

# Chadwick Lodge

## Quality Report

Chadwick Drive  
Eaglestone  
Milton Keynes  
Buckinghamshire  
MK6 5LS  
Tel: 01908 593000  
Website: [www.priorygroup.com](http://www.priorygroup.com)

Date of inspection visit: 8 - 10 September 2015  
Date of publication: 21/01/2016

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 Chadwick Lodge (which includes the wards at Eaglestone View) as good because:

- Ninety-five percent of staff were up to date with mandatory training.
- All wards were clean and well maintained.
- All patients received detailed risk assessments and associated risk plans that were individualised and person centred.
- The assessment of patients' needs and planning of their care was individualised and had a focus on recovery. Physical healthcare assessments and associated plans of care were thorough and consistently delivered to a high standard.
- There was evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the associated Codes of Practice.
- Patients had good access to psychological therapy, particularly therapy that addressed offending and self-harm behaviours.
- Many patients were complimentary about the staff who provided the service on all of the wards, even when restrictions were in place in relation to those patients' care and treatment.
- Staff were caring and motivated and we saw good, professional and respectful interactions between staff and patients.
- Initiatives were implemented to involve patients in their care and treatment. These included the 'my shared pathway' recovery approach to care planning and daily ward briefings with all patients and staff.
- A number of innovative initiatives were implemented to involve patients in bringing about improvements.
- The systems for managing the most appropriate use of beds to meet patients' needs were effective. There was a clear care pathway through the service from medium secure wards to the least restrictive environments.
- Staff provided the service in a way that assisted patients' recovery and comfort.
- Patients told us that the therapeutic activities available were creative, assisted in their recovery and were available over seven days, every week.

- Patients had access to a variety of voluntary work opportunities within the hospital. This work was particularly helpful for patients whose significant restrictions meant that they were not permitted to leave the hospital.
- Staff said morale was good and most staff we spoke to were enthusiastic and engaged with the care and treatment of patients on the wards.
- The senior management and clinical teams were visible. Patients and staff knew the senior management team well throughout the service. Patients individually commended the kindness and responsiveness of the hospital director and his deputy, the clinical services manager.
- Staff recruitment and retention scored highly on both the Chadwick Lodge and Priory Group risk registers. These risks had been mitigated which meant the provider had a strong action plan in place to address the issues.
- The ward managers had good access to governance systems that enabled them to monitor and manage the wards safely and effectively and provide information to senior staff in a timely manner.

However:

- Some procedural and physical security practices were inconsistently applied across the different wards.
- All wards had ligature risk assessments but not all areas of each ward had been completely audited.
- The provider encouraged staff to apply least-restrictive practices but not all staff were able to articulate the rationale behind such decisions. We would expect staff to be able to describe the reasons for restrictions or their absence.
- Not all staff held keys securely in a key pouch attached to a belt. This meant that the keys could have been mislaid.
- Not all staff were confident in describing when to report an incident.
- Patients raised that planning care and treatment could at times be difficult with staff who did not have English as a first language.
- Not all staff were able to describe the complaints process. Not all staff were aware of the recording sheet for tracking informal complaints.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Forensic inpatient/  
secure wards**

**Good**



We rated Chadwick Lodge (which includes the wards at Eaglestone View) as good.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Chadwick Lodge	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	23
Areas for improvement	23
Action we have told the provider to take	24

Good 

# Chadwick Lodge

## Services we looked at

Forensic inpatient/secure wards

# Summary of this inspection

## Background to Chadwick Lodge

Chadwick Lodge in Eaglestone, Milton Keynes, Buckinghamshire is part of the Priory Secure Services Group.

Chadwick Lodge provides male and female secure and locked services for patients with mental health needs, who may have concomitant issues such as substance misuse, and offers tailored care to those patients who present with a dual diagnosis of mental illness/personality disorder and mild learning disabilities.

- The total capacity was for 94 patients.
- The hospital has three medium secure wards and two low secure wards for men.
- The hospital has one medium secure ward, two low secure wards and one locked ward for women.
- Highbury House, Ash House and Crimson House are the male medium secure wards and have 10 beds each.
- Cordelia House and Wolverton House are the male low secure wards and have 14 and 10 beds respectively.
- Fab House is the female medium secure ward and has eight beds.

- Linford House and Stratford House are the low secure female wards and have 10 and 11 beds respectively.
- Hope House is a locked rehabilitation ward for women, specialising in the care and treatment of women with personality disorders and has 11 beds.

Chadwick Lodge has Highbury House, Ash House, Crimson House, Cordelia House and Fab House. Hope House, Linford House, Stratford House and Wolverton House are in the Eaglestone View building which is situated across a road, Chadwick Drive. Chadwick Lodge describes services in both buildings.

We have inspected the services provided at Chadwick Lodge three times between 2012 and 2013. At the time of the last inspection, Chadwick Lodge was fully compliant in meeting the essential standards inspected.

We have reviewed all nine of the wards at Chadwick Lodge during 2014 through our Mental Health Act monitoring visits.

Chadwick Lodge had a registered manager and accountable officer appointed.

## Our inspection team

Team leader: Jackie Drury

The team that inspected the service consisted of 12 people:

One head of hospital inspection; two inspection managers; three inspectors; one inspection assistant; two

nurses; one psychologist; one Mental Health Act reviewer; and one expert by experience. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer).

