

St Andrew's Healthcare Nottinghamshire







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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.

Summary of findings

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

Overall summary

We rated St Andrew's Healthcare Nottinghamshire as **requires improvement** because:

- Managers did not ensure safe and clean environments. The ward layouts did not allow staff to observe all parts of the ward. We identified blind spots on all wards. There were no mirrors fitted to mitigate these. The extra care area and annexe on Thoresby ward were visibly dirty, we raised this with the provider and the occupied annexe was clean when we checked the following day. Staff were not labelling all opened food items in fridges, we found unlabelled items in fridges on all wards. However, managers had completed new ligature assessments, ensured all staff were aware of ligature risks and implemented new infection control procedures.
- Staff did not always manage seclusion appropriately. Staff were keeping some patients in seclusion for longer than required. We reviewed 20 seclusion records and found three instances of this. However, this was for hours rather than days as found previously. The practice of patients voting on whether to end another patient's seclusion had ended. Doctors and nurses were not completing reviews as required in 15% of records, multi-disciplinary reviews had not taken place as required in 18% of records and staff had not completed seclusion care plans as required in 9% of records. This was an improvement since the last inspection.
- Staff did not always manage patient risks. On Thoresby ward, one patient's information sheet did not highlight a serious risk issue. Staff did not always follow policies and procedures for use of observation.
- Staff had not always recorded and investigated incidents appropriately. We found examples of staff not recording incidents in both the patients notes and on the incident database. We found examples where staff described incidents of physical aggression between patients as 'playfighting'.
- Managers told us that Thoresby ward was providing a new model of therapy based on a personality disorder

service, adapted for patients with mild or borderline learning disabilities. At the time of our visit this model was not embedded as staff required training in order to deliver the therapies.

- Staff had not ensured hard copies of positive behavioural support plans were up to date on Rufford ward and staff on Newstead and Thoresby ward did not know where the hard copies of the positive behavioural plans were kept.

However:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Patients told us that the service had improved since our last inspection. We reviewed 20 seclusion records and found no examples of staff not responding to patients requests or of inappropriate and disrespectful language in patients' records. The provider had updated their search policy and staff conducted pat down searches of patients in private. We did not observe any punitive or disrespectful treatment of patients.
- The provider had made significant progress in addressing the issues we found at the previous inspection. The provider made management changes, implemented new governance systems, improved their auditing processes and acted to address poor staff conduct. The provider stopped Thoresby ward operating as a therapeutic community. Staff use of restraint and seclusion had decreased. Staff felt respected, supported and valued. Staff were very positive about their experience of working at the service and told us they were well supported.
- A patient was holding 'masterclasses' for staff and patients to help them understand the needs of patients with autism. Staff supported the patient to design the content of the programme. The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards.

Summary of findings

Managers ensured that these staff received training, supervision and appraisal. The ward teams had effective working relationships with other relevant teams within the organisation and outside the organisation and engaged with them early in the patient's admission to plan discharge.

- The service supported several patients to use their leave for special events and outings. These included one patient being supported to go on home leave to his family in Northern Ireland twice in recent months, another patient was supported to go to a concert in London and staff supported two other patients to attend football matches, including one at Wembley.

Summary of findings

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Requires improvement 

St Andrew's Healthcare Nottinghamshire

Services we looked at

Forensic inpatient or secure wards;

Summary of this inspection

Background to St Andrew's Healthcare Nottinghamshire

St Andrews Healthcare Nottinghamshire is a 66 bedded independent hospital for men detained under the Mental Health Act. At the time of the inspection there were 47 patients using the service. Patients admitted include those with a diagnosis of autism and Asperger's syndrome; and have either established or suspected borderline learning disabilities. They may also have additional mental health needs, and a history of offending or challenging behaviour. The service accepts referrals from across the United Kingdom. The hospital consists of four wards:

Newstead ward is a 16 bedded low secure ward for men who have a primary diagnosis of autistic spectrum disorder.

Wollaton Ward is a 17 bed medium secure ward for males with autistic spectrum disorder.

Thoresby ward is a 14 bed medium secure ward for men with mild or borderline learning disability. Patients may also have mental health needs and/or a history of offending or challenging behaviour.

Rufford ward is an 18 bed low secure ward for men with autistic spectrum disorder or learning disability.

St Andrews Healthcare Nottinghamshire is registered with CQC to provide treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983.

This location has been inspected ten times. The last inspection was in October 2018. The location was rated as inadequate overall; inadequate for safe, requires improvement for effective, inadequate for caring, good for responsive and inadequate for well led.

We took enforcement action for breaches of the following regulations:

Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Dignity and respect.

- Patients privacy and dignity were not always respected. Patients basic needs were not always met. We observed a patient being 'pat down' searched in front of other patients in the communal area on

Thoresby ward. Staff were not responding to patients requests when in seclusion. Staff records in one instance, were disrespectful and used inappropriate language.

- Patients told us that some staff were punitive, disrespectful and sometimes ignored them.
- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safe care and treatment.
- Staff were not compliant with the Mental Health Act Code of Practice. Doctors and nurses were not always completing reviews as required. Staff were not always completing observations. Staff had not always completed seclusion care plans.
 - Managers had not ensured safe environments. We found unidentified ligature risks on Newstead ward and an out of date ligature assessment on Thoresby ward. We identified blind spots in the en-suite areas of Newstead and Rufford seclusion rooms. On Wollaton ward, staff were not adhering to infection control principles when dealing with laundry and clinical waste.
 - Staff use of restraint had increased. Over six months there were 220 episodes of restraint. This was an increase since this previous inspection when there had been 355 episodes of restraint over twelve months. These were highest on Wollaton ward with 126 restraints for 11 different patients.
 - Management of actual and potential aggression training did not enable staff to intervene to keep all patients safe.
 - The provider had not ensured staff working on Thoresby ward had the specialist training to support patients safely.

Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safeguarding service users from abuse and improper treatment.

- Patients on Thoresby ward voted on whether another patient's seclusion could be ended or not.
- Staff were keeping patients in seclusion for longer than required.

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Good governance.

