Suttons Manor

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?	Requires improvement
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 Suttons Manor as good because:

- Staff protected patients from avoidable harm and abuse, through defined systems, training and processes. Staff took a proactive approach to reporting safeguarding concerns and the designated safeguarding officer wrote detailed and person-centred investigation reports. Staff showed openness and transparency when things went wrong.
- Senior management shared lessons learned with all staff through bulletins, emails and 'learning from experience' monthly meetings.
- Managers planned staffing in advance to ensure safe staffing as per the needs of the patients. The provider used bank and agency staff familiar with the service to fill all shifts and both bank and agency staff received the same induction and training as regular staff.
- Staff completed comprehensive needs assessments. Staff assessed, monitored and reviewed risks to patients regularly. Staff completed detailed risk assessments and included positive behaviour support plans for each patient to manage risk in the least restrictive way.
- The provider reported all low-level incidents and had a low seclusion rate, with only one seclusion taking place in the between December 2018-March 2019. Staff managed incidents well and in the least restrictive way by using de-escalation techniques which resulted in a low number of incidents resulting in harm.
- Patients found staff to be compassionate and caring. Patients felt able to raise concerns and enjoyed the opportunities available to them such as; recovery college, first aid, metal detecting courses and real work opportunities ranging from shop assistant work to photography. Managers considered patient needs when planning and designing services which included a horticulture project which allowed them to grow and sell their own vegetables.

However:

- The décor in some areas was in a poor state of repair. Floors were sticky and walls had peeling paint and some bedroom doors had viewing panels that other patients could open.
- Staff did not always act on patient complaints and concerns raised in community meetings. We saw evidence of patients raising concerns around the bad smell within the hospital which had not been actioned during our inspection. Patients also asked for kitchen staff to attend meetings, but this had not been actioned either
- The provider supplied data which reported 82% staff compliance with supervision, however the quality of supervision records was poor. Supervisees had not signed 44 out of 48 supervision records. Supervision templates did not provide a standard agenda of topics to discuss and records were therefore inconsistent in the detail they provided.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Good 	see summary for details.

Summary of findings

Contents

Good

Suttons Manor

Services we looked at
Forensic inpatient or secure wards

Summary of this inspection

Background to Suttons Manor

Suttons Manor is a specialist forensic service that provides treatment for mentally disordered men with a mental illness and/or personality disorder often referred for care by the criminal justice system.

The service has 26 beds. Care is provided over two wards.

Westleigh Heights ward is a low secure service providing care for adults aged over 50 years. There are 13 beds on this ward and at the time of inspection, all the beds were occupied.

South Weald ward provides a specialist low secure forensic inpatient service to those aged over 50 years. This ward also had 13 beds and at the time of inspection all were occupied.

The service has a registered manager. The location is registered to provide the following registered activities;

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

This service was last inspected by the CQC in 2018. We identified a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008, relating to the provider not identifying all ligature anchor points in the ligature risk assessment or mitigating the risks of all identified points, and staff not documenting all identified risks within patient risk assessments. During this inspection, we found the provider had addressed our concerns.

Our inspection team

The team that inspected the service included of three CQC inspectors and a specialist advisor who has experience working in forensic services.

Why we carried out this inspection

We inspected this 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 the location, 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 the two wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with four patients who were using the service;
- spoke with the registered manager and managers for each of the wards;
- spoke with 13 other staff members; including doctors, nurses, health care support workers occupational therapist, psychologist and social worker;
- attended and observed a hand-over meeting;
- looked at 25 medication charts;

Summary of this inspection

- checked two clinic rooms;
- looked at 11 care and treatment records of patients and one seclusion record;
- carried out specific checks on right to work documentation, policies and procedures, supervision and appraisal records, ligature audits, lessons learned, safeguarding investigation reports and the risk register.

What people who use the service say

Patients told us that they were happy with their care and their environment. Patients felt staff were polite and respectful and treated them with dignity. Patients told us that they felt able to complain and that they felt safe in their environment, they were also happy with the food and activities offered to them. Carers told us that staff were polite, kind, and respectful and kept them informed and involved in their loved one's care. Carers told us that staff invited them to regular meetings and updated them on any changes.

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?