## 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?

# Summary of this inspection

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

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

During the inspection visit, the inspection team:

- Visited all nine of the wards, looked at the quality of the ward environment and saw how staff cared for patients
- Spoke with 38 patients
- Spoke with the managers or persons in charge for each of the wards
- Spoke with 69 staff members including doctors, nurses, occupational therapy assistants, activities coordinators, support workers, occupational therapists, psychologists, pharmacists and social workers
- Received feedback from four patient relatives
- Received 46 comment cards from patients
- Spoke with two external commissioners
- Interviewed the senior management team, including the hospital director and medical director
- Interviewed two Priory group directors
- Held a focus group for five consultant psychiatrists
- Held a focus group for psychologists, occupational therapists, occupational therapy assistants, activity coordinators and social workers
- Held a focus group for support services staff
- Attended and observed four multidisciplinary clinical meetings
- Looked at 42 treatment records of patients, including 20 medication records
- Carried out a detailed and specific check of the application of the Mental Health Act on Stratford ward
- Looked at 10 staff records
- 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 received mixed feedback from patients at Chadwick Lodge. Some patients told us that they found staff to be respectful, caring and professional. Other patients felt that restrictions placed on them through the Mental Health Act, the Ministry of Justice (for patients sent to the hospital by a court) or both made it difficult to feel

positive about their relationships with staff. This meant that patients had not elected to be at the hospital. Many patients commented on the innovative attempts made at Chadwick Lodge to involve them in bringing about improvements to the service.

# 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 **requires improvement** because:

- Some procedural and physical security practices were inconsistently applied across the different wards.
- All wards had ligature risk assessments but not all areas of each ward had been completely audited.
- The provider encouraged staff to apply least-restrictive practices but not all staff were able to articulate the rationale behind such decisions. We would have expected staff to be able to describe why some restrictions were in place and others were not.
- Not all staff were confident in describing when to report an incident.
- Not all staff held keys securely in a key pouch attached to a belt. This meant that the keys could have been mislaid.

However:

- Staff recruitment and retention scored highly on both the Chadwick Lodge and Priory group risk registers. These risks had been mitigated which meant the provider had a strong action plan in place to address the issues.
- Ninety-five percent of staff were up to date with mandatory training.
- All wards were clean and well maintained.
- All patients received detailed risk assessments and associated risk plans that were individualised and person centred.

Requires improvement



### Are services effective?

We rated effective as **good** because:

- The assessment of patients' needs and planning of their care was individualised and had a focus on recovery. Physical healthcare assessments and associated plans of care were thorough and consistently delivered to a high standard.
- There was evidence of best practice and all staff had a good understanding of the Mental Health Act 1983, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the associated Codes of Practice.

Patients had good access to psychological therapy, particularly therapy that addressed offending and self-harm behaviours.

Good



### Are services caring?

We rated caring as **good** because:

Good





# Summary of this inspection

- Many patients were complimentary about staff who provided the service on all of the wards, even when restrictions were in place in relation to those patients' care and treatment.
- Staff were caring and motivated and we saw good, professional and respectful interactions between staff and patients.
- Initiatives were implemented to involve patients in their care and treatment. These included the 'my shared pathway' recovery approach to care planning and daily ward briefings with all patients and staff.
- A number of innovative initiatives were implemented to involve patients in bringing about service improvements.

## Are services responsive?

We rated responsive as **good** because:

- The systems for managing the most appropriate use of beds to meet patients' needs were effective. There was a clear care pathway through the service from medium secure wards to the least restrictive environments.
- Staff provided the service in a way that assisted patients' recovery, comfort and dignity.
- Patients told us that the therapeutic activities on offer were creative, assisted in their recovery and were available over seven days, every week.
- Patients had access to a variety of voluntary work opportunities within the hospital. This variety was particularly helpful for patients whose significant restrictions meant that they were not permitted to leave the hospital.

However:

- Not all staff were able to describe the complaints process. Not all staff were aware of the recording sheet for tracking informal complaints.
- Patients raised that planning care and treatment could at times be difficult with staff who did not have English as a first language.

Good



## Are services well-led?

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

- Staff said morale was good and most staff we spoke to were enthusiastic and engaged with the care and treatment of patients on the wards.

Good



# Summary of this inspection

- The senior management and clinical teams were visible. Patients and staff knew the senior management team well throughout the service. Patients individually commended the kindness and responsiveness of the hospital director and his deputy, the clinical services manager.
- Staff recruitment and retention scored highly on both the Chadwick Lodge and the Priory Group risk registers. These risks had been mitigated.
- The ward managers had good access to governance systems that enabled them to monitor and manage the ward safely and effectively and provide information to senior staff in a timely manner.

# 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.

- We carried out a Mental Health Act review on Stratford ward and reviewed some notes on all of the other wards.
- We saw evidence that patients' rights had been explained to them.
- We found detailed assessments of capacity to consent to treatment.
- The provider had recently introduced 'my shared pathway' care plans. We found that these were detailed and individualised, and all included records of the patients' views about their plans.
- The system for recording leave was clear. Patients had signed their leave authorisations and had been offered a copy.
- Independent mental health advocacy was provided by an external organisation. Contact details were clearly displayed on the wards so that patients could contact the service directly.

## Mental Capacity Act and Deprivation of Liberty Safeguards






- Clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and over 95% of staff were up to date with refresher courses.
- No patients on any forensic inpatient wards were being treated under the Mental Capacity Act. Patients had received an initial assessment of their capacity to make decisions about their care and treatment on admission to Chadwick Lodge.
- There were no current Deprivation of Liberty Safeguard applications and this was appropriate. (Deprivation of Liberty safeguards aim to make sure that people in hospitals are looked after in a way that does not inappropriately restrict their freedom).

