

**Good** 

Raphael Health Care Ltd

# Raphael Healthcare Limited (The Farndon Unit)

## Quality Report

Farndon Road  
Newark  
Nottinghamshire  
NG24 4SW  
Tel: 01636 642380  
Website: [www.raaphaelhealthcare.org.uk](http://www.raaphaelhealthcare.org.uk)

Date of inspection visit: 13th – 15th May and 5th  
June 2015  
Date of publication: 16/12/2015

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-113084566	Raphael Healthcare Limited (The Farndon Unit)	Ward A	NG24 4SW
		Ward B	NG24 4SW
		Ward C	NG24 4SW
		Ward D	NG24 4SW
		Rehabilitation and Recovery	NG24 4SW

This report describes our judgement of the quality of care provided within this core service by Raphael Health Care (The Farndon Unit). Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Raphael Health Care (The Farndon Unit) and these are brought together to inform our overall judgement of Raphael Health Care (The Farndon Unit).

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

---

### Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13
Action we have told the provider to take	27

---

# Summary of findings

## Overall summary

We rated Raphael Healthcare Limited (The Farndon Unit) as good because:

- Different professionals worked well together to assess and plan for the needs of patients.
- There were good risk assessments in place and good programmes of care that were aimed at providing specialist rehabilitation for the patients.
- Advance statements were completed with patients who wanted them. Mental capacity assessments were routinely completed. Patients were advised of their rights under the Mental Health act.
- Patients were provided with a comfortable and modern facility.
- The service undergoing an improvement programme in order to raise the quality of care it provided.
- New managers had been recruited and demonstrated the skill and experience needed to drive forward further improvements. Patients were provided with care and support from a range of professionals in order to give them good recovery opportunities.
- Physical health care needs were routinely addressed and patients were supported to manage their physical health.
- The service listened to patients' ideas and feedback then made some changes to the way they ran the service because of this.
- Systems were in place that allowed managers to audit the quality of care.

- Supervision and annual performance reviews were routinely held between staff and managers and were largely up to date.
- The service was responsive to the needs of staff.
- There was an on-going recruitment programme in order to fill vacancies.
- We saw that Raphael Healthcare Limited (The Farndon Unit) had addressed the issues of non-compliance from the November 2014 inspection.

However, we also found that:

- Care plans were not written in a way which reflected patient views. They identified the support that each patient needed but were written in a prescriptive format rather than a person centred format
- There were gaps between November 2014 and February 2015 when many of the care plans and risk assessments had not been regularly updated
- Nursing staff felt that occupational therapy staff could communicate better with them after patients left their creative art groups and took their pieces of art and craft to their rooms, because sometimes they were heavy or contained sharp items that could pose a risk to staff and patients.
- Staff, patients and managers told us that staff had worked 24 hours on a number of occasions but managers had taken action to ensure staff were available for overtime when staff did not attend for work at short notice.

# Summary of findings

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

### Are services safe?

We rated **safe** as good because:

- Staff knew how to protect patients from harm. The wards were staffed with a mix from different professions including: managers, nurses, health care assistants, and occupational therapy staff.
- Staff carried out appropriate risk assessments to keep patients and staff safe.
- Staff knew how to report incidents of harm or risk of harm. Incidents were logged and investigated. We looked at some reports that examined these. There were processes to share learning from incidents when things had gone wrong. Managers were open to discussing incidents. The risk management matrix (the service's risk register) highlighted the number of incidents under the relevant risk areas.
- Ward areas were visibly clean, clutter free, ordered and well maintained. We saw cleaning taking place during the inspection. Patients told us that there had been additional cleaning activity immediately before the inspection but they also said that their wards were generally clean.
- Mandatory training was in place for staff and their attendance was monitored by managers to ensure compliance.
- Some patients were prescribed medication that was over the recommended level but the rationale was recorded and the doctor had discussed it with the pharmacist. Audits were used to monitor medication management.

However

- Staff, patients and managers told us that some staff had worked 24hour shifts on a number of occasions when nurses had cancelled their shift at short notice. Managers had responded by organising for staff to work at short notice.

Good



### Are services effective?

We rated **effective** as good because:

- Patient care and treatment was planned and delivered in line with current guidelines such as National Institute for Health and Care Excellence (NICE) guidelines for access to psychological interventions and the Department of Health "Positive and Proactive Care: reducing the need for restrictive interventions".
- In line with the Mental Health Act Code of Practice (2015) and NICE guidelines, patients received thorough physical health

Good



# Summary of findings

checks and medical support to promote their well-being and they had access to other health services when they needed them. Assessments were carried out in a timely manner. Care Plans were up to date, showed involvement of patients and were generally reviewed regularly.

- Psychological therapies such as cognitive behaviour therapy (CBT) were available and routinely accessed by patients.
- The service won the Laing Buisson independent health care award for “outstanding contribution” as a result of their dedication to providing evidence based gender specific treatment pathways.
- Staff could easily access patient records and information which enabled them to deliver effective care and treatment to patients.
- The service provided staff from a variety of professional backgrounds to ensure patients received a multi-disciplinary service.
- Staff routinely took part in supervision and appraisals.
- Staff had a good understanding of the Mental Health Act and Mental Capacity Act including Mental Capacity Assessments. Mental Health Act legal paperwork was stored well and staff could access it easily. Patients had routine access to third tier mental health review tribunals, managers’ hearings, and mental health advocacy and were routinely made aware of their rights under the Mental Health Act. Patient consent to treatment was routinely obtained, then effectively recorded and stored.

However, we also found that:

- There were a number of gaps in the reviewing of care plans between November 2014 and February 2015

## Are services caring?

We rated **caring** as good because:

- Patients were well supported and treated with dignity and respect. They were involved as partners in their care, treatment and rehabilitation. Patient involvement was evident in risk assessments, behaviour support plans and advance directives.
- Whilst many patients did not like being detained under the Mental Health Act, they were positive about individual members of staff who supported them on a day to day basis.
- We spoke with a local NHS England commissioner who spoke positively about the care and treatment provided.
- We observed kind and caring interactions between staff and their patients.