Requires improvement 

We rated safe as **requires improvement** because:

- Managers did not ensure that all areas of the ward were well-maintained and clean. The décor in some areas was in a poor state of repair throughout the hospital. Some rooms and corridors had a bad smell. Floors were sticky and walls had peeling paint.
- Four out of 26 bedrooms had doors with viewing panels that patients could open. This impacted on patient dignity and privacy.
- Staff did not sign and date boxes containing large sharps within the clinic room.
- We checked one seclusion record which was the only episode of seclusion the service had between December 2018 to March 2019. Staff did not correctly record timings on observation entries, which made the paperwork difficult to navigate in corresponding clinical entries.

However:

- Staff took a proactive approach to reporting safeguarding concerns and the designated safeguarding officer wrote detailed and person-centred investigation reports.
- Staff showed openness and transparency when things went wrong. Senior management conducted thorough investigations and shared lessons learned with all staff through bulletins, emails and 'learning from experience' monthly meetings.
- Managers planned staffing in advance to ensure safe staffing levels that would meet the needs of patients. The provider used bank and agency staff familiar with the service to fill all shifts. Managers had sufficient authority to bring in more staff if risk levels on the wards increased. The provider ensured bank and agency staff received the same induction and training as permanent staff members.
- Staff assessed, monitored and reviewed risks to patients regularly. Staff completed detailed risk assessments and included positive behaviour plans for each patient to manage risk in the least restrictive way. Start here...

Are services effective?

Good 

We rated effective as good because:

Summary of this inspection

- Staff completed comprehensive needs assessments. Staff used four domains: keeping healthy, keeping connected, keeping well and keeping safe, to create holistic and personalised care plans. Patients with speech and language therapy input had detailed dysphagia plans and dietician support.
- Staff completed physical health examinations on admission and patients received regular input from the physical health nurse on a weekly basis to monitor physical health issues.
- Staff demonstrated good knowledge of the Mental Capacity Act 2005. Staff supported patients to make decisions and obtained consent in line with legislation and guidance. When patients lacked capacity, staff completed time and decision specific mental capacity assessments and best interest decisions in accordance with legislation.
- The provider ensured bank and agency staff received the same induction and training as permanent staff members.

However:

- The provider supplied data which reported 82% staff compliance with supervision, however the quality of supervision records was poor. Supervisees had not signed 44 out of 48 supervision records. Supervision templates did not provide a standard agenda of topics to discuss and records were therefore inconsistent in the detail they provided.

Are services caring?

Good

We rated caring as **good** because:

- Patients found staff to be compassionate and caring. Patients felt able to raise concerns and enjoyed the opportunities available to them such as; recovery college, first aid, metal detecting courses and real work opportunities ranging from shop assistant work to photography.
- Carers and family members felt staff treated patients with dignity and that staff knew about individual patient needs. Carers and family members said staff invited them to meetings and they felt part of their relatives' care.
- Management included staff in interview panels and held regular community meetings where patients could feedback on the service and influence change in their care.
- We observed positive interactions between staff and patients throughout the day and found staff to be understanding of the individual needs of patients.

Are services responsive?

Good

We rated responsive as **good** because:

Summary of this inspection

- Patients knew how to complain and felt staff empowered them to raise issues through meetings and individually with staff.
- All patients had unrestricted access to outside space in the courtyard and zen garden.
- Patients bought their own food and had 24-hour access to hot food and drinks which they could request from staff whilst renovations took place to make the kitchen anti-ligature.
- Patients had access to activities seven days a week including both indoor and outdoor activities. Each patient had an individual timetable that changed on a quarterly basis. The provider had an activities coordinator and an occupational therapist who facilitated activities. Patients could maintain an allotment and plant their own vegetables, run the hospital shop and attend recovery college which provided courses on metal detecting, first aid and horticulture. Patients had access to literacy and numeracy classes run by local teachers, on site to help with basic skills

However:

- Managers and staff did not always act on patient complaints and concerns raised in community meetings. We saw evidence of patients raising concerns around the bad smell within the hospital which had not been actioned during our inspection. Patients also asked for kitchen staff to attend meetings, but this had not been actioned either.

Are services well-led?

Good

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

- Management had commitment towards continual improvement. Managers held a range of meetings to discuss concerns from carers, patients, staff and senior management and minutes described actions being taken to improve the service.
- The provider had 100% compliance with appraisals. Managers created detailed and goal orientated appraisal records.
- The service was very responsive to feedback from patients, staff and external agencies and tried to make changes to rectify issues quickly.
- Managers recognised low morale amongst staff and worked actively with staff to support them and provide more training in areas where they felt least confident.
- There was clear learning from incidents and senior management shared lessons learned with all staff through bulletins, emails and 'learning from experience' monthly meetings.