Summary of this inspection

- Leaders and governance arrangements did not assure the delivery of high quality care. Managers had not ensured that staff worked within the legal frameworks of the Mental Health Act and Mental Capacity Act. We identified staff practices in breach of both these acts and use of inappropriate language in patient care records.
- Leaders did not ensure compliance with recognised standards. Thoresby ward operated as a therapeutic community but was not accredited against Royal College of Psychiatrists' service standards and was not always able to evidence compliance with these standards.

We issued requirement notices for breaches of the following regulations:

Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Need for consent.

- Staff were not compliant with the Mental Capacity Act. We reviewed 24 patient records and ten had no evidence that staff had assessed capacity.
- Staff on Thoresby ward, operating as a therapeutic community, were not completing capacity assessments with patients prior to their admission to the service. There was no evidence in patients records that they had consented to undergo the model of treatment provided on the ward.

Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Staffing.

- The provider had not ensured all staff working on Thoresby ward received training in therapeutic communities.

We found that the provider had addressed some, but not all of the issues from the last inspection. The issues that remain are identified later in this report.

Our inspection team

Team leader: Victoria Green

The team that inspected the service comprised one CQC inspection manager, two CQC inspectors, one assistant inspector, two specialist advisors including a psychologist and a nurse, and one expert by experience.

Why we carried out this inspection

We inspected this service to check on improvements made following it being rated inadequate and placed in special measures in February 2019.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 20 patients who were using the service and reviewed 20 comments cards;
- spoke with three carers;
- spoke with the registered manager, operational leads, clinical director, estates director and managers for two of the wards;

Summary of this inspection

- spoke with 35 other staff members; including doctors, nurses, autism specialists, occupational therapists, psychologists, healthcare assistants, social workers, administrators, education staff and administrators;
- attended and observed three care activities and five other meetings;
- looked at 22 care and treatment records of patients and 20 seclusion records;
- carried out a specific check of the medication management on all wards;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 20 patients.

Patients told us that the service had improved since our last inspection.

Most patients told us that staff were supportive and kind.

Most patients said they were able to use their leave and had access to activities, although they would like more activities on the ward and group activities off the site.

Patients told us that their families were involved in their care.

Patients told us that they were confident to complain and five told us that staff resolved issues of them being bullied by peers and two told us that managers resolved issues of staff behaving inappropriately.

However, five patients raised concerns about staffing levels and high use of agency staff, three patients told us they did not feel safe on the wards and feedback about the quality of the food was variable.

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:

- Managers did not ensure safe and clean environments. The ward layouts did not allow staff to observe all parts of the ward. We identified blind spots on all wards. There were no mirrors fitted to mitigate these. The extra care area and annexe on Thoresby ward were visibly dirty, we raised this with the provider and the occupied annexe was clean when we checked the following day. Staff were not labelling all opened food items in fridges, we found unlabelled items in fridges on all wards. However, managers had completed new ligature assessments, ensured all staff were aware of ligature risks and implemented new infection control procedures.
- Staff did not always manage seclusion appropriately. Staff were keeping some patients in seclusion for longer than required. We reviewed 20 seclusion records and found three instances of this. However, this was for hours rather than days, as found previously. The practice of patients voting on whether to end another patient's seclusion had ended. Doctors and nurses were not completing reviews as required in 15% of records, multi-disciplinary reviews had not taken place as required in 18% of records and staff had not completed seclusion care plans as required in 9% of records. This was an improvement since the last inspection.
- Staff did not always manage patient risks. Although all patients had a completed risk assessment, on Thoresby ward, one patient's information sheet did not highlight a serious risk issue. Staff did not always follow policies and procedures for use of observation (including to minimise risk from potential ligature points). We reviewed 42 observation records across all wards. Staff had not recorded observations correctly in 37 of the records reviewed.
- We found that staff were applying blanket restrictions without justification. These related to section 17 leave and access to bedroom keys.
- Staff had not always recorded and investigated incidents appropriately. We found examples of staff not recording incidents in both the patients notes and on the incident database. We found examples where staff described incidents of physical aggression between patients as 'playfighting'.

However:

Requires improvement



Summary of this inspection

- Staff use of restraint had decreased by 49% and the use of seclusion had reduced by 34% since the last inspection.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

Are services effective?

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

- Managers told us that Thoresby ward was providing a new model of therapy based on a personality disorder service, adapted for patients with mild or borderline learning disabilities. At the time of our visit this model was not embedded as staff required training in order to deliver the therapies.
- Staff had not ensured hard copies of positive behavioural support plans were up to date on Rufford ward and staff on Newstead and Thoresby ward did not know where the hard copies of the positive behavioural plans were kept.

However:

- A patient was holding 'masterclasses' for staff and patients to help them understand the needs of patients with autism. Staff supported the patient to design the content of the programme.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. We reviewed examples of decision specific capacity assessments for patients wishing to have a relationship.

Requires improvement



Are services caring?

Good



Summary of this inspection

We rated caring as **good** because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Patients told us that the service had improved since our last inspection. We reviewed 20 seclusion records and found no examples of staff not responding to patients requests or of inappropriate and disrespectful language in patients' records. The provider had updated their search policy and staff conducted pat down searches of patients in private. We did not observe any punitive or disrespectful treatment of patients.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

However:

- Staff did not always record patients involvement in care plans. We reviewed 22 care plans and five did not evidence involvement of patients.

Are services responsive?

Good



We rated responsive as **good** because:

- The service supported several patients to use their leave for special events and outings. These included one patient being supported to go on home leave to his family in Northern Ireland twice in recent months, another patient was supported to go to a concert in London and staff supported two other patients to attend football matches, including one at Wembley.
- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to the community. As a result, discharge was rarely delayed for other than clinical reasons.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Summary of this inspection

Are services well-led?

Good



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

- The provider had made significant progress in addressing the issues we found at the previous inspection. The provider made management changes, implemented new governance systems, improved their auditing processes and acted to address poor staff conduct.
- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. Staff were very positive about their experience of working at the service and told us they were well supported and involved in patients' care. This included attending ward rounds and multi-disciplinary meetings.
- The provider held annual care awards across all services. Staff could nominate colleagues for one of these awards, based on the providers values. Rufford ward had recently won 'team of the year'.
- Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service.

However:

- There was confusion amongst some staff regarding 'lead roles'. This included responsibilities of lead roles and if their role was considered a 'lead role'.