## Overview of ratings

Our ratings for this location are:

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

# Forensic inpatient/secure wards

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

## Are forensic inpatient/secure wards safe?

Requires improvement 

### Safe and clean environment

- There were nine wards at Chadwick Lodge Hospital, located across two sites. The sites, Chadwick Lodge and Eaglestone View were separated by a minor road. Both sites had single entrances through which everyone had to enter or leave the building. Reception staff operated a single airlock at each entrance. An airlock is an additional small locked area which means a person does not have direct access into or out of the hospital unless the doors are unlocked by reception staff. Security practices were not consistent across all wards. We saw that some agency staff were not wearing identification badges or organisational lanyards. We were told by staff that this was because they had handed in their identification in exchange for keys, fob and alarms. On two occasions staff did not have keys securely held in a key pouch attached to a belt and they were carrying their keys in their hand. This meant that keys could have been mislaid or taken from the staff member with comparative ease. We raised these two concerns with the hospital director who took immediate action. A plan was put into action so that agency staff had their photographic identification photocopied at reception and put into an organisational lanyard. Additional belts and key pouches were procured to ensure all staff had access to key pouches and belts.
- All of the laundry rooms on the wards had ligature points and these risks had not been fully mitigated on four of the wards. For example on Ash and Crimson

wards the laundry rooms were open however on Highbury ward the room was locked. All three wards were medium secure wards. This practice varied across both the medium and low secure wards and staff were unable to tell us why.

- All wards had ligature risk assessments however these were incomplete as not all areas of each ward had been audited. Not all senior ward staff were familiar with their wards ligature assessments and one was unable to provide the document on request.
- There were a number of blind spots throughout the hospital and some were not adequately mitigated. Other areas were managed through the use of mirrors, observations and having nursing staff present in these areas. For example the shared large garden between Hope House and Linford house had unrestricted access for patients. There were several blind spots throughout the garden and ligature points available in unobserved areas. It was not possible to observe one bedroom area on Cordelia House due to multiple blind spots in the corridor. We drew this to the attention of senior managers who agreed to review these issues.
- All wards were gender specific which meant the provider complied with guidance on same-sex accommodation.
- Emergency equipment was stored in all wards in well-equipped, tidy and clean clinical rooms. An automated external defibrillator and anaphylaxis pack were in place in a centrally accessible office between two wards. Ligature cutters were accessible. All emergency equipment was checked daily to ensure it was fit for purpose and could be used effectively in an emergency.

# Forensic inpatient/secure wards

- Chadwick Lodge had one seclusion suite, accessible within the Chadwick Lodge main building which was located away from main thoroughfares and was in an area that was not visible to other patients. The seclusion suite had a large reception or de-escalation area. There were good sight lines for observation throughout the suite, available natural light, air conditioning, toilet and shower facilities, digital lighting and a visible clock which also had the date on show. This meant that the provider had ensured the environment complied with the Mental Health Act 1983 Code of Practice.
- Chadwick Lodge had two extra care areas, one for male patients between Ash and Highbury wards and one for women on Fab ward. These areas were used for de-escalation and provided a quiet, low stimulus space, for patients experiencing high levels of arousal who did not require a period of seclusion. The rooms had a lounge area and en suite bedroom.
- All wards were well maintained and clean throughout. Cleaning schedules were available and followed. Staff conducted weekly audits of the ward environments, infection control and prevention to ensure that patients, visitors and staff were protected against the risks of infection.
- Alarms were available in each room on the wards and all staff carried alarms. We were told by all staff that alarms were responded to quickly.

## Safe staffing

- Across Chadwick Lodge hospital the establishment figure for substantive staff was 218 whole time equivalents. There were 26% vacancies, with 30 vacancies for qualified nurses and 26 vacancies for health care assistants. Twelve health care assistants and one nurse were under-going pre-employment checks at the time of our inspection. We looked at the provider's workforce action plan and saw that a number of initiatives were planned to recruit staff and retain staff. These included financial incentives, changing health care assistant posts to therapy assistant posts to attract graduates seeking work experience, increased advertising, job fairs and radio campaigns locally.
- Staff vacancies and difficulties recruiting and retaining staff was the highest risk identified on the hospital risk register and provider register. Over a three month period from May 2015 to July 2015, 812 shifts were filled by temporary staff and 51 shifts were uncovered by any staff. The sickness rate was 3.5% which was 0.5 % above the Priory group target and the staff turnover rate was 23% just below the maximum percentage preferred by the Priory group.
- All of the substantive staff we spoke to commented on the high use of temporary staff. They acknowledged there were sufficient numbers of staff to deliver care to a good standard however described the extra pressure they experienced of working with temporary staff. Where possible the provider had arranged fixed term contracts with temporary staff to ensure some consistency and familiarity for both patients and staff.
- We saw by examining staff rotas that on two occasions, the night establishment of one qualified nurse on each ward was not provided and one nurse was covering two of the male medium secure units. We raised this with the senior management team who said that the night co-ordinator, who was also a qualified nurse, would have assisted. There was however no record on the staff rota to substantiate this.
- Fifteen out of the 38 patients we spoke with said that a high proportion of temporary or agency staff often worked on the wards. These patients said that most temporary staff were not as committed to them as the substantive staff. Patients said they had raised this issue in their community meetings, with patient representatives and with the senior management team.
- We looked at 10 staff recruitment files. All the appropriate checks which should have been undertaken before staff had commenced employment had been made. These included thorough identity checks, references, educational certificate checks, completion of health questionnaires and satisfactory disclosure and barring service clearance. The provider had a system in place for monitoring employees' right to work status. On one employee's recruitment file we saw that during the checking process the provider had found that the applicant had recorded mis-information on their application. There was no record of any action taken, when this had become known.
- We were told by the ward managers and doctors that senior managers were flexible and responded well if the needs of the patients' increased and additional staff

# Forensic inpatient/secure wards

were required. We were given an example by staff where clinicians could increase observation levels, for patients, by staff, when first admitted to the hospital to ensure safe and thorough risk assessing could occur.