Summary of this inspection

- Staff creatively attempted to involve patients in all aspects of the service from recruitment to activities.
- The provider had opportunities for staff to develop and progress. The provider had apprenticeship opportunities, a preceptorship programme and facilitated student social worker placements and subsequently employed them if there was a vacancy.

However:

- Managers did not ensure that maintenance of the environment took place as we found evidence of peeling paint, bad smelling rooms and corridors and sticky floors.
- Managers did not have oversight of supervision practice, or the quality of supervision staff received.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- All patients were detained under the Mental Health Act.
- Staff compliance with Mental Health Act training was 90%.
- We reviewed patients' care records and saw that staff informed patients of their rights regularly.
- Staff completed Mental Health Act 1983 documentation appropriately including Section 17 leave forms.
- Second opinion appointed doctors assessed patients' ability to consent to treatment where appropriate and completed the necessary documentation.
- The provider had accessible copies of original Mental Health Act paperwork. The Mental Health Act administrator carried out regular audits to ensure that legal documentation was correct.
- The provider ensured photographs of patients were on their medicine administration records.
- Patients had access to independent mental health advocates.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training was 92%.
- 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.
- There were no patients subject to Deprivation of Liberty Safeguarding.
- Qualified staff described how they would assess a patient's capacity and had knowledge appropriate to their role.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Good

Forensic inpatient or secure wards

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

Are forensic inpatient or secure wards safe?

Requires improvement

Safe and clean environment

- Cleaning records were up to date and showed that staff cleaned the ward environment daily. However, we observed floors to be sticky and some rooms and corridors had a bad smell, there was also peeling paint around the hospital. Patients had raised issues with smell in community meetings prior to the inspection, however bedrooms and corridors still had a bad smell during inspection. Since the inspection, an odour audit had taken place and management has authorised floor replacement if required.
- The layout of the ward allowed staff to observe patients safely. There were blind spots in some areas in the hospital, however, the provider had fitted convex mirrors and managers mitigated the blind spots and allowed clear lines of sight.
- The provider had previously breached Regulation 12 on the last inspection, as managers had not identified all ligature anchor points and had not mitigated the risks of identified points. However, during this inspection, managers had identified all ligature points and managers mitigated the risks appropriately.
- The provider complied with the Department of Health's guidelines on mixed sex accommodation as both wards were all-male.
- Staff at the time of inspection, did not have dementia training. However, care plans and risk assessments covered all needs of the client group and dementia training was due to take place in the coming year.
- The provider had a fully equipped clinic room with accessible resuscitation equipment. Nurses and pharmacists audited medication and emergency drugs weekly. However, we found that staff did not sign and date boxes containing large sharps.
- The provider had one seclusion room for both wards which allowed clear observation and two-way communication between staff and patients. The seclusion room contained toilet facilities and a digital clock to help patients understand the time easily. Staff spoken to during this inspection understood the Mental Health Act Code of Practice definition of seclusion.
- Staff adhered to infection control practices. We observed staff washing their hands throughout the day.
- Patients had access to a nurse call system. These were available in bedrooms and bathrooms.

Safe staffing

- The provider had an establishment of 12 whole time equivalent nurses and 30 whole time equivalent health care assistants. There were three vacancies for qualified nurses.
- Managers provided data that showed average staff sickness of 7% across the hospital.
- The provider had a total number of 11 leavers in the last 12 months, seven of which were clinical staff.
- The provider had four nurses during the day across both wards and five health care assistants. During the night the provider had three nurses and five health care assistants.

Good

Forensic inpatient or secure wards

- The provider used bank and agency staff to fill 515 shifts from December 2017 to November 2018. The provider used bank and agency staff who had previously worked on the wards. Bank and agency staff received the same induction and training as permanent staff.
- Management could adjust staffing levels to meet the needs of patients. The registered manager and staff informed us that if observation levels increased, the provider had extra staff available.
- Staff spent time engaging with patients and there was a nurse present in communal areas of the wards at all times.
- The provider did not cancel escorted leave due to short staffing.
- The provider had appropriate medical cover during the day and out of hours. Doctors followed an on-call rota to provide cover to the service.
- Staff were up to date with mandatory training and training compliance on average was 94%.