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.

- The majority (95%) of staff had completed training in the Mental Health Act.
- The provider had a dedicated, centralised Mental Health Act team including an administrator who examined Mental Health Act papers on admission. Staff knew who the administrators were and could get support to ensure that they followed the Act in relation to, for example, renewals, consent to treatment and appeals against detention.
- Staff kept clear records of leave granted to patients. Patients, staff and carers were aware of the parameters of leave granted, including risk and contingency/crisis measures.
- We saw that staff adhered to consent to treatment and capacity requirements and kept copies of consent to treatment forms attached to medication charts where applicable.
- Staff explained patients' rights under the Mental Health Act to them on admission and routinely thereafter. This was evident in patient records reviewed.
- Staff completed detention paperwork correctly, kept it up to date and stored it appropriately.
- Staff carried out regular audits to ensure that they applied the Mental Health Act correctly and there was evidence of learning from these audits.
- Staff ensured that patients had access to Independent Mental Health Advocate services. Staff were clear on how to access the advocacy service to support patients with capacity issues, or access to wards and records. Staff displayed posters with the names and contact details of the mental health advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The majority (95%) of staff had completed training in the Mental Capacity Act.
- Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles.
- Staff made no deprivation of liberty safeguards applications in the last 12 months to protect people without capacity to make decisions about their own care. At the time of inspection all patients in the hospital were detained under the Mental Health Act (1983).
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it. We reviewed examples where staff assessed patients' capacity regarding having a relationship with a peer.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.
- When patients lacked capacity, staff made decisions in their best interests.

Forensic inpatient or secure wards

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

Are forensic inpatient or secure wards safe?

Requires improvement 

Safe and clean environment

- Staff carried out regular assessments of the care environment. Managers completed up to date ligature audits that identified all ligature risks, with mitigation recorded to manage these risks. Ligature cutters were available on the wards and all staff on duty held a key to access these. Managers provided staff, including agency staff, with an induction to orientate them to the ward. This included the location of the ligature cutters.
- The ward layouts did not allow staff to observe all parts of the ward. We identified blind spots on all wards. Thoresby had blind spots in the bedroom corridor and the lounge. Wollaton had blind spots in the lounge. Rufford and Newstead had blind spots in the activity rooms. There were no mirrors fitted to mitigate these.
- The ward complied with guidance and there was no mixed sex accommodation.
- Staff had easy access to alarms, however patients did not have nurse call systems in their bedrooms.
- The extra care area on Thoresby ward was visibly dirty, although not in use during our visit. The annexe on Thoresby ward was also visibly dirty and was being used by a patient from Wollaton ward. We raised this with the provider and the annexe was clean when we checked the following day.
- Staff were not labelling all open food items in fridges. We found unlabelled items in fridges on all wards.
- A member of staff was allocated as safety nurse for each shift. The safety nurse completed a safety checklist on each shift. This ensured any safety concerns were identified and addressed quickly.
- Staff adhered to infection control procedures, including handwashing.
- Two of the four seclusion rooms were out of use during our visit. Thoresby seclusion room had been closed since the previous day, following a peer review which identified a rough wooden edge on a doorframe. Managers put in a request for this to be rectified. The seclusion room on Wollaton was out of use longer term and awaiting a major overhaul. Managers advised that patients would use the seclusion rooms on Rufford and Newstead. The provider's seclusion policy included procedures for moving patients between wards.
- Rufford and Newstead seclusion rooms had two way communication and a clock visible to patients. CCTV, observation panels and viewing lenses enabled staff to view a patient when in seclusion. However, if the patient used the mattress to obscure the observation panel, there was a blind spot in the corner of the room.
- Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and kept it clean.
- Security staff did not check if the inspection team were carrying any contraband items before accessing the secure area.
- Staff on the wards did not issue fire tally cards to inspection team members, in line with St Andrew's policy and procedures. However, when we returned to conduct an additional night visit the security staff provided fire tally cards and checked that we were not carrying any contraband items.

Forensic inpatient or secure wards

Safe staffing

- Staffing numbers were safe on the days we inspected. Staffing numbers during our visit were as planned on Rufford (16 patients), Newstead (13 patients) and Thoresby (nine patients) wards. Wollaton ward (nine patients) was one qualified nurse and one healthcare assistant short on our first day on site. The senior nurse on duty was only due to be on shift until 6pm but advised she would work late if another nurse was not found to cover. Five of the eight staff on duty were allocated to observations of two patients, leaving only three staff to support the remaining seven patients on the ward. Staff on Wollaton ward told us that they were often short staffed and relied on agency staff.
- Of the eight qualified staff on duty on our first day, none were agency or bank, although one nurse was in their preceptorship. Preceptorship is a period of time to help a newly qualified nurse develop the confidence to practice competently. Of the 29 unqualified staff on duty none were agency and one was bank, although four of the unqualified staff on Newstead were new and had not completed their Management of Potential and Actual Aggression training. This meant that they could not be allocated to patient observations or escorted leave. The provider reported a compliance rate of 87% for Management of Potential and Actual Aggression training as of the 12 June 2019.
- We carried out an unannounced night visit in the two weeks after the initial site inspection. We found that staffing numbers were as planned and included enough staff to meet patients' enhanced support needs. Five qualified staff were on duty; one permanent, one permanent preceptorship nurse and three agency. Twenty one healthcare assistants were on duty; 17 permanent, three bank and one agency. One of the agency nurses previously worked in a permanent role on the ward and the other agency staff had experience of working shifts at the site. We observed that the agency staff knew the patients and they told us they had been provided with the information they needed to work their shift. The permanent nurse was originally on duty as the night coordinator, a shift in addition to the ward establishment to provide support as required across the site. This nurse was working a shift on the ward to cover staff sickness and vacancies.
- The provider had establishment levels of 26 whole time equivalent registered and 74 whole time equivalent unregistered staff across forensic secure wards as of 31 May 2019.
- This service reported a vacancy rate for all staff of minus 116% as of 31 May 2019. This was lower than the rate reported at the last inspection as of 31 July 2018. There were 7.4 whole time equivalent vacancies for registered staff: five of these were for Wollaton ward and 2.4 were on Thoresby ward. This vacancy rate was lower than the rate reported at the last inspection. There were no vacancies for unregistered staff across forensic secure wards. The service overstaffed healthcare assistant posts by 23 whole time equivalent. The provider was in the process of closing Wollaton ward and allocating Wollaton staff to the other wards to increase staffing resources across the site.
- From 01 December 2018 to 31 May 2019 the provider covered 1,400 (10%) shifts with bank staff from its own bureau, 3,828 (27%) of shifts from agency staff and 750 (6%) shifts were unfilled across forensic secure wards. The wards that used highest numbers of bank and agency staff were Newstead and Wollaton wards. Newstead used bank staff to cover 386 (10%) shifts and agency staff to cover 1,276 (33%) shifts and had 196 (5%) unfulfilled shifts from 01 December 2018 to 31 May 2019. Wollaton ward used bank staff to cover 678 (16%) shifts and agency staff to cover 1,195 (28%) shifts and had 203 (5%) unfulfilled shifts over the same period. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.
- The service had low turnover rates. This service reported a turnover rate of 2.5% between 01 December 2018 and 31 May 2019.
- Managers supported staff who needed time off for ill health. Levels of sickness had increased recently on Thoresby ward but had reduced on the other wards. The sickness rate for this service was 10% between 01 December 2018 and 31 May 2019. The most recent month's data for May 2019 showed a sickness rate of 10%.
- Ward managers could adjust staffing levels daily to take account of case mix. Managers met each morning with the senior management team to discuss daily risk issues for their wards and adjusted staffing levels where necessary.
- Senior managers had introduced a new process for booking bank staff, which involved a mobile phone with

