward and we saw records to support this.
- There is adequate medical cover day and night and a doctor can attend the ward quickly in an emergency.

### Safe staffing

- We saw records to show that agency staff were not used. When additional staffing was required the ward tried to use either their own staff or a core group of bank staff to fill staffing deficits. We looked at the ward roster and were able to see that there were few vacancies and or the need for agency staffing. The ward due to a reduction in occupied beds from 12 to seven on the day of visit, was still operating on its core number of seven staff, giving a ration of one to one care.
- The ward manager was able to adjust staffing levels daily to address patient needs and clinical demand.
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- We saw records and patients told us that they have regular one to one time with their named nurse.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Escorted leave or ward activities were rarely cancelled because of problems with staffing. On the day of our visit most patients had left the ward for other activities and were volunteering on a local farm.
- On the day of our visit, there were enough staff to safely carry out physical interventions with patients. We were told that staffing numbers were good on the ward and we saw records to support this.
- There is adequate medical cover day and night and a doctor can attend the ward quickly in an emergency.
- Staff were receiving mandatory training and by the feedback provided by both staff and patients about the high level of care received, this was effective. Of the 31 staff on the ward required to undertake statutory and mandatory training in 48 subjects, 19 subject areas were 100% compliant. This included care planning, clinical risk assessment, medication management and Safeguarding children Level 2. 10 areas were 90% compliant and above this included physical health monitoring and observations, food hygiene and the Mental Health Act. 4 subject areas were 80% and above compliant. This included medication administration additional safeguarding adults level 1. 8 subject areas were 70% and above compliant in fire safety, moving and handling and hand hygiene. The remaining 7 subject areas were 69% and below compliant and was mainly around other safeguarding issues such as domestic abuse and safeguarding adults against radicalisation (PREVENT).
- The trust operated a policy observations of patients and the searching of patients and we saw evidence that both were policies were being adhered to.
- Staff told us that restraint is only used after de-escalation and we saw care plans that supported that this would be the case in the event of a critical event.
- There was a rapid tranquilisation policy in place that followed NICE guidance.
- We were told and we did not find any records to the contrary to show that seclusion had not been used in the past 18 months. However, the seclusion room did not conform to best practice guidance for seclusion environment. The toilet facilities were separate to the seclusion room and the observation through the door was limited.
- We did not review records for seclusion as there was no patient currently on the ward who had been secluded at any time during their stay.
- Staff were trained in safeguarding and told us how to make a safeguarding alert and whom to contact when necessary.
- The ward manager was able to demonstrate a good understanding and knowledge of all ongoing safeguarding incidents.
- There was good medicines management practice on the ward. Medicines were stored of and disposed of appropriately. We saw evidence in records of medicines reconciliation being considered.
- Falls assessments were routinely undertaken on the ward.

## Assessing and managing risk to patients and staff

- We reviewed all seven patient records on the day of our visit and we could see that staff undertook a risk assessment of every patient on admission and updated this regularly and after every incident.
- Staff used a recognised risk assessment tool and we saw an example of a running catalogue of low level risks that was up to date and subject to review on a regular basis.
- There were no blanket restrictions in place on the day of our visit. Patients were able to access drinks and snacks 24 hours a day and were able to smoke at their leisure. We were told that should the risks change on the ward, restrictions may be used but that this would be the least restrictive option possible and for the shortest amount of time.
- There were no informal patients on the day of our visit; however we saw signage informing informal patients of their rights.
- There was a well-equipped, homely family and child visiting area on the ward with the facility to have telephone and video conferencing for patients whose family were unable to visit.

## Track record on safety

- We saw records to show that information about adverse events specific to Bowman Ward were entered onto an electronic data base and were subject to investigation.
- In the past 12 months, Bowman had experienced two serious incidents, one resulting in low harm to an individual and one of no harm to an individual.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

## Reporting incidents and learning from when things go wrong

- All staff we spoke to knew what report and how to report. Staff demonstrated to us their use of the electronic reporting system.
- We saw an example of an incident surrounding Section 17 leave where a number of patients had previously absconded. These incidents had been reported using the correct incident reporting systems which were electronic. All absconsions were recorded and investigated in line with serious incidents procedures. All incidents were taken to the monthly service line meeting and evidence of cross ward learning was seen.
- Staff told us that they received feedback from investigations of incidents both internal and external to the service and we saw evidence of this in team meeting minutes.
- Staff told us that they receive debrief and are offered support after serious incidents and we saw evidence of this reflected in supervision records and team meeting minutes.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

Please see summary at beginning of report.