Assessing and managing risk to patients and staff

- The provider previously breached Regulation 12 of the Health and Social Care Act 2008 as staff did not always document identified risks within risk assessments. However, during this inspection, we found that staff assessed, monitored and reviewed risks to patients regularly. Staff completed detailed risk assessments and included positive behaviour plans for each patient to manage risk in the least restrictive way.
- There were no episodes of long-term segregation in the last six months.
- The provider had a seclusion policy and there was one episode of seclusion which staff recognised and documented as seclusion, despite it not taking place in the seclusion room. However, we checked one seclusion record which was the only episode of seclusion the service had between December 2018 to March 2019. Staff did not correctly record timings on observation entries, which made the paperwork difficult to navigate in corresponding clinical entries.
- There had been 11 episodes of restraint in the last six months. These were all on Westleigh Heights and involved four different patients. There were no incidents of face down restraint.
- The provider reported all low-level incidents effectively. Between December 2018-March 2019, the provider reported 55 incidents relating to patient on patient violence and aggression. However, 45 of these incidents were low to moderate harm. Staff received training in de-escalation and managed incidents of violence and aggression in the least restrictive manner. The service also had a low rate of seclusion with one episode in the period between December 2018 to March 2019.
- Staff only restrained patients after de-escalation had failed. Staff received prevention and management of violence and aggression training and positive behaviour support training. The provider had two staff on site who were qualified trainers in restraint to assist with restraint or advise staff if necessary.
- Staff had not used rapid tranquilisation in the last 12 months.
- The provider had policies and procedures for the use of observations. The provider used different levels of observations dependant on the level of risk patients posed.
- The provider had a policy on searching patients and staff only searched patients if there was an identified risk.
- Staff completed positive behaviour support plans for all patients and risk assessments which were thorough and comprehensive.
- Staff knew how to address pressure ulcers and falls. Staff also completed falls risk assessments for patients who required it.
- Staff all had access to personal alarms for their own safety.
- The provider had safe procedures for when children and family members visited. There were multiple rooms available for visitation on the grounds.

Safeguarding

- Staff protected patients from avoidable harm and abuse, through defined systems, training and processes. Staff took a proactive approach to reporting safeguarding concerns.
- Staff received face to face safeguarding training for both adults and children. Staff training compliance with safeguarding was 92%.
- We checked three safeguarding reports completed by the hospital social worker and all three reports were thorough, detailed and person centred. The social worker involved patients, and advocates through this process.

Good

Forensic inpatient or secure wards

- The provider had implemented a zero-tolerance policy to violence against both staff and patients. The provider reported all abuse to the police including abuse towards staff.

Staff access to essential information

- Permanent, agency and bank staff all had access to electronic and paper patient records. Staff did not have access to Mental Health Act paperwork in patient care records however, it was available on site and accessible if required.
- All staff could input risks onto the risk register and all staff had access to the electronic incident reporting system.

Medicines management

- Staff stored medication in locked cupboards within the clinic room. We reviewed 25 medication administration records and found staff completed these appropriately and records were clear. The provider used a local pharmacist for medication reconciliation. Both pharmacists and staff audited medication weekly.
- Staff discussed patient medication weekly in the multidisciplinary meetings.
- Pharmacists offered training to staff and patients regarding their medication and provided leaflets in accessible formats to patients.
- Doctors and the physical health nurse closely monitored patients prescribed anti-psychotic medication.
- Staff had not signed or dated opened bags containing large sharps. Some medication was also out of stock but staff had ordered replacements.

Track record on safety

- The provider reported one unexpected death, the investigation of which was ongoing during the inspection.
- The provider reported no other serious incidents.
- The most frequent types of incidents reported were patient on patient assaults which occurred predominantly on South Weald ward. To minimise these incidents, the provider risk assessed each patient and separated patients on different wards to minimise incidents. Staff were aware of potential triggers and used de-escalation techniques quickly to avoid harm.

Reporting incidents and learning from when things go wrong

- Staff knew what to report as an incident and who to report concerns to. The provider had an electronic recording system for incident recording and all staff could access this.
- Staff demonstrated openness and transparency when things went wrong and proactively recorded incidents. Senior management conducted thorough investigations and shared lessons learned with all staff through bulletins, emails and 'learning from experience' monthly meetings.
- Staff received feedback from investigations. Managers offered feedback, debriefs, support and counselling to staff after all serious incidents.