Forensic inpatient or secure wards

all bank staff numbers stored, being available at reception. Staff could text all the bank staff when a shift needed covering. This made it easier to cover shifts and reduced the need to use agency staff.

- During our site visit we observed qualified nurses to be present in communal areas on the wards. Patients spoken with told us that they were able to have one to one time with their named nurse.
- Patients and staff told us that leave was occasionally postponed due to staffing shortages or other activities having to take priority.
- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency.
- Overall, staff in this service had undertaken 96% of the various elements of training that the provider set as mandatory. This included a compliance rate of 94% for basic life support training.

Assessing and managing risk to patients and staff

- Although staff completed a risk assessment for each patient and updated them regularly and after any incident, staff on Thoresby ward had not included a serious risk issue on the quick reference information sheet for one patient. These information sheets provided an overview of each patient, including key risks and tips for working positively with each patient. Staff used the provider's comprehensive risk assessment tool. Staff considered historical and current risk information to determine how best to care for patients. Staff identified and responded to changing risks to, or posed by, patients.
- Staff did not always follow policies and procedures for use of observation (including to minimise risk from potential ligature points). We reviewed 42 observation records across all wards. Staff had not completed observations correctly in 37 of the records reviewed. Thoresby ward had the highest number with 16, followed by 12 on Newstead. Staff had missed one to three entries in 35 of the records reviewed. In one of the remaining two records staff had not completed 56 entries out of a total of 96, with 15 minute observations not being recorded for up to five and a half hours. In the other record staff had not completed 74 out of 96 entries, with 15 minute observations not being recorded for up to seven and a half hours.
- Staff followed procedures for searching patients or their bedrooms. Staff conducted searches of patients in side rooms.

- Staff applied blanket restrictions without justification. On Thoresby ward patients were not allowed bedroom keys, although we observed staff reviewing this in a business meeting on the ward. On Thoresby ward staff did not allow patients to take their planned leave if they had not attended the morning meeting. Staff told us that patients agreed this in a community meeting, we reviewed minutes on the ward and found no evidence that this happened. Staff also told us this was detailed in the ward expectations but a copy of this was not available on the ward and the responsible clinician told us they were in the process of producing the ward expectations and patients did not yet have access to them. One patient's positive behavioural support plan stated that not being allowed to leave the ward was a trigger for their behaviour that challenged.
- The wards in this service participated in the provider's restrictive interventions reduction programme. Staff told us that they would use de-escalation methods before resorting to restrictive interventions.
- Staff adhered to best practice when implementing a smoke free policy.
- Thoresby ward was no longer operating as a therapeutic community and patients were no longer voting on whether another patient's seclusion could end.
- We reviewed 20 seclusion records, records indicated that staff kept patients in seclusion despite recording them as 'settled' and 'engaging with staff' in three instances. This was a reduction since the last inspection from 31% to 15% of records reviewed. The instances reviewed were for much shorter periods than found previously. Managers told us that they checked the seclusion records to ensure staff used seclusion as a last resort and for the least amount of time.
- There were 62 episodes of seclusion across forensic secure wards between 01 December 2018 and 31 May 2019. These were highest on Newstead ward with 28 seclusions. This was a significant reduction from the previous inspection when the provider reported 94 episodes of seclusion from 01 February 2018 to 31 July 2018.
- There were 33 episodes of seclusion from 01 March 2019 to 01 June 2019. We reviewed the provider's audits of 28 of these seclusions. We found that a doctor carried out a review within the first hour of seclusion in 93% of cases, subsequent medical reviews were carried out in 80% of cases, nursing reviews were carried out in 88% of cases, multi-disciplinary reviews were carried out in 84% of

Forensic inpatient or secure wards

cases and seclusion care plans were completed in 93% of cases. This was an improvement since the last inspection when we reported that a doctor carried out a review within the first hour of seclusion in 68% of cases, nurses carried out reviews in 81% of cases, multi-disciplinary reviews had were out in 81% of cases and care plans had been completed in 68% of cases.

- From 01 December 2018 to 31 May 2019 there were 187 episodes of restraint. This was a decrease since our previous inspection when there had been 220 episodes of restraint over six months. These were highest on Wollaton ward with 94 restraints for five different patients. Over the same period there were five episodes of prone restraint. This was a decrease from the previous inspection, when the provider reported 12 episodes of prone restraint from 01 February 2018 to 31 July 2018.
- The provider reported two uses of rapid tranquilisation from 01 December 2018 to 31 May 2019. These were both on Newstead ward. Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation.