- The staff told us it was usually possible to escort patients on leave at the particular time they required. We were told they kept cancellations of escorted leave to an absolute minimum. They told us that if leave should be cancelled then it was routinely recorded and escalated to senior managers. Staff showed us these records. Patients told us that their leave was not cancelled except on an exceptional basis.
- All patients were offered and received a one-to-one session with a member of staff every day. We saw that this was documented in the care notes.
- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the wards in an emergency. Staff showed us the medical staff rotas and we saw that this was the case.
- Ninety five per cent of staff had completed mandatory training. When agency staff were employed on long term basis they were provided with the service's mandatory training.

## Assessing and managing risk to patients and staff

- There were 14 incidents of seclusion in the six months ending July 2015. There were 87 recorded incidents of restraint and none of these were in the prone position and none resulted in rapid tranquilisation. There had been no recent incidents of restraint on Cordelia or Crimson wards. The highest number of seclusions and recorded restraints were on Fab House. Patients were being segregated for longer periods in extra care areas.
- We looked at 42 electronic care records across all of the wards. All patients had a comprehensive risk assessment on admission and that these had been updated regularly and reviewed following any significant occurrence.
- The provider used a structured decision support guide, called the historical, clinical, risk management-20 assessment tool (HCR-20) to assess risk factors for violent behaviour. Staff used this structured assessment to help reduce the risk of any future violent behaviour as well as offering guidance for treatment and risk

management plans. Staff used a protocol which assessed risk of sexual violence. Staff reviewed all of this information regularly and documented in the electronic care record system. Reviews of risk were part of the multidisciplinary care review process. The structured professional judgement assessment schemes were recommended good practice by the Department of Health for implementation in forensic and secure setting. All patients had a current risk assessment and the provider audited and reported this figure to head office in the monthly quality standards submission.

- Patients and visitors were provided with a list of prohibited items to take onto a ward. Staff proactively attempted to keep blanket restrictions to a minimum and we saw that staff had received training on applying least restrictive practices on the wards. Not all staff were able to tell us the rationale behind some blanket restrictions.
- Some patients on all of the wards had access to keys and fobs to freely move around their ward and for some in and out of the hospital at pre-arranged times.
- Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.
- All staff had received training in safeguarding adults from abuse. All the staff we spoke with were able to describe what constitutes abuse and said they were confident in how to escalate any concerns they had. Some senior ward staff were unable to describe the correct process beyond escalation to the lead for safeguarding.
- From January 2014 to January 2015 94 safeguarding concerns were raised. From January 2015 to the end of June 2015, 48 safeguarding incidents were reported.
- We checked the management of medicines on all of the wards and looked at 10 medication administration records. All administration records had a copy of a capacity to consent assessment for all patients as well as a photograph of the patient. There were no errors in recording on the medication administration records we looked at.

## Forensic inpatient/secure wards

- There were robust processes in place for the ordering, safe storage and disposal of medicines. A pharmacist visited the wards weekly and undertook audits to ensure compliance with the safe management of medicines. The pharmacist also attended the quarterly clinical governance meeting to ensure any issues on medicines were picked up and acted on. Records showed that medicines were frequently reviewed. Staff told us that some patients were taking medicines themselves and we looked at the care plans for two of the patients. Both patients had a detailed self-medication care plan with an associated risk assessment.
- The provider had protocols for children visiting the hospital, which include risk assessments and the interest of the child. Separate family rooms were available away from the ward areas in Chadwick Lodge.

### Track record on safety

- Ninety five serious incidents had been reported over the preceding year. Linford House reported 37% of all of the incidents. The majority of incidents involved either altercations between patients or self-harm incidents. It was noted by the provider in the March 2015 clinical governance meeting minutes that the number of reported incidents had fallen to 69 in February from 74 in January. Self-harm incidents were raised at Hope House and it was reported that one patient accounted for over 35% of all self-harm reported incidents.
- Staff had undertaken a full competency based medication training programme following medication errors reported.

### Reporting incidents and learning from when things go wrong

- On three of the wards we visited staff did not always use the providers reporting system to record serious incidents in a timely manner. On Crimson ward there had been a serious incident the night before our inspection, it resulted in a patient being put on one to one observation. At the time of our visit to this ward, the morning after the incident, it had not yet been reported on e-compliance however it was reported soon after we queried this.

- De-brief meetings were held for staff following incidents. This enabled them to take any immediate corrective action required and to gain support from colleagues.
- All incidents reported were discussed by the ward managers, senior managers and heads of departments. This meeting took place every morning to discuss all issues of significance across the hospital such as staffing shortages, incidents, accidents, clinical issues and safeguarding concerns. Action plans were agreed at the meeting for immediate implementation. We attended one of these meetings and listened to a discussion about the incident which had occurred on Crimson ward the night before our inspection commenced. During the meeting managers discussed safety issues which was in keeping with an open and transparent culture.
- The clinical governance meeting for Chadwick Lodge looked at all incidents over a three month period. Key themes were considered and agreed and circulated to all wards to ensure that lessons were learnt when incidents had occurred. Staff told us that they were familiar with the key themes briefing bulletin and discussed this in their regular team meetings.

### Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. We looked at care records which showed us that patients received a physical health assessment and that risks to physical health were identified and managed effectively. In addition to psychiatrists working as part of the multidisciplinary teams, general practitioners visited the hospital weekly to run physical health clinics on site. Care plans were available for those patients with an identified risk associated with their physical health. The hospital had a designated physical health lead who



# Forensic inpatient/secure wards

ensured that regular audits on physical health care were carried out. All patients had been offered an annual physical health check and all of patients had a physical health care plan.

- Staff were trained in the use of physical health interventions and two staff on Hope ward were registered general nurses who worked primarily with patients who had an eating disorder.
- Care plans were personalised, holistic and recovery focused. All wards used the care programme approach as the overarching method for planning and evaluating care and treatment. The wards had begun to use recovery tool called, 'My shared pathway' to plan patients care. This process focussed on a patient's strengths and goals. All of the wards had started looking at three domains in the overarching model and planned to roll out the entire approach over coming months. We spoke to patients about the care planning process and they told us that they had been involved.
- A variety of treatments were available to patients. All patients with the exception of one woman on Hope ward were detained under the Mental Health Act 1983. Treatments included psychiatric assessment and medication, individual therapy, group therapy, occupational therapy, a range of behavioural therapies and education.
- We looked at the care and treatment for several patients with particularly complex mental health, social and physical health care needs. We discussed these patients with staff and looked at the interventions being offered. Staff told us they were challenged by the complex presentations of the patients which in some cases involved repeated episodes of self-harm. Staff told us that they were supported by the multidisciplinary team, through supervision. We looked in detail at four of the care plans for patients on Hope ward. We discussed their care plans and treatment interventions with clinical staff including a psychologist and the medical director. Patients attended a daily planning group and a variety of psychological groups and one to one work was available and taken up by patients with trained dialectical behaviour therapists. Facilitated groups were held for the patients to share difficult feelings and concerns in a non-judgemental setting. Patients were encouraged to discuss a range of emotional issues, including anger management and self-harm behaviour.

## Best practice in treatment and care

- We looked at 42 care records and we saw that National Institute for Health and Care Excellence guidance was followed when medicines were prescribed and in the delivery of physical health care.
- Patients had access to psychological therapies. We spoke with patients who had completed a variety of psychological groups to address their offending behaviour. They told us how positive the experience was and how the programme had assisted them move through the care pathway into less restrictive wards.
- General practitioners attended all of the wards on a weekly basis and provided physical health advice and consultancy for patients. Regular physical health checks were taking place for all of the patients on every ward.
- All patients were assessed using the Health of the Nation Outcome Scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions.
- Staff participated in clinical audit. We looked at the minutes of the clinical governance meeting which showed us that staff were involved in audit activity. Areas audited included patients participating in risk assessments, reducing restrictive practices and compliance with the restraint policy.

## Skilled staff to deliver care

- The staff on the wards came from a variety of professional backgrounds, including medical, nursing, psychology, occupational therapy and social work and they were all fully integrated into the service.
- Staff received appropriate training, supervision and professional development. Over 95% of all staff had updated mandatory training refresher courses recorded.
- Staff told us they found the induction programme helpful in preparing them to provide high quality care for patients and that the calibre of the training staff was good.
- All staff we spoke to said they received individual and group supervision on a monthly basis as well as an annual appraisal. 95% of staff had received an appraisal. All medical staff had received a yearly appraisal and all



# Forensic inpatient/secure wards

of them had their revalidation up to date (revalidation is the process for assuring an organisation that doctors practising in their hospital are up to date and fit to practise).

- All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the wards.

## Multidisciplinary and inter-agency team work

- The teams were multidisciplinary and regular team meetings took place. We saw care reviews and clinical hand over meetings on most wards and found these to be effective, and involved the whole multidisciplinary team.
- All members of the multidisciplinary team were given space and time to feedback and add to discussions in meetings.
- The police and the multi-agency public protection arrangements (MAPPA) group representative told us that the provider worked well with them and was responsive to public safety and in putting safe management plans in place for patients. The representative said the provider was a key and effective member of the multi-agency group. MAPPA is the local area multi-agency group made up of the police, local authority, prison and health and social care organisations to assess and manage the risk posed by offenders.

## Adherence to the MHA and the MHA Code of Practice

- We carried out a Mental Health Act review on Stratford ward, which included examining all the documentation for three patients. We also reviewed notes on all of the other wards.
- Current documentation was available for review however it was difficult to find a full history of documents. Many of the patients had been detained for a number of years, and multiple documents had made the documents folders very large. The wards had therefore implemented a system of retaining a selection of documents on paper in the ward office. All other documents were in the process of being uploaded onto the electronic system.

- The folders on the wards contained the original detention documents, plus the most recent renewal. Where a full set of documents was requested for a patient, the ward manager was able to find them in the Mental Health Act office.
- We saw evidence that patients' rights had been explained to them recently however we were unable to find a full history of rights discussions, because these too were in the process of being uploaded onto the electronic system.
- We found detailed assessments of capacity to consent to treatment at the most recent authorisation. Authorisations for urgent treatment under section 62 were completed appropriately, as were requests for a review from a second opinion appointed doctor.
- The provider had recently introduced 'my shared pathway' care plans. We found that these were detailed and individualised, and all included records of the patients' views about their plans.
- The system for recording leave was clear. Patients had signed their leave authorisations and had been offered a copy.
- Ongoing physical healthcare was provided by a practice nurse and visiting general practitioner. We saw that physical health was discussed at multidisciplinary meetings and saw in patients' records that specialist tests and treatment were arranged when required.
- Independent mental health advocacy was provided by an external organisation. Contact details were clearly displayed on the wards so that patients could contact the service directly.
- The provider made efforts to reduce restrictive practices as much as possible. Schemes to work towards self-medication and unescorted leave were in place. On some wards patients had access to the internet and were able to have their own mobile phones on the ward. However on Stratford ward patients were subject to a blanket restriction on the kitchen being locked because of the high risks presented at this time by one patient.