Good



# Summary of findings

- Staff responded compassionately to their patients and we saw them routinely engaged in supportive and encouraging discussions.
- Staff knew their patients well and could describe good examples of positive therapeutic relationships.
- Patients were routinely encouraged to develop their independence and manage their own physical health needs as well as their emotional and mental health needs. They understood their care plans and whilst they might not always agree with their risk assessments, they were involved and their views were recorded.
- Systems were in place to encourage and enable patients to have an active say in the running of their wards such as feedback forms after meals and a regular recovery and outcomes group meeting.
- The independent mental health advocacy service was easily accessible and they told us staff routinely referred patients who were not able to decide for themselves if they may require advice from an advocate.

## Are services responsive to people's needs?

We rated **responsive** as good because:

- The way the service was organised and delivered meant that patients were supported to achieve their goals and develop a better understanding of their own needs. This meant that they could see a clear pathway toward their discharge.
- Patients could access the right care at the right time because they had a range of health professionals on site to support them or they could use community health facilities when they needed them.
- Patients were provided with a modern and comfortable environment. They had heating systems that could be quickly changed to meet patient preferences and air conditioning in communal areas which could make the room warmer or cooler as patients requested.
- The service worked with other organisations such as stakeholders and local groups to provide support to patients so they could take part in education and voluntary roles within the community.
- There were complaints and comments systems in place which were visible and easy to use. Patients knew how to complain. We saw that improvements and changes to the way the service was provided could be linked to patient feedback, such as lots of regular changes to the menus.

Good



# Summary of findings

• .

## Are services well-led?

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

- The leadership, governance and culture within the service promoted the delivery of quality care that was person centred.
- There was a clear vision within the leadership and the service which was reflected in meetings and staff appraisals.
- There were clear arrangements in place to monitor quality within the service and regular audits were carried out. There was openness and a plan to implement audits that were not in place but which the clinical team felt would be useful.
- Decisions made at board level were filtered to staff via team meetings and staff appraisals. Regular senior management meetings with staff representatives took place. Staff were able to make suggestions and have their views heard by managers in a formal capacity.
- Local and senior managers were visible and available to staff and patients.

Good





# Summary of findings

## Information about the service

The Farndon Unit is a purpose-built independent sector hospital on the outskirts of Newark, Nottinghamshire.

The Farndon Unit provides treatment, care and rehabilitation for women over 18 who are detained under the Mental Health Act. Some patients may also be subject to Ministry of Justice restrictions. Patients at the unit may have a diagnosis of mental illness and/or personality disorder, and some patients may also have a mild to

moderate learning disability with a co-existing mental illness or personality disorder. The unit has 46 beds on five wards – ward A, ward B, ward C, ward D and a rehabilitation/recovery ward.

The Farndon Unit was last inspected in November 2014. There were areas of non-compliance at that time which had since been addressed.

## Our inspection team

Lead inspector: Kenrick Jackson, Inspection Manager, Care Quality Commission

The team included: three CQC inspectors, an Expert by Experience (a person with experience of using services); a pharmacist; two Mental Health Act Reviewers; and a specialist nurse.

## Why we carried out this inspection

We inspected this hospital as part of our comprehensive inspection of independent mental health hospitals inspection programme.

On the previous inspection of Raphael Healthcare Limited (The Farndon Unit), we found that the service was not meeting all of the essential standards.

## 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 this service including previous inspection reports.

During the inspection visit, the inspection team:

- visited all five wards of the service and looked at the quality of the ward environment
- observed how staff were caring for patients
- spoke with 24 patients who were using the service

- spoke with the managers or acting managers for each of the wards
- spoke with a range of 32 staff, including nurses, health care assistants, occupational therapists, a doctor; an externally-appointed pharmacist, an administrator, a psychologist and hospitality staff
- interviewed staff with responsibility for these services, including the chief executive officer, the head of forensic services and the clinical team leader
- attended and observed a debrief meeting, a patient engagement meeting and a patient activity group.

We also:

- Looked closely at the treatment records of 16 patients
- carried out a specific check of the medication management on the four wards
- looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of findings

- spoke with an NHS commissioner of services.

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

We spoke with 17 patients who were using the service. We also spoke with 7 patients in group sessions. Most patients told us that staff were kind and were nice to them. They told us that staff helped them when they needed it. One patient told us that they had been assaulted by a member of agency staff and the service managed this by involving the police.

Patients knew how to make a complaint if they wanted to. They knew how to provide feedback to the service. Patients told us that the service listened to them and their ideas were put into practice sometimes. Some patients told us that ward based community meeting did not take place regularly and outcomes from the meetings were not always followed through.

Patients told us they felt that they and their possessions were safe on the ward. Some patients said their physical healthcare needs were not always met in a timely manner. Most patients told us that they enjoyed the activities the service provided, some especially liked the group outings to craft fairs and stately homes.

- Patients told us that social work staff responded to them quickly and did what they said they would do, which pleased them. Patients told us they could be involved in staff training and could undertake training themselves such as First Aid which they liked.

## Good practice

The service offered patients a variety of opportunities to be part of the running and decision making process. A number of patients engaged in those opportunities.

The introduction of the Positive Behavioural Support Model led to a reduction in the need for patients to require enhanced observations and a reduction of 50% in the number of safeguarding adults incidents.

## Areas for improvement

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

- Raphael Healthcare Limited (The Farndon Unit) must ensure that when emergency call alarms are activated, they are responded to and responded to in a timely manner.
- Raphael Healthcare Limited (The Farndon Unit) must ensure that staff do not work 24hour shifts.

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

- Raphael Healthcare Limited (The Farndon Unit) should ensure that care plans and risk assessments are routinely and regularly updated.
- Raphael Healthcare Limited (The Farndon Unit) should ensure that staff have an understanding of Deprivation of Liberty Safeguards.