Safeguarding

- Overall, 96% of staff completed the online safeguarding children and adults course and 90% of staff completed the level three classroom based safeguarding training.
- Staff told us how they safeguarded patients who wanted to be in a relationship with each other by taking a multi-disciplinary approach and assessing on a case by case basis. The team deemed it appropriate for some patients to have a relationship, but not for others. The team put protective measures in place, including moving patients to another ward and referring to the local safeguarding team.
- Senior social work staff told us how they analysed trends and acted to minimise safeguarding incidents. One example was an increase in safeguarding incidents on Newstead ward which correlated with an increase in agency staff use. Hospital managers were planning shifts to ensure there were no shifts completely covered by temporary staff.
- The social work team worked with staff to ensure they understood that safeguarding is everyone's business. Qualified staff received training from the local authority and now made safeguarding referrals directly, instead of relying on social work staff to do this.

Staff access to essential information

- Staff used an electronic record system for patient records, with some records also available in paper format, for example, positive behaviour support plans.
- All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form.

Medicines management

- Staff on all wards followed good practice in medicines management. Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute of Health and Care Excellence guidance, especially when the patient was prescribed a high dose of antipsychotic medication.
- We reviewed sixteen prescription charts and found no issues. The provider used an electronic prescribing system which highlighted any risk areas, such as multiple anti psychotics, allergies and physical health conditions. The system also detailed all patients' consent to treatment.
- Staff spoken with were not sure who the STOMP (stopping over medication of people with a learning disability) lead was. We were advised by the provider that the interim clinical director and one of the consultant psychiatrists were fulfilling this role.

Track record on safety

- The service reported three serious incidents over the last six months, one on Newstead, one on Rufford and one on Wollaton. The incident on Rufford ward related to staff taking home service keys. The incident on Newstead related to a patient sexually assaulting a member of staff. The incident on Wollaton related to the police being called to manage an incident of a patient being violent and aggressive.

Reporting incidents and learning from when things go wrong

- Although all staff knew what incidents to report and how to report them, we found examples of incidents that staff recorded in the patients progress notes and had not reported as an incident and also incidents reported on the incident database but not recorded in individual patients notes. We reviewed 22 incident reports and 22 patient records and found six examples of this; four on Rufford ward and two on Newstead ward.

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- We found several examples where staff described incidents of physical aggression between patients as ‘playfighting’. This included in observed multi-disciplinary meetings, in incident reports and in patient records. We were concerned that staff were not treating these incidents as seriously as they should be.
- Staff reported 51 incidents of physical aggression and violence in May 2019 and nine for the first 12 days of June.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.
- Staff received feedback from the investigation of incidents, both internal and external to the service. Feedback was provided in team meetings, supervisions and via ‘red top alerts’, which were emailed to all staff across the organisation. There was evidence that changes had been made because of feedback. The provider amended their ligature audits following feedback from a staff focus group in relation to staff not being aware of ligature incidents at the provider’s other locations.
- The service made safety improvements to the seclusion rooms and had replaced some external doors with a stronger and safer design.
- Managers debriefed and supported staff after a serious incident.

Are forensic inpatient or secure wards effective?

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- Staff completed comprehensive mental health assessments in the 22 patient records reviewed. Staff completed assessments of patients’ physical needs in a timely manner after admission. Staff had not completed personalised care plans in five of the records reviewed. Staff developed care plans in most cases, to meet the needs identified during assessment. However, we reviewed records of two patients in a relationship and staff had not completed a relationship care plan for one of the patients.

- Staff completed ‘Positive Behaviour Support’ plans that were held on the electronic record system, with hard copies being available on the wards. These plans were person centred, holistic and included the patient’s views. However, on Rufford ward the hard copies of the positive behaviour plans were out of date, with some dating back to patients’ time on a different hospital site. We raised this with the ward manager, who advised he would rectify this issue. Staff on Thoresby and Newstead wards did not know where to find the hard copies of the positive behavioural support plans.
- Staff updated most care plans when necessary, but we reviewed one patient record on Newstead ward which did not have an up to date care plan.

Best practice in treatment and care

- Thoresby ward was no longer operating as a therapeutic community. Managers told us that the ward was providing a new model of therapy based on a personality disorder service, adapted for patients with mild or borderline learning disabilities. However, at the time of our visit this model was not embedded. The service had started to provide the first stage of the therapy programme but not the second stage. Managers told us that staff required further training to deliver the therapies within the model.
- Staff followed National Institute of Health and Care Excellence guidance when prescribing medication. Doctors prescribed antipsychotic medicines to eleven of the patients we reviewed. Staff carried out blood tests, investigations and physical observations in accordance with national guidance and best practice recommendations, and kept a record on the electronic notes system for each patient.
- The service provided psychosocial programmes based on National Institute of Healthcare Excellence guidelines. One example was a programme called ‘social eyes’ which teaches patients how to have conversations. The service also provided substance misuse groups, a men’s health group, sensory awareness groups, and one to one offence focused work.
- A dedicated physical healthcare team ensured patients had good access to physical healthcare. Staff told us they would refer to specialists when needed. Staff completed specific care plans for patients to support their physical healthcare needs, for example, diabetes management and epilepsy. Staff assessed and met

Forensic inpatient or secure wards

patient's nutrition and hydration needs. Staff used the malnutrition universal screening tool. This was evidenced in care records reviewed. The service promoted healthy living through sporting events and walking groups.

- Staff used recognised rating scales to assess and record severity and outcomes such as the health of the nation outcome scale for secure services. The service carried out several assessments, including autism assessments, visual perception assessments, sensory integration assessments, vinelands assessments (measures personal and social skills) and the model of human occupation screening tool.
- Clinical staff participated actively in clinical audit of care records. Staff updated care plans and positive behavioural support plans in line with these audits. The provider also conducted quarterly audits of clinic rooms and the electronic prescribing system. The provider carried out an audit to check compliance with National Institute of Health and Care Excellence guidance- Adults with Autism and reported to be 99% compliant.