Are forensic inpatient or secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed the care records of 11 patients. Initial assessments lacked detail however, subsequent care plans were robust, detailed and person-centred. Care plans comprised of four different sections: keeping healthy, keeping safe, keeping well and keeping connected. This ensured a holistic look at patient needs.
- These outcome and rating scales included Health of National Outcome Scales and Historical Clinical Risk Management-20.
- Patients with speech and language therapy input had detailed dysphagia plans

and dietary care plans, completed with dietician support.

- Staff completed physical health examinations on admission and patients received regular input from the physical health nurse on a weekly basis to monitor physical health issues such as diabetes. The provider also had a visiting GP and facilitated appointments to the GP practice if patients required this. The provider also had access to a wide range of disciplines such as: a chiropodist, dietician, speech and language therapist and optician.

Best practice in treatment and care

- There was lack of dementia signage on South Weald ward and bedroom door numbers were not clear. The provider tried to accommodate patients with dementia on Westleigh Heights ward, however staff informed us that they would move patients onto another ward due to safety reasons.
- Westleigh Heights ward had braille signage around the ward to assist with meeting the needs of visually impaired or blind patients.
- Privacy and dignity were compromised on the ward as four out of 26 bedroom doors had viewing panels that could be opened by other patients.
- Staff followed guidelines from National Institute for Health and Care Excellence for prescribing medication. We checked the medication cards of 25 patients and spoke to staff who confirmed this.
- The dose of one prescription exceeded British National Formulary limits however, the clinical rationale behind this decision was clear and staff monitored the patient regularly.
- The provider offered psychological therapies such as reminiscence and National Institute for Health and Care Excellence recommended art therapy.
- Staff assessed patients' hydration and nutritional needs. The speech and language therapist and dietician inputted into dysphagia and dietary plans.
- The provider used a range of rating and outcome scales to measure and monitor patient progress. Staff engaged in clinical audits such as risk assessments, medication and care plans.

Skilled staff to deliver care

- The provider employed a full range of disciplines which included: a consultant psychiatrist, speciality doctor, forensic psychologist, mental health nurses, physical health care nurse, health care assistants, occupational therapist, activities coordinators and social worker. The service also had access to: advocates, GP, chiropody, dietician, dental services, optician and speech and language therapist.
- Staff had the necessary qualifications and experience to perform their role. Permanent, bank and agency staff all received an appropriate induction which included reading all policies, completing all mandatory training and a period of assessed shadowing. The induction met care certificate standards which are agreed standards that set out the knowledge, skills and behaviours expected of a role in health and social care.
- All staff received specialist training for working with older patients which included moving and handling training. The provider had also booked staff onto dementia training.
- Managers completed 100% of appraisals in the last year which were detail and goal focussed.
- The provider supplied data which reported 82% staff compliance with supervision, however the quality of supervision records was poor. Supervisees had not signed 44 out of 48 supervision records. Supervision templates did not provide a standard agenda of topics to discuss and records were therefore inconsistent in the detail they provided. However, staff demonstrated good knowledge of patients on the ward and patients spoke kindly of staff so the impact of this was low.

Multi-disciplinary and inter-agency team work

- The provider had regular multi-disciplinary meetings and handover meetings. We attended a handover meeting in the morning which most disciplines attended. During this meeting staff discussed: observation levels, physical health, environmental issues, presentation of patient, mobility, diet, challenging behaviour and medication compliance.
- Staff attended regular team meetings which had standing agenda items, minutes and completed actions.
- The provider had good working relationships both internally and externally. The provider shared information with other agencies such as the local authority and GP and had formal safeguarding meetings with the local authority to discuss incidents.

Adherence to the MHA and the MHA Code of Practice

- Staff informed patients of their rights under the Mental Health Act on admission and then monthly. We reviewed care records that showed staff completed this in line with the requirement of the Act.
- Staff compliance with Mental Health Act training was 90%. Staff we spoke to, had a good understanding of the Mental Health Act and had support from the on-site administrator.
- Patients' medication was authorised on a T2 form where the patient had capacity to consent to treatment and had done so, or a T3 form where they had not consented. These were kept with the patients' medication charts.