## Good practice in applying the Mental Capacity Act

- Clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and over 95% of staff were up to date with refresher courses.

# Forensic inpatient/secure wards

- Where a patient's health was deteriorating we saw the psychiatrist undertook frequent mental capacity assessment to ensure the person was capacitous to consent or refuse treatments.
- No patients on any forensic inpatient wards were being treated under the Mental Capacity Act
- There were no current Deprivation of Liberty Safeguard applications and this was appropriate. (Deprivation of Liberty safeguards aim to make sure that people in hospitals are looked after in a way that does not inappropriately restrict their freedom).

## Are forensic inpatient/secure wards caring?

Good

### Kindness, dignity, respect and support

- Many of the patients we spoke with were complimentary about the regular staff providing the service on all of the wards, even when restrictions in relation to their care and treatment were in place.
- Despite the complex, and, at times challenging needs of the patients using the service, the atmosphere on all of the wards was calm and relaxed.
- During our inspection we saw a lot of positive interaction between staff and patients on the wards. Staff spoke with patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- The staff made a number of swift interactions when patients were becoming agitated, distressed or overly stimulated, particularly with visitors on the wards. We saw staff immediately attend to their patients in a kind and gentle manner.

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

- Patients received a comprehensive handbook on admission to the wards. The handbook welcomed

patients to the wards and gave detailed information about the hospital. Patients told us that the handbook had assisted them in settling into the hospital and knowing what to expect.

- Patients were involved in their care planning. Their involvement was seen in the, 'my shared pathway' documentation. We saw this approach was person centred, individualised and recovery orientated. All patients reviewed their care plan at least once every month with the multidisciplinary care team and more frequently with nursing staff.
- During our inspection we saw multidisciplinary care review meetings on a number of the wards. Views and wishes of the patients were discussed with them. Options for treatment and therapy were given to the patients to consider at all of the meetings.
- Patients were provided with information about their medicines. We observed this in a discussion in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information. Patients told us that they received good information about their medicines.
- Every ward held a daily meeting for patients and staff. During the meeting patients discussed their planned activities and schedules for the day. They also raised any issues that may be affecting their care and treatment.
- Staff showed us a booklet which they said was aimed at providing patients with an overview of the service user involvement and treatment programmes available.
- Occupational therapy staff told us about the development and improvement group which oversaw all patient and carer involvement initiatives. Patients spoke to us about some of the developments this group had overseen. The group was made up of staff and patients. Patients told us they had contributed to the development of the Priory Group secure satisfaction survey. Patients said they had devised the carer telephone conferences, which ensured all visitors, were aware of what to expect at Chadwick Lodge and were up to date with all visiting policies, for example. Patients told us that they had contributed to the development of a patient leaving questionnaire. Patients said these gave patients leaving the hospital a chance to express them-selves in a safe and confidential way and to further enable improvement within the service.

# Forensic inpatient/secure wards

- A number of patients told us that they were part of the, 'buddy scheme'. Patients take part in training for all new nursing and occupational therapy students, deliver a seminar for the students about their time in hospital and discuss their experiences of being a patient in secure services. One patient told us that in his role as a buddy he mentors new occupational therapy staff. Occupational therapy staff told us that this initiative was awarded a Charter Mark. This is a government scheme designed to reward excellence and encourage constant quality improvement.
- Patients told us that they were involved every year in an annual art gallery held to show case their work produced.
- Staff had supported patients to develop a patients' 'bill of rights'. This laid out the values that were important to patients such as being treated with respect, dignity and as an individual.
- Staff said that patient representatives were involved in and were members of the clinical governance group. We saw from the minutes of this meeting that this was the case.
- Staff and patients had made two DVDs to describe the model of care offered on the wards. One DVD had been made by patients and was designed to teach students and staff about good communication skills. Patients told the audience about how important their involvement was for their confidence and good self-esteem.
- Patients were involved in the recruitment of all staff at every level. Patients showed us the recruitment process they were involved in. Patients spoke to us in a positive way about how important their involvement was both in securing appropriate staff and in their own skills development.
- There were six vacant beds at Chadwick Lodge when we inspected, which equated to a 94% occupancy level. Bed occupancy over a six month period from January 2015 to June 2015 ranged from the lowest at 86% on Hope House to the highest at 99% on Stratford ward. Overall the forensic inpatient and secure wards had an average bed day occupancy of 96% during the previously identified six month period. The wards with the higher levels of occupancy were the low secure wards. Patients moved from medium secure wards into the low secure wards when clinically indicated and when beds were available.
- The hospital held a weekly bed management and referrals meeting, attended by key clinical and managerial staff. In the meeting, all current ward bed occupancy was scrutinised. The bed management meeting monitored and tracked appropriate bed usage and identified any pressures on the system. The business development manager was responsible for overseeing the effective use of all beds in Chadwick Lodge.
- All patients accepted for transition into Chadwick Lodge had been assessed and sent a written formulation of what their current needs were and how these needs would be met. This was called, 'my initial treatment plan' and it laid out patients' strengths, risks and an initial plan for care and treatment. This was good practice as it involved patients immediately in discussions about them and their care pathway through secure services.
- The bed management meeting also monitored all actual and potential inpatient delayed discharges. Resources were then deployed to assist in discharging patients in a timely manner to suit clinical need.
- We spoke to three patients who had been discharged from Chadwick Lodge over the preceding year and were now living in the community. All of them spoke positively about their route through the secure care pathway at Chadwick Lodge. The patients made references to many examples of how they had been supported in making a successful discharge into the community. These included self-catering opportunities, the self-medication programme, the ability to continue to contribute to student training following discharge and effective treatment, care and therapy interventions.