Skilled staff to deliver care

- The provider had the full range of disciplines needed to deliver care including autism specialists, nurses, occupational therapists, clinical psychologists, social workers, healthcare assistants and activities coordinators.
- Staff spoken with told us that they received a thorough induction at the provider's main site in Northampton. This included all mandatory training. This was followed by a local induction to the ward and working some 'shadow' shifts before starting the role as a substantive staff member. The provider told us that a mentor would be allocated to support new staff, however one staff on Thoresby ward told us they did not have a mentor. The provider included autism training for all staff as part of the induction to the service. The service employed an autism lead practitioner and an autism specialist.
- Managers told us that they supported staff development and gave examples, including one staff working with veterans, another working with the psychology team and healthcare assistants training to be nurses through the providers 'Aspire' programme.
- Managers ensured that most staff were appraised and had access to regular team meetings. The percentage of staff that had an appraisal in the last 12 months was 88%.

- Managers ensured most staff were regularly supervised. The provider reported compliance rates of 90% for clinical supervision and 86% for management supervision as of 31 May 2019. This was above the providers target of 85%. The medical team reported the lowest rate at 50%.
- The provider had a learning and development department providing staff access to the necessary specialist training for their roles. Staff told us that access to training had improved since the last inspection and included training in positive behavioural support, bullying and harassment, caring for gender non-conforming young people, national early warning scores, creating an environment based on respect, dysphagia, nutrition and wellbeing, unconscious bias, relational security, autism spectrum disorder and personality disorders.
- A patient delivered 'masterclasses' for staff to help them understand the needs of patients with autism. The patient designed the entire content of the class.
- The senior nurse on Rufford ward facilitated a weekly clinic for new nurses, including students. This ensured newly qualified nurses, on their preceptorship, were fully supported in their roles. The provider also ran a day each month for all nurse preceptors across the organisation. The psychologist facilitated reflective practice sessions early in the morning so that night staff were able to attend.
- Managers described how they addressed poor staff performance promptly and effectively, with support from HR.

Multi-disciplinary and inter-agency team work

- Staff participated in regular, effective multidisciplinary meetings. We observed two multi-disciplinary meetings. These were thorough reviews, attended by a range of disciplines and considered patients' holistic needs, physical health, observation levels and medication. Staff attended effective handovers within teams.
- Each ward had a dedicated handover template with key areas for staff to discuss for each patient at the start and end of each shift, including risks, behaviour, patient's presentation and a "positive message".
- Staff had effective working relationships with other teams and stakeholders. The provider met regularly with

Forensic inpatient or secure wards

NHS England (who commission specialist healthcare placements), the local authority safeguarding team and the local police. The police had recently held a drop in session on site for staff.

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

- The majority (95%) of staff completed training in the Mental Health Act.
- The provider had a dedicated, centralised Mental Health Act team including an administrator who examined Mental Health Act papers on admission. Staff knew who the administrators were and could get support to ensure that they followed the Act in relation to, for example, renewals, consent to treatment and appeals against detention.
- Staff kept clear records of leave granted to patients. Patients, staff and carers were aware of the parameters of leave granted, including risk and contingency/crisis measures.
- We saw that staff adhered to consent to treatment and capacity requirements and kept copies of consent to treatment forms attached to medication charts where applicable.
- Staff explained patients' rights under the Mental Health Act to them on admission and routinely thereafter. This was evident in patient records reviewed.
- Staff completed detention paperwork correctly, kept it up to date and stored it appropriately.
- Staff carried out regular audits to ensure that they applied the Mental Health Act correctly and there was evidence of learning from these audits.
- Staff ensured that patients had access to Independent Mental Health Advocate services. Staff were clear on how to access the advocacy service to support patients with capacity issues, or access to wards and records. Staff displayed posters with the names and contact details of the mental health advocacy services.

Good practice in applying the Mental Capacity Act

- The majority (95%) of staff completed training in the Mental Capacity Act.
- Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles.

- Staff made no deprivation of liberty safeguards applications in the last 12 months to protect people without capacity to make decisions about their own care. At the time of inspection all patients in the hospital were detained under the Mental Health Act (1983).
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including deprivation of liberty safeguards.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it. We reviewed examples where staff assessed patients' capacity regarding having a relationship with a peer.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions.
- When patients lacked capacity, staff made decisions in their best interests.

Are forensic inpatient or secure wards caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.
- The provider reviewed and updated their search policy to ensure staff only searched patients in side rooms.
- We found that staff were responding to requests from patients when in seclusion. We found no examples of staff using disrespectful and inappropriate language in patient records.
- Staff supported patients to understand and manage their care, treatment or condition. An example of this was a patient with diabetes, who staff trained to monitor his blood sugar levels and administer his own insulin.

Forensic inpatient or secure wards

- Staff directed patients to other services when appropriate and, if required, supported them to access those services.
- Patients said most staff treated them well and behaved appropriately towards them. Patients told us that permanent staff treated them better than some of the agency staff. Five patients told us that they had been bullied, either by other patients or staff, in four cases patients reported that managers had dealt with these situations appropriately, involving the police if necessary and resolving the issues. We were assured that the provider had taken robust action to manage instances of staff mistreating patients.
- Staff understood the individual needs of patients, including their personal, cultural, social and religious needs.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Staff maintained the confidentiality of information about patients.

Involvement of patients

- Staff used the admission process to inform and orient patients to the ward and to the service.
- We reviewed 22 care plans and five did not evidence involvement of patients. However, we observed two multi-disciplinary meetings and patients attended, with their advocate if required, and inputted into the review of their plan.
- Staff involved patients when appropriate in decisions about the service – for example, in the recruitment of staff. Staff facilitated weekly community meetings on all wards. Patients and staff attended these. We reviewed minutes of these meetings, which evidenced that patients were able to raise issues and receive a response at the following meeting.
- Staff ensured that patients could access advocacy.

Involvement of families or carers

- Managers told us that they involved carers, with the patient's consent. This included inviting carers to meetings and keeping them updated via regular phone calls. One manager gave an example of working with a patient's family to better understand his needs and as a result, changing the patient's planned pathway.
- We spoke with three carers, who described the staff as lovely, caring, supportive and accessible. Carers told us

that communication was good and staff invited them to attend meetings about their loved one's care and treatment. There was a visitor's suite near the hospital entrance and families could also use the café with their relative. Carers were not able to visit their loved ones on the wards. Managers told us they were looking at ways to enable families and carers to see the ward environment.