Raphael Health Care Ltd

# Raphael Healthcare Limited (The Farndon Unit)

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ward A	Raphael Health Care (Farndon Unit)
Ward B	
Ward C	
Ward D	
Rehabilitation and Recovery	

### 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.

- The use of the Mental Health Act was consistently good across the service. The documentation we reviewed in detained patients' files was up to date. Relevant paperwork such as Approved Mental Health Professionals reports and Mental Health Act Tribunal reports were present.
- Ministry of Justice approval for Section 17 leave was present.
- Completed consent to treatment forms were routinely available to inspect.
- Patients were administered medication that was covered by their T2 or T3 paperwork.
- The granting of Section 17 leave was completed by the responsible clinician. Leave forms did not routinely evidence that patients were given copies of their leave forms. A number of obsolete Section 17 forms were present in files and not clearly marked as obsolete (not "struck through").
- We saw evidence that patients were able to access Mental Health Act Tribunals and Managers Hearings.
- We saw no covert medication plans but staff were able to describe what process would need to be followed if they were required.

# Detailed findings

- Information on the rights of people who were detained was displayed in wards and independent mental health advocacy services were readily available to support patients. Patients were aware of how to request an advocate.
- Staff were aware of the need to explain people's rights to them and attempts to do this were routinely recorded.
- Staff knew how to contact their Mental Health Act administrator for advice when needed.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All patients at the unit were detained under the Mental Health Act. However, most staff demonstrated a good understanding of the Mental Capacity Act 2005. Staff were less clear about Deprivation of Liberty Safeguards because all of their patients were detained under the Mental Health Act and therefore they were not required to implement DoLS.
- Staff knew who to contact for further advice and guidance about issues relating to the Mental Capacity Act.
- Staff demonstrated a good understanding of mental capacity assessments for specific decisions and routinely recorded these.

# Are services safe?

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

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

## Our findings

### Safe and clean ward environment

- Access to non-patient areas was by staff-operated keys only. There was a secure airlock entrance from main reception to the unit. Each ward area also had a locked entrance within the main unit. All doors were “anti-barricade” so could be removed by staff if required. The service was introducing CCTV cameras to some of the wards. They expected this to reduce incidents of violence and aggression from patients. The ward layouts enabled staff to observe the ward unhindered. There were ceiling-mounted mirrors to observe the emergency exits.
- Staff carried personal alarms, which they said were checked daily in the reception area before being given to them. We saw the storage, collection and testing system in operation. Patients told us that sometimes there was a delay in the alarms being answered. One member of staff told us that on two occasions they had used the alarm and no one had come to their assistance. Two other staff told us that on 12 May there had been no response to two alarm calls. During the inspection visit, we witnessed numerous sounding of the alarms and we saw that staff responded appropriately. The hospital operated a responder system to alarms. A responder was an identified member of staff on each ward who attended when alarms sounded. We heard one alarm sounding for approximately two minutes when a member of staff (not a responder) on ward B asked if they should attend the call because they felt they did not have enough staff to safely leave the ward. We also heard one alarm sounding for three minutes and did not see a staff member on ward B attend the area where the alarm was raised during that time. However, the alarm ceased sounding which we understood meant that the alarm had been responded to by staff from the another wards. Alarms that are not responded to; or not responded to in a timely manner put both patients and staff at risk.
- Ward staff carried out environmental audits of ligature risks. The audits covered windows, furniture, bathrooms and curtain rails. The audits found that these areas were deemed to be free of ligature points. However, on the day of our inspection, a patient died from a ligature tied to a cupboard in her bedroom which had not previously been identified by the service as a ligature risk. When we returned to the unit for a further visit in June, this risk had been managed by the service who told us that the wardrobe cupboards had been sealed in every bedroom, thereby eliminating the risk. Our inspection team noted ligature risks on the main entrance door to ward A, the lounge door and the kitchen door but staff said that patients had no unsupervised access to these areas.
- Patient bedrooms were ensuite and had a window, desk area, bed and ample storage space for possessions. Rooms were quite spacious.
- The wards were well-maintained and the corridors were clear and clutter free. Cleaning was taking place on the wards when we visited. Patients told us that ward areas were normally cleaned once a week but had been cleaned more regularly leading up to the inspection visit. The service employed a team of housekeeping staff to undertake cleaning duties. One patient told us that there would often be food on the floor after mealtimes. Our inspection team noted that the de-escalation room on ward A did not look very clean. Staff told us that health care assistants cleaned the ward areas every night. We looked at the cleaning log for ward A and noted that between 17 January and 8 May 2015 there were 12 nights when the cleaning had not taken place. Reasons for this included unsettled ward, staff shortages and incidents. On these occasions some or all of the ward area was not cleaned. For three of the missed nights of cleaning there was no explanation in the log. Several patients told us they had ants on ward B, including the kitchen area, which they were not happy about. Our inspection team did not see any ants when we visited the ward. Several patients also told us that the sink in the laundry room on ward B often got blocked and it made the room smell very bad but we did not notice any bad odour when we carried out the inspection.
- Patients were responsible for cleaning their own bedroom. The bedrooms we looked at were clean and

# Are services safe?

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

well-ordered but we saw one that was not clean and had an offensive odour in the ensuite bathroom. One patient told us they had found an ant in their bed but we did not see any ants during the inspection visit.

- Cleaning logs were available for patient kitchen areas, including a log for the fridge. We saw gaps in the kitchen cleaning logs on ward D.
- Hand hygiene signs were visible. Hand gel was available.
- Staff conducted regular audits of infection control and prevention to ensure that patients and staff were protected against the risks of infection.
- Staff disposed of sharp objects, such as used needles and syringes, appropriately in yellow bins. These bins were not over-filled.
- The clinic room for the unit was on ward A. It was very clean and ordered. Equipment was maintained and serviced appropriately. Dates of servicing were visible. Emergency equipment, including defibrillators and oxygen, was in place. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Check and service dates were up to date. The checklist logs in clinic rooms were seen. We saw that checks were done for the safety and cleaning of the clinic room and its contents. We saw only one date in 2014-2015 when this check was missed.
- We saw that staff routinely collated and stored warnings from the Medicines & Healthcare Regulatory Agency and drug safety updates. These were clearly visible in ward offices.
- Patients said that not all repairs were carried out in a timely manner. They reported that they had been waiting for over six weeks to have the hot water boiler repaired in the kitchen on ward A. We were told that alternative facilities had been provided for patients and we saw that patients were able to have hot drinks even though the main boiler was awaiting repair.
- Most patients told us they felt safe on the wards and felt their possessions were safe.
- Patients and staff told us that ward A was generally very noisy. We observed this was the case. Managers noted that they had identified the negative impact from excessive noise levels and had ordered sound boards to be fitted around the communal ward areas with the aim of reducing the noise.