## Our findings

### Assessment of needs and planning of care

- We reviewed all seven care records held on the ward and we saw evidence of comprehensive and timely assessment completed after admission and thereafter.
- Care records showed that a physical examination had been undertaken on admission and that there was ongoing monitoring of physical health problems.
- All seven care records and they all contained up to date, personalised plans of treatment. We saw quotes from patients about their plan of care was highlighted in the plan.
- Clinical records were held within an electronic system therefore were secure and accessible to staff.

### Best practice in treatment and care

- We reviewed medication charts and saw evidence that staff follow NICE guidance when prescribing medication
- There was a range of psychological therapies available on the ward including exploring offending behaviour. There was a psychologist who worked full time for the ward and was situated within the ward environment itself.
- There was good access to physical healthcare, including access to specialists such as dieticians and physiotherapists.
- We reviewed all seven records and saw that staff used recognised rating scales such as HONOS, to aid with risk assessment and treatment planning.

### Skilled staff to deliver care

- There was a full range of mental health disciplines and workers providing input to the ward. This included occupational therapists, psychologists, social workers and the community forensic team. Most of these professionals were based on the ward providing direct access to these services.
- Staff were experienced in forensic healthcare. They were qualified, trained, supervised, appraised on a regular and routine basis and were having regular team

meetings. Staff had a good awareness of the principles outlined in 'See, think, act: your guide to relational security' and were able to explain their understanding of the relationship between procedural, physical and relational security described in the Department of Health publication.

- Staff performance issues were addressed promptly and effectively and the ward manager was able to inform us of processes followed in such cases.
- New staff received a Trust corporate induction when first employed. Bowman ward would then deliver a more localised induction to new starters, including bank and agency staff that orientated staff to the ward.

### Multi-disciplinary and inter-agency team work

- We did not observe any handovers on the day of our visit due to no changes of staff on that day, however we saw evidence to show that effective information sharing was occurring by use of multi disciplinary meetings and electronic records. For example, there was an active and live electronic system for detailing low risk events.
- We observed a ward round which was open and professional and inclusive of the patients who were able to contribute to their own plan of care with a range of professionals.
- The ward round we observed was attended by staff from the community forensic team. Where applicable, patients told us that they felt supported by the community staff and had regular one to one meetings where community staff were involved in their care.

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

- Legal documentation was easily located and all detentions appeared compliant with MHA law.
- We viewed documentation for the Ministry of Justice and found this to be in order and accessible.
- Patients we spoke to on the day of our visit told us that they were aware of their rights. One patient told us that he receives information regarding his rights under the Mental Health Act routinely, every six weeks.
- Section 17 forms had thorough detail about risk in relation to the care plan. Some patients were restricted by Ministry of Justice conditions but where leave was available there was plenty of opportunity to use the time allowed. Patient signatures were on the forms.
- We found an example of good practice for a patient who had been previously in a hospital outside of this trust.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

There was a certificate of consent (T2) form in place but the patient's capacity to consent was reviewed on admission and Section 62 implemented as a result and a Second Opinion Appointed Doctor (SOAD) visit was requested by the responsible clinician (RC).

- Correspondence and reminders from the Mental Health Act office to prompt renewals and compliance with the MHA showed that the administration was responsive and effective.
- All seven patients were subject to Consent to treatment. Of the seven patients, two were subject to certificate of second opinion (T3) and five were subject to certificate of consent (T2). We found that both of the T3 certificates were in order. We did find errors with four T2 documents, including missed deletions, address details, wrong British National Formulary (BNF) categories and administrations routes of medications.

- There is a policy on MCA including DoLs which staff were aware of and were able to refer to.
- For people who might have impaired capacity, capacity to consent is assessed and recorded appropriately. This is done on a decision-specific basis with regards to significant decisions, and people are given every possible assistance to make a specific decision for themselves before they are assumed to lack the mental capacity to make it.
- Staff knew where to seek advice regarding MCA including DoLs within the Trust and there were well established links with the Mental Health Act Office and administrator.
- Staff told us that how they would make an application for Deprivation of Liberty Safeguards, however there were no patients on the ward at the time of our visit where this applied.

## Good practice in applying the Mental Capacity Act

- Staff were trained in and had a good understanding of MCA 2005.

# Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

Please see summary at beginning of report.

## Our findings

### Kindness, dignity, respect and support

- On the day of our visit, we observed many interactions between staff and patients that were respectful, good humoured, warm and professional.
- Patients spoke highly of the care they received and told us that staff always treated them with respect and dignity.
- Staff on the ward had a good understanding and knowledge of individual needs of patients.

### The involvement of people in the care that they receive

- We saw detail within care records which showed patients had been provided information about their inpatient stay on admission to the ward.