Good

Forensic inpatient or secure wards

- The Mental Health Act administrator audited the paperwork on a monthly basis. There were no errors recorded on this audit when checked on inspection.
- Patients had access to independent mental health advocates. The provider used local organisations for the service. Staff displayed information to access the service around the hospital.

Good practice in applying the MCA

- Staff compliance with the Mental Capacity Act training was 92%. Staff demonstrated good knowledge of the Mental Capacity Act 2005. Staff supported patients to make decisions and obtained consent in line with legislation and guidance.
- When patients lacked capacity, staff completed time and decision specific mental capacity assessments and best interest decisions in accordance with legislation. Staff involved patients, carers and advocates when making best interest decisions and documented the rationale well.

Are forensic inpatient or secure wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed staff to be kind and caring to patients on the ward. Staff interacted warmly with patients and patients felt staff treated them with dignity and respect.
- Staff demonstrated knowledge of individual patient needs such as dietary requirements or activity preferences. We observed staff meeting those needs during inspection, by helping patients with mobility and sensory issues.
- Carers and relatives spoke highly of staff and felt they treated their relatives with kindness and respect.

Involvement in care

- Staff orientated patients to the ward and provided new admissions with a patient 'buddy' who could assist them in getting familiar with the ward.
- Staff gave care plans to patients and the patients we spoke with were aware of what their care involved. Staff documented patient involvement within care plans where possible.
- Staff invited patients and carers to all meetings pertaining to the patients' care. The hospital director and consultant psychiatrist were both available for phone calls or meetings if patients and/or carers had concerns.
- Patients had access to advocates specialising in mental health, mental capacity and community advocacy.
- We spoke with two carers who both felt involved and updated in their relative's care. Carers spoke highly of the environment, staff attitude and invitations to meetings.
- Patients were able to have Skype sessions with their family and friends through a dedicated computer.
- The provider regularly hosted 'carer's days' which included barbeques and Christmas meals, for friends and family of patients on a quarterly basis.
- Patients could feedback through a variety of mechanisms such as; patient community meetings, the least restrictive practice group which allowed patients to comment on and give suggestions on least restrictive practices, reflective practice meetings, 'your say' forum, food comments and patient surveys.
- The provider operated a 'you said we did' programme which actioned patient feedback. We observed a new coffee machine on the ward which patients had requested and a gym purchased by the provider for patients.
- The provider offered a range of activities such as the horticulture centre, therapies and community projects to engage patients and provide them with skills and qualifications when discharged. The provider also supported access to real work opportunities such as jobs as photographers and shop assistants and staff helped patients complete application forms.
- Management included staff in interview panels and held regular community meetings where patients could feedback on the service and influence change in their care.

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

(for example, to feedback?)

Good

Forensic inpatient or secure wards

Good

Access and discharge

- Average length of stay on South Weald ward was 990 days and on Westleigh Heights was 1726 days. The length of stay was long due to Ministry of Justice requirements.
- During inspection, the provider had a bed occupancy rate of 100% with two patients on the waiting list.
- Staff did not admit to patients' beds when they were on leave.
- Staff planned patient discharges, so they happened in good time. Staff involved patients, relatives, carers, advocates and future care providers in discharge planning and organised overnight stays and day visits to the new provider. The provider had three patients waiting for discharge. Patients discharges were delayed due availability and eligibility of placements. However, the provider engaged with commissioners and other stakeholders to source placements when they felt patients were appropriate to move on.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had a range of rooms and equipment to support care and treatment. These included: a clinic room with an examination couch to privately assess the patients' physical health, lounges, a gym, quiet rooms, a kitchen and a zen garden.
- Both wards had a private phone call room, however on South Weald ward the room did not have a working telephone but patients had access to mobile phones and cordless ward phone which they could use in the privacy of their own bedrooms.
- Patients had unrestricted access to the courtyard. Patients also had supervised access to the barn, the horticulture shed and wider grounds.
- Staff individually assessed patients to have access to mobile phones and social media.
- The chef provided meal choices and soft diet options to patients. Patients informed us that the food was good.
- Patients could buy their own food, drinks and snacks and store it in the kitchen on the ward. Patients had access to a hot drinks machine in the lounge, however patients did not have unsupervised access to the ward or occupational therapy kitchen for safety reasons.
- Patients had access to healthy food options. Staff facilitated a walking group and gym access for patients to promote a healthy lifestyle.
- Patients had lockable drawers in their rooms and could give valuable items to staff.
- Staff informed us that patients could personalise their own bedrooms if they chose to do so and we saw evidence of this. However, the outer door of four patient bedrooms impacted their privacy, as they had viewing panels which other patients could open.
- Patients had access to activities seven days a week including both indoor and outdoor activities. Each patient had an individual timetable that changed on a quarterly basis. The provider had an activities coordinator and an occupational therapist who facilitated activities. Patients could maintain an allotment and plant their own vegetables, run the hospital shop and attend recovery college which provided courses on metal detecting, first aid and horticulture. Patients had access to literacy and numeracy classes run by local teachers, on site to help with basic skills.