## Safe staffing

- Some staff reported that there were enough staff on duty most of the time although one member of staff told

us that they liked their job, but didn't always feel safe because there were not enough staff. However, another member of staff told us they did feel safe on the wards. Some staff told us that the wards would borrow staff from other wards if they needed to. We looked at a random sample of staffing rotas from January, February and March 2015. We saw that the staffing was worked out for the unit as a whole and then divided up between the wards, so staff would move between wards depending upon where the greatest need was. The sample showed us that the actual staffing levels were what had been planned. In one case, the actual numbers of staff on shift was higher than the planned number. We saw that staffing numbers were increased in relation to individual patient need for additional observations if that was required to keep patients safe. Some staff and patients told us that when they were short staffed because staff had cancelled working at short notice, some of the staff had worked for 24 hours. We asked managers about this and they said that they did this because they believed it was better for patients to have consistent staff if they could, rather than employ agency staff that the patients were not familiar with. Managers told us they were working to resolve this issue so that staff did not work a 24-hour shift. We looked at what managers were doing to resolve this and saw that they had carried out an audit to investigate how often staff had worked a 24-hour shift. The audit showed that three staff had worked a 24-hour shift in January; nine in February; seven in March; and 11 in April 2015. The number of staff working 24 hours had increased month on month from February to April 2015. If staff worked excessive hours there was a risk to both patients and staff. As a result, managers had introduced an "on call" payment incentive but when this had not attracted any staff interest within the first couple of weeks, they increased the incentive amount. Managers were confident that they would be able to resolve the issue and staff would not work a 24-hour shift but accepted that staff had worked these long shifts and the practice was still taking place at the time of the inspection. We also saw that many permanent staff worked more than 50 hours per week.

- They had undertaken training relevant to their role, including: safeguarding children and adults; fire safety; health and safety; basic life support; infection control; and management of actual or potential violence. Records showed that most staff were up-to-date with

# Are services safe?

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

their mandatory training. Managers could easily determine which staff had completed their training and which may need to be re-scheduled, for example if sickness absence prevented them from attending.

- Staff and patients told us that planned escorted leave from the wards and access to the gym or IT facilities were sometimes cancelled or delayed due to staff shortages. Patients told us this made them angry or upset. However, one patient told us that they had only had their leave cancelled once during the last three months due to staff shortages. We looked at audits carried out by the service and saw that between October and December 2014, four periods of leave had been cancelled out of a total of 2,309. Between January and March 2015 there were 2,462 periods of leave, three of which had been cancelled, one because the patient did another activity and two due to other emergencies on the unit.
- One patient told us that staff did not always get time to take their breaks. The patient felt that this made staff tired and stressed. We talked to staff and managers about the break system and heard that some staff took longer than they should for their breaks which meant that other staff could not get a break in a timely manner. We saw that managers had investigated this and had recently introduced a new break system so that all staff would be able to take their breaks on time. Staff told us they found the new break system was working well for them and were happy with it.
- We looked at staffing rotas and saw that the average female to male staffing levels were 60/40 for ward B in May 2015, 62/38 in March 2015 and 63/37 in January 2015.
- There were a small number of staff vacancies, which were being actively recruited to. There was one vacancy for a qualified nurse and 2.7 whole time equivalent vacancies for health care support workers.
- Temporary staff, who had not previously worked in the service, were given an induction to the ward. Agency staff were used on ward A for 72 hours in January, 43 hours in February and 53.8 hours in March.
- Handovers included information about which staff were identified to respond to alarms on the units, individual patient observation levels, which patients had leave planned, scheduled mental health review tribunals, escorts, ligature checks and environmental checks as well as patient health and wellbeing.

- Staff told us that there was adequate medical staff available day and night to attend the ward quickly in an emergency.

## Assessing and managing risks to patients and staff

- Most patients and staff we spoke with told us they felt safe on the wards. Following incidents, the service had introduced closed circuit television (CCTV) cameras to some wards. Managers felt there had been a reduction in patient to patient incidents since the introduction of the CCTV but told us that it was too soon to produce definitive data.
- Individual risk assessments had been carried out for all patients on the wards. Risk assessments were clearly linked to individual care plans. Risk assessments were placed at the front of patient files so that new or agency staff could easily see them. Individual patient coping strategies were linked to risks so that staff could easily see how to reduce risks and help patients to feel better. Most risk assessments were routinely and regularly updated. However, we did find one record where there was no immediate risk assessment of a patient prior to them taking their leave.
- The Approved Mental Health Act Professional's paperwork was available so staff could easily see a patient's history and the risks that had led to their detention.
- The Historical Clinical Risk Management 20 tool (HCR20) was used to record and analyse historical risks for patients as an indicator of potential future risks. The Galatean Risk and Safety Tool (GRIST) was also used, along with a Risk Matrix. We found that risk assessments were thorough, involved patients and were mostly up to date.
- The handover process included discussion of individual patient risk, incidents and leave.
- Staff had received training in safeguarding vulnerable adults and children. All staff we spoke to showed a good understanding of how to identify and deal with potential safeguarding concerns.
- There was no seclusion room at the unit. Each ward had a de-escalation or quiet lounge area. These areas contained comfortable seating and a window. Most of these rooms were clean.
- Training on the management of actual and potential aggression was mandatory for all staff on the wards and we saw that this was up to date.