**Are forensic inpatient/secure wards responsive to people's needs?**  
(for example, to feedback?)

Good 

## Access and discharge

# Forensic inpatient/secure wards

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

- All nine wards had a full range of rooms and equipment available including spaces for therapeutic activities and treatment. There were quiet rooms available where patients could meet visitors.
- Patients had access to a range of sports and gym facilities. There was a full size sports pitch within the courtyard area of Chadwick Lodge. Patients told us how important this facility was to them and that they frequently used the area.
- Patients on the low secure wards and the locked rehabilitation wards had access to their own mobile phones. Patients on the medium secure wards had access to a cordless phone to make private phone calls.
- Patients gave mixed feedback on the quality and range of food. Some patients said that the food was very good however others said the portions were sometimes too small and the food bland. Patients had access to snacks and beverages over a 24 hour period. On the low secure and locked rehabilitation wards patients were encouraged to participate in self-catering programmes. Several patients spoke to us about being able to self-cater and make their own food. Some patients were members of the food forum group which oversees the provision of good quality food across the hospital.
- Patients were able to store their possessions securely in their bedrooms. Patients had access to their bedrooms at any time with their own keys. Several patients showed us their rooms which were personalised and arranged as they wished. Most of the patients had electrical items in their bedrooms, such as TVs and stereos. They spoke positively about how responsive the staff were towards them, in permitting them to have these items. Where staff had assessed there was a risk posed for a patient, individual plans were put in place. For example a patient was not able to have exposure to electrical cabling due to a risk of self-harm and we saw that the staff had arranged for all electrical equipment in their bedroom to be safely encased whilst the patient had full access to remote controls to activate the TV, gaming box and stereo.
- Daily and weekly activities were advertised and available on all of the wards. Patients had access to a good range of activities and groups on all of the wards.

The activities were varied, recovery focussed and aimed to motivate patients. The activities programme covered the weekend periods. Patients told us how much they valued and enjoyed the activity programme and the skills they had learnt from the comprehensive occupational therapy schedule.

- Occupational therapy was available on a full time basis across all wards and a variety of therapy sessions were also available on all wards. The occupational therapists operated a model which focussed on a holistic, person centred and recovery based approach, known as the Model of Human Occupation (MoHO).
- Patients told us that they had access to a variety of voluntary work within the hospital which was particularly helpful for those patients with significant restrictions, meaning they were not permitted to leave the hospital. These opportunities included: car washing, gardening, arranging flowers for the reception area, working in the shop, assisting with the music room and library projects, cleaning the gym, and assisting with carrying out occupational therapy audits.

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

- The provider made adjustments to the environment to meet patients' needs. One patient, with a disability, told us about the adaptations the provider had made to his room and the ward. The patient said how these adaptations had allowed him much more independence to move around the ward and that his needs were well met as a result.
- The provider had advertised contact details for representatives from different faiths. Local faith representatives visited people on the wards, held services of worship on site and could be contacted to request a visit. All substantive staff had received training in equalities and patients told us about some of the previous events held in the hospital. The events were held every six months and involved patients working with staff from occupational therapy to raise awareness of the diverse group of people both inside the hospital and outside in the wider community. Occupational therapy staff told us about events they have held which have focussed on different cultures and faiths. These events have included information sessions, activities, explorations of arts and culture and sampling of different foods.

# Forensic inpatient/secure wards

- Several patients said that at times it was difficult to communicate adequately with some staff for whom English was not their first language. Patients described difficulties particularly whilst trying to negotiate and decide on care plans.
- Interpreters were available when required. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
- A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to eat appropriate meals.

## Listening to and learning from concerns and complaints

- Patients had submitted 44 formal complaints to the provider in the previous year. The provider upheld 15 of these complaints. Patients from Hope House made the most complaints and had the highest number of complaints upheld. This showed us that 35% of complaints were upheld and that the provider had listened to patients complaints and taken on board their feedback.
- Copies of the complaints process were displayed on the wards and in the ward information handbooks. At ward level not all staff were not able to describe the complaints process, beyond highlighting a complaint to the hospital director. Several staff we spoke with said that they asked a patient to write a letter to the hospital director if the patient wanted to make a complaint. Not all staff were aware of the recording sheet for tracking informal complaints. The hospital director showed us the recording sheet which should have been used but most staff we spoke to were unaware of it. All patients we spoke with knew the hospital director by name. We saw that the hospital director knew all of the patients at Chadwick Lodge and we saw that patients were able to raise any concerns they had directly to him.
- Feedback from complaint themes was discussed at the clinical governance meeting. The provider told us that themes included access to mobile phones, restraint, staff attitudes and frequency of patient to patient altercations.