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

Good 

Access and discharge

- The average bed occupancy over the last six months prior to inspection was 84%. The provider stopped new admissions to the service following the last inspection.
- The provider did not admit new patients to current patients' beds when they were on leave, ensuring patients always had access to a bed on return from leave.
- Staff did not move patients between wards during an admission episode unless this was justified on clinical grounds and in the interests of the patient. When staff moved or discharged patients this happened at an appropriate time of day. The service reported seven patient transfers over the past six months. Three of these were planned step downs from medium to low secure wards. Two were transfers from Wollaton ward, which was in the process of closing, to Thoresby. Two were transfers to safeguard patients.
- In the last six months, there were four delayed discharges from the service. The ward with the highest number of delayed discharges was Newstead ward with two. The provider was working closely with NHS England to review patients who were ready for discharge from the service but were delayed due to lack of suitable placements in the community. We saw evidence that care and treatment reviews were taking place for patients.

Forensic inpatient or secure wards

- Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Staff supported patients during referrals and transfers between services – for example, if they required treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own bedrooms, which they were able to access as they wished, although not all patients had bedroom keys. Patients personalised their bedrooms, some with their own artwork. Patients had somewhere secure to store their possessions. Patients had been involved in redesigning Wollaton ward, to include 'space effect' wallpaper and coloured lighting to meet sensory needs. Patients could choose to have removable covers over the observation panels in their bedroom doors to keep light out of their bedrooms at night.
- Staff and patients had access to the full range of rooms and equipment to support treatment and care including clinic rooms to examine patients, activity and therapy rooms.
- There were quiet areas on the ward and a room where patients could meet visitors. Patients could make a phone call in private. Patients had access to outside space.
- Patients reported that the food was of a variable quality. Patients on the low secure wards had access to kitchenettes to make snacks and hot drinks. The nurse in charge had discretion to lock these if they posed a risk by being left open. Patients on the medium secure wards were provided with water bottles for cold drinks but had to request hot drinks and snacks.
- The service provided opportunities for patients to develop skills through working at the on-site café.

Patients' engagement with the wider community

- The service supported several patients to use their leave for special events and outings. These included one patient being supported to go on home leave to his family in Northern Ireland twice in recent months, another patient was supported to go to a concert in London and staff supported two other patients to attend football matches, including one at Wembley.
- The provider reported 1,760 successful off site patient leave episodes from 01 December 2018 to 31 May 2019.

Meeting the needs of all people who use the service

- Whilst wards were not fully equipped to support disabled access the provider previously designed support packages to meet individual mobility needs. Staff provided accessible information on treatments, local services, patients' rights, and how to complain. We saw this information displayed on the wards.
- The provider used interpreters to ensure patients could communicate if they did not speak or understand English, they also worked with catering so that they met patient cultural needs with respect to diet. Managers told us they were able to access interpreters when required and gave an example of a Chinese patient who speaks good English but chooses to use an interpreter for meetings.
- Staff ensured they met individual patient dietary needs, for example, halal, kosher and vegetarian diets.
- The provider had a RACE (Race, Culture and Ethnicity) group who looked at ways they could support patients from different ethnic backgrounds.

Listening to and learning from concerns and complaints

- The provider actively reviewed complaints and involved patients and staff in responding to and resolving them. The provider reported that there were 14 complaints in the six months prior to the inspection. Six of the complaints were about Rufford ward. Two of the complaints are ongoing, the provider partially upheld four of the complaints and did not uphold eight. No complaints were referred to the ombudsman. Seven complaints related to staff attitude/behaviour. Four patients told us that they had made complaints and that staff responded appropriately and acted to address their concerns. Staff knew how to handle complaints appropriately. The provider investigated complaints promptly and staff received feedback on the outcome of investigation of complaints and acted on the findings. There was evidence of this in team meeting minutes and care records.
- The service also received seven compliments during the same period. Rufford ward received the most compliments with four. Compliments included praise from external professionals for a patient's progress and for involving a patient's family.

Are forensic inpatient or secure wards well-led?

Forensic inpatient or secure wards

Good 

Leadership

- The provider had made significant progress in addressing the issues we found at the previous inspection. The provider made management changes, implemented new governance systems, improved their auditing processes and acted to address poor staff conduct.
- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.
- Staff told us that the new leadership team was very supportive and visible at the service. Staff at all levels told us that the culture at the hospital had improved greatly over the past six months.
- The provider ensured leadership opportunities were available for staff below manager level. Three senior nurses on Thoresby ward were completing the provider's 'transform' programme. This was an externally accredited leadership course which covered all aspects of a manager's role.

Vision and strategy

- Staff knew and agreed with the organisation's vision: to transform lives together. The values which underpin the vision and the provider's strategy were; compassion: be supportive; understand and care for patients, their families and all in the community. Accountability: take ownership; be proactive, be responsible, do what you say you will do. Respect: Act with integrity; be real, be open, be honest. Excellence: innovate, learn and deliver; whatever you do, do it well.
- Managers ensured that team objectives reflected the organisation's vision and values. Managers displayed their wards values on the walls in patient areas.

Culture

- Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear. Staff were very positive about their experience of working at the service and told us

they were well supported and involved in patients' care. This included attending ward rounds and multi-disciplinary meetings. Staff morale was generally good, although staff on Wollaton reported that morale was low due to staff leaving and plans to close the ward. Some staff in therapy roles told us that there were difficulties in retaining staff as there were no opportunities for career development and they had to fund their own training.

- There was confusion amongst some staff regarding 'lead roles'. This included responsibilities of lead roles and if their role was considered a 'lead role'.
- Managers dealt with poor staff performance when needed. Teams worked well together and where there were difficulties managers dealt with them appropriately.
- Staff appraisals included conversations about career development and how it could be supported.
- Sickness and absence rates amongst permanent staff were highest on Wollaton ward at 12% between 01 December 2018 and 31 May 2019. Thoresby ward had the lowest overall sickness rate at 8%, although this increased to 10% in recent months. This was above the provider's target of 4%.
- Staff told us the provider had excellent resources for external staff support such as counselling services and occupational health.
- The provider held annual care awards across all services. Staff could nominate colleagues for one of these awards, based on the providers values. Rufford ward recently won 'team of the year'.