# Are services safe?

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

- Restraint was used on the wards but staff and patients told us that de-escalation techniques were used in the first instance. Data from October 2014 to March 2015 showed there had been a high level of restraint incidents across the unit. These occurred on all wards except the Rehabilitation and Recovery ward. There were 302 restraints, 54 of which were in the prone position. There were 44 restraints on ward A, the admissions ward. Of the 54 prone position restraints across the unit, 44 of these resulted in rapid tranquilisation of the patient. One patient told us that their experience of being restrained was not positive and felt that staff could have explained it better to her but other patients said they understood why staff sometimes used restraint and were accepting of this..
- We reviewed the medicine administration records of 16 patients in total across the five wards. We found few reported errors in administration of medication. Patient's medication was covered by the appropriate T2 and T3 documents. One patient was prescribed higher than recommended doses of medication but this had been considered by both the doctor and the pharmacist and an effective rationale was in place.
- Records showing the administration of medicines were clear and fully completed, which showed us that patients were given the right medication when they needed it. However, the reasons why medicines were not administered were not always fully completed. We also found that there was a lack of written information available to clinical staff when they were administering medicines prescribed to be given 'as required' (PRN medication).
- Medication was dispensed from the busy staff office. We saw that managers were addressing this by redeveloping existing rooms on each ward to make a dedicated area for medication management. On the rehabilitation and recovery ward, five patients managed their own medication as part of their treatment plan. Staff said patient progress and risks pertaining to self-medication administration were discussed at the fortnightly multidisciplinary (MDT) ward meeting. Two of the five patients managing their own medication did not have a self-medication risk assessment document in their files. Staff said this was because the patients had been on the unit for a long time which meant that when new systems had been introduced, their records had not been updated to reflect the changes. Staff said that the self-medication plans of all the patients were discussed

at the fortnightly MDT meeting and risks were reviewed on an ongoing basis but we did not check the MDT notes to confirm this. However, there were no recorded incidents relating to medication administration on the Rehabilitation and Recovery ward.

- One patient told us that their GP appointment had been cancelled 4 weeks in succession due to a transport shortage to take them there but they felt things had improved since that time.
- Policies were in place for visiting families, including children. A visitors' room was available. Patients told us they were able to see their families.
- Some ward staff told us that they were not fully informed by colleagues in the occupational therapy team when patients brought their craft items back to the ward. As some of the items were heavy or contained sharp objects such as sticks, these could have posed a risk to both staff and patients. However, we were not informed of any incidents resulting from misuse of the craft items.

## Track record on safety

- There were 15 serious incidents requiring investigation between January 2014 and February 2015, the majority of which related to ward A. One incident involved a patient from ward B who died in a road traffic accident whilst on escorted leave in March 2014.
- Managers were open to discuss incidents that had taken place. We saw evidence of meeting minutes with clear action statements.
- At time of the inspection, staff were investigating a serious incident of a patient who had died following a ligature incident on ward D.

## Reporting incidents and learning from when things go wrong

- Staff we spoke to knew how to recognise and report incidents of harm or risk of harm. Almost all were confident that they could report incidents without fear of recrimination. Staff told us they felt confident using the reporting procedures, although there was some confusion amongst support workers whether they completed the documents or whether a nurse had to complete them. Staff were made aware of incidents in team meetings and handovers. De-brief meetings took place following incidents and we witnessed this.



## Are services safe?

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

However, a patient assaulted a member of staff while we were there and whilst managers asked the patient how she was, they did not ask the member of staff how they were feeling following the incident.

- We saw evidence that meetings took place to consider what lessons could be learned following incidents and that reports were compiled to analyse incidents.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Care plans were in place that addressed individually assessed patient needs. We saw that these were reviewed and updated. However, there had been a gap from November 2014 to February 2015 for some of the records we inspected and we could see that no reviews had been recorded.
- A registered general nurse was employed at the unit in order to facilitate the physical health care of the patient group. Records showed that patients' physical health care needs were identified and managed effectively, with support from local GPs.
- Occupational Therapy staff were employed and based at the unit. They supported the assessment process and also provided group activity therapies on the wards. Occupational therapy, medical and nursing staff worked together to plan and deliver patient care.
- Social work staff were employed and based at the unit. They supported the assessment process and maintained contact with patients' home care teams. They also facilitated contact with family and unpaid carers
- Care Programme Approach (CPA) reviews were held routinely in order to collect and monitor patient outcomes
- Previous Section 17 leave forms were not consistently discontinued which could have led to some confusion over patient leave
- Section 17 care plans did not always indicate if the patients 'current leave was escorted or unescorted so staff had to look on the leave forms for up to date information
- There was a box to tick which indicated if the patient had been given a copy of their Section 17 Leave. This box was not always completed on the forms we inspected so we could not tell if patients were routinely given a copy of their leave forms.
- The risk management matrix highlighted the number of incidents under the relevant risk areas.

- More than one patient told us that they would prefer to have their medication in a more private surrounding and we saw evidence that the service was making arrangements to provide a private facility to do this on each ward.

### Best practice in treatment and care

- Psychologists were employed by the service and based within the unit. They played a leading role in patient recovery programmes. Patients could access psychological therapies as part of their treatment. There were no waiting lists for psychological interventions.
- The service introduced the Positive Behavioural Support Model in 2014. The service carried out an audit of the model and found that it had led to a reduction in the need for patients to require enhanced observations to keep them safe and had also led to a 50% reduction in safeguarding incidents. The model focused on staff providing compassionate care and on patients being more aware and open of about their behaviours.
- External facilitators were used to provide expertise in areas such as art and education for patient therapy programmes.

### Skilled staff to deliver care

- Staff working in the service came from a range of professional backgrounds including nursing, medical, occupational therapy, pharmacy, psychology, social work, catering /hospitality, general nursing. Other staff were drawn upon for specialist assessments such as speech and language therapy, dietician, art therapist & education when required. All patients registered with a local GP surgery.
- Staff received appropriate training, supervision and professional development. Some staff told us that they had been given a lot of individual support to update their skills and to undertake new development opportunities. Staff told us they received supervision, usually every month. This time was used to address performance issues, to reflect on their practice and development needs and to consider incidents that had occurred on the wards. Managers were able to identify how they dealt with issues of poor staff performance and sickness absence. A human resources team was based at the unit and they were available to support managers with staffing issues.
- There were regular team meetings and staff representatives attended the monthly senior

# Are services effective?

Good 

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

management group meeting. Cover was provided for staff to attend. If staff chose to attend when it was their rest day they were paid to attend. Staff told us they felt valued and supported by their managers, colleagues and senior managers. Staff told us they liked their jobs and enjoyed their work.