## Are forensic inpatient/secure wards well-led?

Good 

### Vision and values

- The providers' vision, values and strategies for the service were evident and on display in all of the wards. Staff on the wards considered they understood the vision and direction of the organisation.
- Ward managers had regular contact with the unit managers, the service manager and hospital director. The senior management and clinical team were visible and we were told by all staff that they often visited the wards. Patients and staff knew the senior management team well and we saw that the management team were familiar with all staff and patients throughout the service. Patients individually commented on the kindness and responsiveness of the hospital director and their deputy, the clinical services manager.
- Staff said they received good quality support from ancillary staff providing support to the clinical services.

### Good governance

- We saw that the wards had access to governance systems that enabled them to monitor and manage the ward effectively and provide information to senior staff in a timely manner. Governance systems are the controls which the management team develop and put in place to enable them to see that the service is being provided in a safe and effective way.
- We looked at the Chadwick Lodge performance management framework and saw that data was collected regularly. This was presented in a dashboard format, monthly, and we saw that a performance meeting was held to scrutinise the dashboards. Where performance did not meet the expected standard action plans were put in place. We saw the dashboards included information relating to staff such as vacancies and sickness rates. The information covered clinical matters such as how many patients had received a risk assessment and diagnosis. The dashboard also



# Forensic inpatient/secure wards

contained information on incidents, accidents and complaints. We saw evidence of all wards meeting their key performance indicators and that the information provided was accessible.

- All ward managers told us that they were encouraged by their managers to operate autonomously in managing their wards and received very good support from the hospital director and management team.
- All ward managers we spoke to were familiar with and actively participated in the formulation of the forensic service risk register which we viewed. Managers were also familiar with the overarching Priory Group risk register and knew how to raise any concerns about risks in the service.
- We saw that staff recruitment and retention scored highly on both the Chadwick Lodge and Priory Group risk registers however had been strongly mitigated. The mitigation included strengthening recruitment and retention of staff. We looked at the provider's workforce action plan and saw that a number of initiatives were planned to recruit staff and retain staff. These included financial incentives, changing health care assistant posts to therapy assistant posts to attract graduates seeking work experience, increased advertising, job fairs and radio campaigns locally.
- The senior management team told us they carried out a weekly quality walk about in all of the wards. Each week the team looked at either the environment, documentation, patient experience or staff experience. We looked at the records of these quality reviews and saw that action plans were developed where concerns had been raised.

## Leadership, morale and staff engagement

- Ward managers were visible on the ward during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.

- The majority of the ward staff we spoke to were enthusiastic and engaged with the care and treatment of patients on the wards. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.
- Staff told us that their morale was good although staff were concerned about the high usage of and reliance on agency staff.
- All wards had a regular team meeting and all staff described morale as good with their team managers being highly visible, approachable and supportive.
- We saw that the response rate for the annual staff survey was low at 22% and we discussed the reasons for this with senior managers.
- At the time of our inspection there were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment.
- Staff were aware of the whistleblowing process if they needed to use it.

## Commitment to quality improvement and innovation

- The provider was an accredited member of the Royal College of Psychiatry quality network for forensic mental health services. (For both medium and low secure services)
- Patients told us that all new patients admitted to Chadwick Lodge were offered a named 'peer support plus worker', who was a current patient in the hospital. Their role was to give support during the initial stage of a patient's admission to a ward. The role of 'peer support plus worker' was a voluntary one and all patients participating in the scheme received ongoing training and support by staff to enable them to carry out the role successfully. Patients said that they found this support very helpful in helping them to settle into life at the hospital during what was usually a distressing and stressful time for them.

# Outstanding practice and areas for improvement

## Outstanding practice

- There were a number of innovative initiatives to involve patients within the hospital to assist in bringing about improvements which included, all new patients admitted to Chadwick Lodge were offered a named 'peer support plus worker', who was a current patient in the hospital. The development and improvement group oversaw all patient and carer involvement initiatives. The 'buddy scheme where patients took part in training for all new students, delivered seminars for the students about their time in hospital and discussed their experiences of being a patient in secure services. Staff and patients had made two DVDs to describe the model of care offered on the wards. One DVD had been made by patients and was designed to teach students and staff about good communication skills. Patients told the audience about how important involvement was for their confidence and good self-esteem.
- Patients were involved in the recruitment of all staff at every level. Patients showed us the recruitment process they were involved in. Patients spoke to us in a positive way about how important their involvement was both in securing appropriate staff and in their own skills development.

## Areas for improvement

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

- The provider must ensure that all areas of all wards have ligature risk assessments and that all staff can access the assessments.

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

- The provider should ensure that procedural and physical security practices are consistently applied across the different wards.
- The provider should ensure that all staff have keys securely held in a key pouch attached to a belt and that they do not carry their keys in their hand.
- The provider should ensure that at night when a ward does not have a registered nurse to cover and the night co-ordinator provides this cover, then this should be recorded for audit purposes.
- The provider should ensure that notes are made in an employee's recruitment file explaining what action has been taken when a possible breach in an applicant's integrity has been noted.
- Staff should be able to articulate the rationale why decisions are made about least restrictive practices at the same time as maintaining a safe environment.
- All staff should be confident in describing when to report an incident.
- The provider should ensure that all staff are offered educational support to ensure they all have good verbal fluency skills.
- All staff must be fully aware of the informal and formal complaints policies and protocols.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>The ligature risk assessments did not cover all areas of all wards. Staff were not aware or provided with the information of all ligature risks and the plans to manage these on a day-to-day basis.</li></ul> <p>This is a breach of Regulation 12(2)(b)(h)</p>