- We observed patient involvement in all seven care records that showed active participation in care planning. This was not always the case in relation to risk assessments within care records. On some occasions, risk assessments were completed initially without patient involvement, however, following this, the risk formulation and information was discussed with patients within the ward round that we observed.
- There was access to independent mental health advocacy (IMHA) and there was a named advocate who worked closely with the ward.
- Patients told us that their families were involved, with their consent, in their care. We saw in the family visiting room that there were video conferencing facilities for patients whose families were unable to visit often or at all.
- We saw evidence that community meetings were held with the patients on a regular basis



# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

Please see summary at beginning of report.

## Our findings

### Access and discharge

- Beds were limited for patients requiring access to forensic inpatient services within the area due to small size of the forensic service. However, on the day of our visit there were five empty beds available for admission should they be required. In the past two years, 2013-2014 to date, we observed records that showed that 23 patients had been admitted to the ward and that 28 patients had been discharged.
- Transfers and discharges occurred during an appropriate time of day.

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

- We saw a full range of rooms and equipment to support treatment and care. There was a fully functional clinic room to examine patients. There were well equipped activity and therapy rooms available for 1:1 interactions, social events and a music studio.
- There were quiet areas on the ward and a homely, comfortable room where patients could meet visitors.
- Patients were able to make a phone call in private.
- There was access to outside space. The staff and patients took care of the gardens themselves. There were areas for patients to grow their own vegetables in a 'green house'.
- Patients were able to make hot drinks and snacks 24 hours a day and had free access to this facility.
- Patient's bedrooms were personalised with pictures of families and other personal items and all of the bedrooms were en suite.
- We saw patients engaged in activities on the ward and on the day of our visit some patients had taken escorted leave to attend a nearby farm where patients undertook volunteering work.

- Patients that we spoke to told us that they did not like the food as it was of poor quality. The ward sometimes supplemented meals with group cooking sessions and hot brunch prepared on the ward. Patients had been raising the quality of food in their community meeting for over a year and it had been escalated without response.

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

- We found lots of information around the ward about services such as patients' rights and how to complain and there were leaflets available in different languages and formats.
- We saw menus with a choice of foods to meet dietary requirements of religious and ethnic groups.
- There was a spirituality team located within the trust and patients could make requests for visits from representatives of a variety of religious faiths.

### Listening to and learning from concerns and complaints

- Patients told us that they knew how to complain and would raise their concerns through advocacy or the ward manager. We saw minutes of patients meetings which showed that where complaints had been raised, resolution had been sought, for example, requests for improved soft furnishings.
- Staff knew how to handle complaints appropriately and we able to tell us how they would support patients raising concerns.
- Patients that we spoke to told us that they did not like the food as it was of poor quality. The ward sometimes supplemented meals with group cooking sessions and hot brunch prepared on the ward. Patients had been raising the quality of food in their community meeting for over a year, and although ward staff had taken this issue further, it had been escalated without response from more senior managers.[LM1]
- In the past 12 months there had been three complaints made regarding services at Bowman ward and or about services affiliated with Bowman ward. None of these three complaints were upheld.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

Please see summary at beginning of report.

## Our findings

### Vision and values

- Staff knew of the organisation's values and had also formulated their own values for the ward which was patient centred and recovery focused.
- Staff we spoke to knew who the most senior managers in the organisation were and we were told there had been an executive visit two months prior to our visit.

### Good governance

- Staff were receiving mandatory training and by the feedback provided by both staff and patients about the high level of care received, job related training was effective.
- Staff were receiving supervision and receiving annual appraisals and we saw records which confirmed this.
- On the day of our visit there had been only one RMN in addition to the ward manager, we were told that this was a rare occurrence and records we saw supported that.
- We saw evidence in records to show that incidents are reported, using the trust reporting system.
- Safeguarding, MHA and MCA procedures were followed on the ward and staff were able to tell us their level of understanding of each.

- The ward manager told us that they had sufficient authority within the ward to respond to clinical demands and administration support was in place and effective.
- The ward manager was able to add items to the service line's risk register, which highlighted ward based risks and actions to higher level management.

### Leadership, morale and staff engagement

- Sickness and absence rates were low and we observed staff rotas to show that this was the case.
- The ward manager told us that there were no current cases of bullying and harassment .
- Staff knew how to use the whistle-blowing policy and told us that they would do so if necessary in order to safeguard patients against bad practice and service delivery.
- Staff told us that they feel able to raise concerns without fear of victimisation and staff told us that they would be supported by the ward manager in doing so.
- Staff told us that they enjoyed their work. Morale was high and staff told us that they had great job satisfaction and a sense of empowerment on the ward.
- We observed on the day of our visit team working and mutual support amongst the staff and the staff that we spoke to told us that they enjoyed the work that they do.

### Commitment to quality improvement and innovation

- The ward was involved in the Forensic Quality Network Initiative for Low Secure Services, which aimed to provide benchmark standards to improve the quality of patients experience in low secure services.