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

- Multidisciplinary and Care Programme Approach meetings happened regularly and patients routinely attended.
- Links with commissioners were maintained. One commissioner told us that they visited the unit to carry out their own reviews and regularly attended MDT meetings and patient reviews. They told us that the unit staff communicated well with them and always advised them of relevant issues.
- Multidisciplinary assessments took place and different professionals worked well together. Patient records showed that there was effective multidisciplinary team (MDT) working taking place. Staff gave examples of having involved external professionals when the patient needed this, such as speech and language therapy.

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

- The use of the Mental Health Act was consistently good across the service. The documentation we reviewed in detained patients' files was up to date. Relevant paperwork such as Approved Mental Health Professionals reports and Mental Health Act Tribunal reports were present.
- Ministry of Justice approval for Section 17 leave was present.
- Completed consent to treatment forms were routinely available to inspect.
- Patients were administered medication that was covered by their T2 or T3 paperwork.

- The granting of Section 17 leave was completed by the responsible clinician. Leave forms did not routinely evidence that patients were given copies of their leave forms. A number of expired Section 17 forms were present in files and not clearly marked as such.
- We saw evidence that patients were able to access Mental Health Act Tribunals and Managers Hearings.
- We saw no evidence of covert medication plans but staff were able to describe what process would need to be followed if they were required.
- Information on the rights of people who were detained was displayed in wards and independent mental health advocacy services were readily available to support patients. Staff and patients were aware of how to request an advocate.
- Staff were aware of the need to explain people's rights to them and attempts to do this were routinely recorded.
- Staff knew how to contact their Mental Health Act administrator for advice when needed.

## **Good practice in applying the Mental Capacity Act**

- All patients at the unit were detained under the Mental Health Act. However, staff demonstrated a good understanding of the Mental Capacity Act 2005. Staff were less clear about Deprivation of Liberty Safeguards because all of their patients were detained under the Mental Health Act and therefore they were not required to implement Deprivation of Liberty Safeguards. Staff completed MCA training as part of their mandatory training.
- Staff knew who to contact for further advice and guidance about issues relating to the Mental Capacity Act.
- Staff demonstrated a good understanding of assessing mental capacity for specific decisions and routinely recorded these.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- Patients told us that staff treated them with respect.
- Several patients told us they believed staff were interested in the patient's wellbeing.
- One patient told us that staff listened to her and were nice to her. Another patient wrote a lot of very positive comments about 8 members of staff on ward B. She told us how compassionate and kind the staff were and how they made the effort to spend time with patients. She told us about the quality of staff interactions and how she appreciated the fact that staff livened up the day for patients. She told us that staff were committed to their work, were very professional and had a lot of knowledge. She also told us that staff worked very hard.
- One patient told us that they had been assaulted by a member of agency staff and the police had been involved. Two members of staff confirmed this. We saw that this was recorded and investigated appropriately.
- We talked to staff about patients and they discussed them in a respectful manner and showed a good understanding of their individual needs. Staff could give examples of the type of person centred support that individual patients needed to help them to feel safe and comfortable. We saw that patients were able to freely approach staff when they wanted assistance or support.
- We observed staff interacting with patients in a caring and compassionate way. Staff responded to patients in a calm and respectful way. We saw that interactions between staff and patients were open and natural. Some patients told us that they knew what helped them to feel better when they were distressed and they had told staff this, so they got the right support when they needed it. We saw staff engaging in positive interactions with patients and showing appropriate levels of humour.
- Staff appeared genuinely interested and engaged in providing good quality care to their patients.
- Patients were supported to keep in contact with their families and home communities
- We mostly observed that staff knocked a patient's door before entering their rooms. However, we did witness staff entering a patient's room without knocking or introduction and several patients told us that staff did not always knock their door before they entered.
- One patient complained to us that she was not allowed to be alone in the toilet and found it uncomfortable that staff observed her performing intimate personal care tasks. We looked at the patient's risk assessment and care plans and saw that there was a suitable rationale for this in the interests of keeping that patient safe.
- One patient wanted to have their hair plaited so a member of staff learned how to do this, in their own time, so they could support that patient.
- Staff were able to dim the lights on wards if this helped to comfort patients. They could also turn down or turn off the alarm sounds if a patient was disturbed and upsetting other patients by constantly sounding their alarm.
- Patients could have keys to their rooms if their risk assessment permitted this.
- One patient told us that their physical health needs were not always met in a timely manner and a different patient told us that sometimes their medication was late.

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

- Patients were provided with information about the service before they settled there. Visits could be arranged to see the unit.
- Welcome information was available to patients. Patients told us that staff introduced themselves when they first moved to the unit. Not all patients felt they had been given a tour of the unit when they were admitted
- Patients were encouraged and expected to actively engage in developing their assessment, care plans and risk assessments. One patient told us they would have liked to have been more involved in their care plan. We saw that some patients refused to sign their care plans and risk assessments. We were not always able to tell from the records if patients had been given a copy of their care plan. We asked some patients and they told us they had a copy of their care plan others said they knew their care plan was in the office and they would like to have a copy.
- A patient told us that staff explained the treatment approach to them and gave them pictures as well as written descriptions so they could easily understand it.
- Another patient showed us the personal cards that staff made for her which explained how she would be supported and treated by the service.

# Are services caring?

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

- Details of the local advocacy service were displayed on the wards and in the reception area. Patients that we spoke to knew about the advocacy service and how to access it.
- Patients had access to the ward telephone to make calls in private. There was a limit of 30 minutes to a mobile phone and 60 minutes to a landline phone. If risk assessed as safe, patients could also have their own mobile phones on the wards.
- Patient and staff “community meetings” were held but some patients told us these were not regular and the outcomes from the meetings did not always get resolved.
- Morning meetings were held daily to confirm patient therapy, leave and activity plans for the day
- There was evidence of families being invited to care programme approach meetings when patients wanted this.
- There were comment boxes in the reception area for patients, visitors or staff to post either named or anonymous comments.
- A Recovery Outcomes group was held regularly and this involved patients meeting with managers, occupational therapy, nursing and hospitality staff. We observed the meeting involved patients well in discussions and their views were listened to. We saw that patients were able to positively influence change within the service.
- Patients are supported to be part of local and regional patient involvement groups. They travelled to meetings around the country and staff supported them with this.
- Patients were involved in staff training and there were plans to involve them in the staff recruitment process at the interviewing stage.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access, discharge and bed management