Patients' engagement with the wider community

- The service provided real work opportunities to patients which included: shop assistant work, court yard cleaning, shop manager work, bird feeding and horticultural photography.
- Patients could get involved with wider community projects which provide outdoor learning in a farming environment.
- Doctors granted patients Section 17 leave on a regular basis and staff facilitated regular escorted leave as the provider had a minibus.

Meeting the needs of all people who use the service

- The hospital had ramps for wheelchair access, lifts and disabled bathroom facilities.
- Westleigh ward had braille signage for patients with visual impairments. However, there was a lack of clear room numbers on bedroom doors on both wards. South Weald ward had no dementia signage and though the

provider informed us that it was Westleigh Heights ward admitted that admitted dementia patients, staff we spoke with informed us that patients could move to different wards if there were safety concerns.
- Staff provided patients with leaflets on their care in accessible formats. The provider had good links with interpreting services.
- Patients had access to a multi faith room and the provider had links with local religious groups to facilitate the religious needs of patients.

Listening to and learning from concerns and complaints

- Staff received training in handling complaints. Staff knew how to handle complaints and managers completed investigations. Managers regularly audited the complaints process to ensure it was comprehensive. Patients could raise issues in many ways such as: community meetings, formal complaints route, the informal complaints route and the 'working together' meetings. However, managers and staff did not always act on patient complaints and concerns raised in community meetings. We saw evidence of patients raising concerns around the bad smell within the hospital which had not been actioned during our inspection. Patients also asked for kitchen staff to attend meetings, but this had not been actioned either
- The provider received two formal complaints which were under investigation at the time of inspection and 16 informal complaints raised by one patient. Management shared learning from complaints. Patients and carers knew how to make complaints and we saw evidence of this on inspection. The provider displayed leaflets on how to complain on both wards and in the reception area.
- Staff received feedback on the outcome of complaints and managers shared any lessons learned through emails, bulletins and 'learning from experience' monthly meetings.

Are forensic inpatient or secure wards well-led?

Good

Leadership

- Leaders had a good understanding of the service they managed. The hospital director (who was also the registered manager) and clinical director worked well together with staff and patients. Leaders knew the names of each patient and both staff and patients spoke highly of the senior management team.
- Staff knew who the most senior managers in the organisation were and felt all managers were approachable.
- The provider did not have any cases of bullying and harassment.
- Staff had the opportunity to feedback on services through the provider's 'you said we did' programme and 'your say' forums. Staff were also able to feedback through staff engagement surveys. We saw evidence of staff suggestions being actioned by the senior management team who wanted to retain staff members and make them feel valued.

Vision and strategy

- Staff from all disciplines were aware of the organisation's visions and values. We observed staff behaviour and it reflected the provider's values.
- The senior management team had successfully implemented a number of changes in a short space of time such as: reducing restrictive practice, increasing training compliance, reducing ligatures, reducing vacancies and embedding policies. Staff felt managers communicated change well and they enjoyed working for the service.
- Staff demonstrated understanding on the service's approach to rebuilding patients' confidence and support them becoming more independent.

Culture

- Staff, through the most recent staff survey, reported they found their work interesting and challenging. Staff also reported feeling valued and recognised within the service.
- Staff we spoke with, spoke highly of the service and of the senior management team.
- Staff were open, honest and transparent. Staff explained to patients when things went wrong and referred to advocacy to help with this.
- Staff were aware of the whistleblowing process. Staff felt confident in using the policy if they needed to and did not fear victimisation if they raised concerns.