Governance

- Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service held daily 'morning meetings', we observed two of these. The clinical lead, operational lead, ward managers, clinical director, responsible clinicians, junior doctors, physical health nurse, estates representative and medical secretary attended these meetings and discussed restrictive practices, any incidents/issues on the wards, section 17 leave and estates issues.
- There were also weekly governance meetings for all departments and monthly quality assurance meetings,

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which reviewed key performance indicators, restrictive practices, serious incidents, safeguarding, cleanliness and estates/housekeeping. These meetings fed into the provider's monthly quality meetings, which reported to the board. We reviewed minutes of thirteen weekly governance meetings and minutes of two quality assurance meetings. These minutes evidenced that senior managers were aware of and acting to tackle issues such as non-adherence to the Mental Health Act Code of Practice. We also saw that learning had been taken from the provider's other locations to make improvements to the service.

- Wards held weekly or fortnightly business meetings. We observed two of these. Staff discussed referrals, admissions, discharges, patient leave, incidents, safeguarding concerns, compliments, risk assessments, capacity assessments and care planning.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.
- The provider recently implemented 'peer reviews' between its registered locations. A team from one of the other locations recently 'peer reviewed' Thoresby ward. The review team highlighted environmental concerns with the seclusion room, which was closed off until the work required was completed and identified training as an area to improve.
- Staff told us that the clinical lead was carrying out unannounced night checks to ensure staff were carrying out their duties as required.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

- Staff were able to access the risk register and could escalate concerns when required.
- The service had business continuity plans to manage emergency situations, for example, adverse weather events.

Information management

- The provider used systems to collect data from wards that were not over burdensome on staff. Staff had access to the equipment and technology they needed to do their work.
- The provider used key performance indicators to support managers to gauge the performance of their teams, including compliance with training, supervision and reduction in restrictive interventions. The provider recently introduced a 'live' dashboard that provided data from an individual ward level to provider level.
- Staff made notifications to external bodies as needed.

Engagement

- Staff had access to up to date information about the work of the provider through the intranet, emails and newsletters. Staff had opportunities to meet the providers senior leadership team through 'drop in' sessions.
- Patients and carers had opportunities to feedback about the service through questionnaires and meetings. The provider employed a dedicated involvement lead to oversee this work.
- Senior leaders engaged with external stakeholders, for example NHS England and Clinical Commissioning Groups.

Learning, continuous improvement and innovation

- Managers offered staff the opportunity to give feedback on services and input into service development.
- The service was a member of the Quality Network for Forensic Mental Health Services and was reviewed annually by their peers. The last review was in February 2019. The review highlighted the following areas of good practice: promotion of health and wellbeing, supportive staff, flexibility to meet patient needs, impressive facilities and activities. The review found the following areas needed improvement: blind spots, carer involvement, complaint feedback, staffing issues and food quality.

Outstanding practice and areas for improvement

Outstanding practice

- A patient was holding 'masterclasses' for staff and patients to help them understand the needs of patients with autism. Staff supported the patient to design the content of the programme.
- The service supported several patients to use their leave for special events and outings. These included

one patient being supported to go on home leave to his family in Northern Ireland twice in recent months with staff support, another patient was supported to go to a concert in London and staff supported two other patients to attend football matches, including one at Wembley.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff manage seclusion in line with the Mental Health Act Code of Practice.
- The provider must ensure safe environments, through identification and mitigation of risks.
- The provider must ensure all incidents are recorded and investigated appropriately.
- The provider must ensure blanket restrictions are applied in line with the Mental Health Act Code of Practice.
- The provider must ensure compliance with food hygiene standards.
- The provider must ensure staff complete and record patient observations in line with policy and procedure.

- The provider must ensure all relevant information is included on patient information sheets.
- The provider must ensure staff are trained to provide the therapies required on Thoresby ward.
- The provider must ensure up to date copies of patients' positive behavioural support plans are easily accessible for staff and staff know where they are.

Action the provider **SHOULD** take to improve

- The provider should ensure staff evidence patient involvement in care planning.
- The provider should ensure all staff know which roles are 'lead roles' and what the responsibilities of these roles are.

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

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- Staff had not ensured hard copies of positive behavioural support plans were up to date on Rufford ward and staff on Newstead and Thoresby ward did not know where the hard copies of the positive behavioural plans were kept.

This was a breach of regulation 9.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Managers did not ensure safe and clean environments. The ward layouts did not allow staff to observe all parts of the ward. We identified blind spots on all wards. There were no mirrors fitted to mitigate these. The extra care area and annexe on Thoresby ward were visibly dirty. Staff were not labelling all food items in fridges, we found unlabelled items in fridges on all wards.

- Staff did not always manage seclusion appropriately. Staff were keeping some patients in seclusion for longer than required. We reviewed 20 seclusion records and found three instances of this. Doctors and nurses were not completing reviews as required in 15% of records, multi-disciplinary reviews had not taken place as required in 18% of records and staff had not completed seclusion care plans as required in 9% of records.

- Staff did not always manage patient risks. On Thoresby ward, one patient's information sheet did not highlight a serious risk issue. Staff did not always follow policies and procedures for use of observation (including to minimise

This section is primarily information for the provider

Requirement notices

risk from potential ligature points). We reviewed 42 observation records across all wards. Staff had not recorded observations correctly in 37 of the records reviewed.

- We found that staff were applying blanket restrictions without justification. These related to section 17 leave and access to bedroom keys.
- Staff had not always recorded and investigated incidents appropriately. We found examples of staff not recording incidents in both the patients notes and on the incident database. We found examples where staff described incidents of physical aggression between patients as 'playfighting'. We found two incidents where a patient had sexually assaulted different members of staff. Managers investigated the second incident as a serious incident and stated in the investigation report that there had been no previous incidents of this nature with the patient.

This was a breach of regulation 12.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- Staff were keeping some patients in seclusion for longer than required. We reviewed 20 seclusion records and found three instances of this.

This was a breach of regulation 13

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Managers told us that Thoresby ward was providing a new model of therapy based on a personality disorder

This section is primarily information for the provider

Requirement notices

service, adapted for patients with mild or borderline learning disabilities. At the time of our visit this model was not embedded as staff required training in order to deliver the therapies.