- Referrals were made via an admissions co-ordinator and central enquiries line. The service aimed to carry out pre-admission assessments within 48 hours of the referral being made and provide verbal feedback on the day of assessment and had a target time of 14 days for referral to assessment. The mean average time reported in March 2015 was 4.1 days from referral to initial assessment. In the year preceding the inspection visit, 19 referrals had been made to the service and 13 of these patients were admitted. Most patients were admitted from outside of the local geographic area.
- We saw no evidence of patients having to move wards because of non-clinical reasons.
- One patient told us they felt they were making good progress with their treatment and liked their ward because it was quiet, calm and less stressful than the admissions ward.
- Patients were able to understand how to progress through the service. Some patients were clear on their discharge planning arrangements.
- Bed occupancy averaged 99.9% between September 2014 and February 2015.
- Patient discharge could be delayed due to circumstances beyond the control of the service. Delays usually occurred due to patients' home commissioners seeking funding for a move on placement or a waiting list for the identified move on placement. The service liaised with commissioners in order to address this as best they could, even though they had no control over the availability of other resources within the sector. In the 6 months prior to the inspection visit there were 4 patients identified as experiencing a delayed discharge.
- Discharge planning was considered throughout the admission with the acknowledgement that some patients would move through the service more quickly than others, based upon individual need and context of their illness and history.
- used for watching films as well as group therapy sessions and meetings. There was space for craft activities and one to one therapy sessions. There was a gym facility for patients to use.
- There was a therapy kitchen and each ward had a kitchen which patients could use with support and supervision from staff. Patients on the recovery ward were able to plan and prepare their own meals. Some patients were very proud of this and told us they enjoyed this aspect of their care.
- There were rooms for patients to meet relatives in private, including visits from children.
- Art therapy, music therapy, pat dog therapy and work experience placements were available to patients.
- A variety of activities were available to patients including craft groups which some patients told us they enjoyed. Patients were encouraged to utilise their artistic talents if they wanted to. Board games and small activities were stored in the laundry room on ward D.
- Patients could use the hair dressing and beauty facilities if they wanted to or they could manage these things using their Section 17 leave.
- Patients were supported to buy clothes and other items using their Section 17 leave or by using the internet and mail order catalogues.
- Wards had dedicated occupational therapy staff who developed individual therapy plans for patients. At evenings and weekends, ward staff said they led activities.
- Patients could manage their own laundry as part of the rehabilitation process. There were laundry rooms on wards with times allocated for each patient clearly displayed.
- Many patients had their own mobile phones. However, staff also allowed patients to use the ward telephone if they wanted to and they did not have to pay for this. The ward phone had a mobile handset so patients did not have to sit in the office to make their calls. Call length from the ward telephone was limited to 60 minutes to a landline and 30 minutes to a mobile per call so that patients could take turns and make use of free calls if they wanted to.
- All the wards offered access to an outside space but as the unit was a secure facility; the areas were accessed based upon individual risk assessment and with staff supervision. There was a central courtyard garden area with seating, lawned section and some plants. Several patients told us that a gardener had been engaged to

### The ward optimises recovery, comfort and dignity

- The wards had a full range of rooms and equipment. This included space for therapeutic activities, relaxation and treatment. There was a large central room for use by all wards called the Plasma Room which could be



# Are services responsive to people's needs?

Good 

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

tidy the area just before we carried out the inspection. Managers told us that they hoped to introduce gardening as a therapy and said there was one patient there who liked to help in the garden.

- Within the garden area there was a café for patients to use. This included access to drinks and an outside seating area. The walls were decorated with pictures of patients engaging in activity days out. Managers told us that they planned to redecorate the café as a result of patient feedback.
- The unit had adopted a no smoking environment policy in line with National Institute of Health and Care Excellence guidelines. Patients were enabled to use smoking cessation products and staff supported them to do this at designated times which were clearly displayed for patients to see. Education and support was available from the physical health nurse for this. Patients could be supported to give up smoking if they wanted to. Patients with the appropriate section 17 leave could smoke when they were off the premises.
- Snacks and drinks were available when patients wanted them. We saw that bread, snacks, fruit and drinks were available in the ward kitchen to be consumed outside of meal times. However, some patients complained that the fruit was not to their liking or was not fresh enough. Hot meals were provided for patients and these were cooked on the premises. Patients had a choice of meals and told us there was enough food. Some patients told us the food was ok but others complained about the food. We saw evidence that the catering team collected regular feedback from patients and staff. They made efforts to please as many patients as possible with the variety of food they prepared. Culturally appropriate meals were available for patients who needed them.
- In addition to the meals and snacks available on the ward, the service also paid for each patient to have a weekly sum to spend on healthy treats. These treats could be eaten whenever patients wanted. Patients had a varied choice over what items they wanted to buy from their individual allowance. Patients could be actively engaged in education if they wanted to. Some patients were being supported to study accredited courses. IT facilities were available to support patients with education.

- Communal areas had air conditioning to keep patients areas cool in hot weather. This could also be used to provide a quick heating boost if patients wanted it. We saw staff responding quickly to patient requests to change the temperature.
- We saw that patients were supported to be independent with their money management and the service would help them financially with a small loan if they were experiencing welfare benefit problems.

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

- Staff respected patients' diversity and human rights. Meaningful attempts were made to meet patients' individual needs including cultural, language and religious needs.
- There was a local vicar who offered regular spiritual support patients. Staff were open to supporting patients with their spiritual and religious needs. A spiritual and contemplation room was available.
- Interpreters were available to staff and patients if they were needed.
- The unit was able to support patients with physical health and mobility needs. The ensuite facilities were level access. There was a lift to the first floor. All doorways and entrances could accommodate a wheelchair user and there were disabled toilet facilities in the reception area for visitors.

## Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wards and reception area, as well as information about the independent mental health advocacy service and CQC. Patients told us they knew how to make complaints and were confident they could do so
- Patients could raise concerns and complaints in the community meetings and morning meetings or by completing a comment card. Patients could also raise concerns and complaints directly with staff. Between February 2014 and March 2015, there were 125 formal complaints in the service. 7 out of the 125 complaints had been upheld. The largest number of complaints (36) were on ward B where 2 had been upheld.
- Specific feedback forms were available at meal times for patients to provide feedback about their meals. We saw that they made changes to the menus based on the

# Are services responsive to people's needs?

Good 

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

feedback. For example, some patients wanted a regular curry to be introduced so this was done. Then we saw feedback that said either the curry was too spicy or it was not spicy enough. We talked to the catering manager / chef and we could see that they were trying hard to please as many patients as possible whilst maintaining a menu that was nutritious, balanced and tasty.

- Staff and managers told us they were open to receiving both positive and negative feedback and considered all feedback in team meetings.
- We saw evidence that patient views were taken into account when staff were planning which colleagues would be deployed to carry out enhanced observations.
- Staff and patients told us that they would prefer to have a dedicated room on each ward for managing and

administering medication. We saw that managers had listened to this feedback and when we returned to the unit on 5 June, work was underway to build a suitable room on each ward.

- The service collected patient feedback to monitor the quality and effectiveness of the service they provided. We saw that frequent changes were made to menus, the café was due to be redecorated, and £800 had recently been spent on recreational items such as a karaoke machine. These changes all occurred as a result of patient feedback.
- The service produced a patient satisfaction survey which they had recently condensed in size, with the hope of gaining more patient responses.
- We saw 5 examples of the service learning from incidents and complaints in an open and transparent way. An example was eliminating a wardrobe specific ligature point following a serious incident.



# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff showed a clear understanding of the service's vision and values. Staff told us that quality care was their aim.
- Most staff told us that they felt valued by the service and believed that they could express their views.
- 3 staff told us how flexible the service was in allowing them to meet their personal home responsibilities and caring commitments. They said their managers and the service had been very supportive of them when they had experienced difficulties in their personal life.
- Staff knew the senior company managers within the service and said they were visible and approachable to them.

### Good governance

- The service had systems of governance in place such as the incident reporting system which assisted staff to manage and monitor risk in the ward environment. These systems provided information to managers in the service in an open and transparent way.
- Performance data was captured and used to address quality and staff performance issues. This was available to managers along with support from colleagues in the human resources team.
- The ward managers told us they had enough time and autonomy to manage the wards effectively now that the service had employed a nurse clinical team manager to oversee and support them. Staff told us that the introduction of the clinical team manager had freed ward managers' time, so they could spend more time on the wards and less time on paperwork which they were pleased about. They also said that, where they had concerns, they could raise them with senior managers.
- Staff had regular appraisals and almost all were up to date. We saw audits of these.
- Systems for auditing Mental Health Act compliance and documentation were effective.
- Clear and safe systems were in place for medication management. We saw audits relating to medication management. The service routinely looked at medication incidents and investigated these. We looked at reports that analysed incidents.
- We saw that managers carried out regular audits of patient records and ward activities.

- An independent pharmacy company visited weekly and we saw evidence of the audits they performed to ensure medication management was safe and effective. The checks they carried out included medicines management audit, disposal of unwanted drugs and checks to ensure drugs were within date.

### Leadership, morale and staff engagement

- There was evidence of clear leadership at a local and senior level. Ward managers were visible on the wards during the day-to-day provision of care and treatment and were accessible to staff.
- Staff we spoke with were enthusiastic and engaged with their roles. They told us they felt able to report incidents and raise concerns although one member of staff said there was fear of recrimination if they did this. Most staff told us they loved their jobs and enjoyed working in the service. Some staff told us that managers and the service were very supportive when they had personal problems or important responsibilities at home.
- Staff were kept up to date about developments in the service with newsletters and team briefings.
- Some staff told us they had access to leadership training and development opportunities. Some ward staff were undertaking leadership skills training. Health care assistants could study for national vocational qualifications and almost 75% had done this. Staff told us they felt supported and valued by their immediate line manager and by the service.
- We saw that staff were involved in sharing ideas for improvement within the service. Senior managers held regular open meetings where staff could talk to them in groups or individually. Staff were offered financial incentives to attend meetings if they were not planned to work on the day the meeting was scheduled to take place.
- We saw evidence that managers were addressing the staff break system with the aim of ensuring that all staff had their breaks in a timely manner. Early feedback from staff and managers was positive.
- We saw that managers were addressing the issue of staff working 24 hours and had audited this. We also saw that managers were looking at new ways of managing the rota so that wards would not have to borrow staff from each other. They were also piloting a new break system to make it fairer and to ensure staff had access to their breaks in a timely manner and staff were very positive about this change.

# Are services well-led?

Good 

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

- There was a serious incident on the first day of the inspection. We saw that managers handled the effects of the incident well, placing patient and staff care at the centre of their decision making. Matters were dealt with efficiently but with compassion and care for patients and staff. We returned, unannounced, to the unit two weeks later and found that staff involved in the incident has been given appropriate support and debriefing opportunities.

## **Commitment to quality improvement and innovation**

- The service was committed to using the Positive Behaviour Support model with their patients. The evidence based strategy aimed to assist patients to reduce their challenging behaviour and increase their overall quality of life by teaching them new skills and promoting positive behaviour changes.
- Audits and feedback were used to bring about improvements within the service, such as medication management leading to the development of new facilities on the wards to support staff and patients with medication administration.
- The service provided placements to psychology doctorate students from a local university, occupational therapy placements from another university and preceptorship for newly qualified nurses.
- The service had been selected as finalists for two of the Laing Buisson Specialist Care Awards 2015: Innovation - "The implementation and evaluation of the Positive Behavioural Support Model" and Care Pathways - "The treatment of complex post-traumatic stress disorder within female low secure services and the addition of Compassion Focussed Therapy". They also won the Outstanding Contribution award at the LaingBuisson independent health care awards in 2014, in recognition of their "dedication to providing evidence based gender specific treatment pathways" which was driven by the head of psychology.
- The service was part of the National Association of Psychiatric Intensive Care and Low Secure Units and the UK Post Traumatic Stress Network.
- The service provided information to the Mental Health and Learning Disabilities Statistics Monthly reports

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**There had been a number of occasions when the unit was short staffed which meant that some staff had worked 24 hour shifts. This put both staff and patients at risk.**

This was a breach of Regulation 18.1