Good

Forensic inpatient or secure wards

Governance

- Managers did not have sufficient oversight of the quality of supervision being provided to staff. The provider supplied data which reported 82% staff compliance with supervision, however the quality of supervision records was poor. We reviewed 48 supervision records and all records lacked detail. In one record, a manager had used unsupportive language.
- The provider had a dashboard system in place to monitor compliance with training and other key performance indicators, so they were able meet deadlines.
- Staff were transitioning from a previous provider to the current provider. Staff felt there was too much paperwork with the new provider and they could not spend as much time with patients as they would want.
- Staff participated in clinical audits such as medication audits, care plan audits, Mental Health Act paper work audits and risk assessment audits.
- The senior management team would regularly meet and senior managers completed 'quality walk rounds' to meet staff and patients.
- Staff learned from incidents and formal complaints and managers shared learning via emails, bulletins and 'learning from experience' monthly meetings. Staff had access to folders on both wards containing lessons learned.
- Staff followed Mental Health Act procedures and the administrator audited Mental Health Act paperwork regularly. However, we checked one seclusion record which was the only episode of seclusion the service had between December 2018 to March 2019. Staff did not correctly record timings on observation entries, which made the paperwork difficult to navigate.
- Senior managers used key performance indicators to assess team performance such as training and supervision targets.
- The registered manager had sufficient authority to perform their role and received regular supervision and support.

Management of risk, issues and performance

- All staff had the ability to submit items to the provider's risk register and managers discussed items on the risk register at clinical governance meetings. We saw minutes of these meetings which included a full agenda and actions.
- Managers had the support of a human resources officer on-site and wider support from the regional human resource director. Managers were aware of how to support staff and manage their performance when required.
- The provider had robust and up to date safeguarding policies and procedures and demonstrated joined up working with the local authority.
- The provider was undertaking renovation work on the wards to improve bathrooms, heating issues and reduce ligature anchor points.

Information management

- The provider securely maintained electronic and paper files on patients and staff. Staff stored paper files in locked cupboards and electronic files required staff login details and passwords.
- All staff, including bank and agency staff, had access to the information they needed to provide safe and effective care.
- Managers had easy access to information relating to complaints, compliments, training compliance and staff sickness.
- Employment records were robust and up to date containing interview notes, references, Disclosure and Barring Service certificate numbers and fully completed right to work checks, signed by human resources staff.

Engagement

- Managers encouraged patient, staff and carer feedback through a variety of groups, forums and surveys. Managers actioned suggestions quickly and shared learning across both wards.
- Managers chaired a 'your say' forum to ensure managers received staff feedback. The hospital director provided weekly updates on the service, emailed directly to staff.
- Managers provided staff with rewards on a monthly basis which included providing donuts, an ice cream van, tea parties and barbeques, to help them feel valued at work.
- The hospital engaged with external stakeholders regularly, such as commissioners, and shared good practice with other services.

Learning, continuous improvement and innovation

Good

Forensic inpatient or secure wards

- Suggestions for improvements made by staff, patients and carers were always actioned where possible and cost was not a barrier. For instance, patients requested a coffee machine and gym which we saw on the ward.
- The provider prioritised the retention of staff by offering development opportunities and ongoing learning.

Outstanding practice and areas for improvement

Outstanding practice

The provider equipped patients with real work experience by providing job opportunities ranging from being a shop manager to a horticultural photographer.

Patient activities and community presence was strong. Patients could maintain an allotment and plant their own vegetables, run the hospital shop and attend recovery college which provided courses on metal detecting, first aid and horticulture.

Areas for improvement

Action the provider MUST take to improve

- The provider must improve the décor and cleanliness of the ward environment.
- The provider must ensure that viewing panels on doors cannot be opened by other patients.

Action the provider SHOULD take to improve

- The provider should record observation timing entries on seclusion records accurately.
- The provider should ensure that patient concerns and complaints are acted on.
- The provider should clearly display numbers on bedroom doors and ensure there is dementia friendly signage on both wards, not just one.
- The provider should ensure that all managers are providing regular, quality supervision to staff that is supportive, clear and detailed to address the needs, performance and wellbeing of staff

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Patient privacy and dignity for patients was not fully protected. Viewing panels on four bedroom doors could be opened by other patients. This was a breach of regulation 10 (2) (a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The environment was poorly maintained and unclean. Corridors and some bedrooms had a bad smell, floors in some bedrooms were sticky and the hospital had peeling paint in some areas. This was a breach of regulation 15 (1) (a) and (e) and 15 (2)