

# Plymouth Community Healthcare CIC

# Forensic inpatient/secure wards

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-297651662	Lee Mill Hospital	Forensics Team	PL21 9HL

This report describes our judgement of the quality of care provided within this core service by Plymouth Community Healthcare CIC, also known as Livewell Southwest. 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 Plymouth Community Healthcare CIC and these are brought together to inform our overall judgement of Plymouth Community Healthcare CIC.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated forensic inpatient/secure wards overall as Good because:

- Staff were actively involved in clinical audit on the ward.
- We observed good medication management on the ward.
- We saw that the service listened to staff and patient feedback and made changes to the way the service was delivered.
- The ward areas were visibly clean and well maintained.
- All staff and patients told us they felt safe on the ward and felt that the number of staff was suitable to meet the needs of the patient group.
- We observed positive and caring interactions between the staff and the patients. Staff were courteous and responsive to patients' requests.
- Patients were risk assessed on admission and had up to date risk assessments which were linked to their care plans.
- Care plans showed good evidence of involving patients in their care.
- Staff supported patients to complain and helped them to resolve complaints.
- Patients spoke positively about their regular contact with the chaplaincy service who visited the hospital on a weekly basis or more frequently if required.
- Ward systems were effective in ensuring that staff had received appropriate mandatory and statutory training and local guidance to enable them to undertake their roles effectively.
- The ward was also committed to reducing the impact of restrictive practices.
- Staff felt confident to use the whistleblowing procedure and to raise concerns with their colleagues and line managers.

# 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 were aware of the ligature risks and told us they felt able to manage individual patient risks.
- Resuscitation and emergency equipment was available on the ward and was regularly checked by staff.
- Ward areas were visibly clean and well maintained.
- Staff and patients who spoke to us, told us they felt safe on the ward and felt that the number of staff was suitable to meet the needs of the patients group.
- Mandatory training for staff was up to date.
- We saw clear evidence that patients were risk assessed on admission and had up to date risk assessments, which were linked to their care plans.
- We saw evidence that there was a planned system for ensuring that all patients were allocated individual staff members to observe them on a shift-by-shift rotation.
- We observed good medication management at the hospital.
- The service listened to staff and patient feedback and made changes to the way the service was delivered.

However:

- Work was required to improve the safety of the reception and seclusion areas. The service was unable to inform the inspection team of the timescales and financial arrangements for this work to be completed.
- There were multiple ligature points on the wards. Staff kept areas with high levels of identified risk locked, this restricted patients' ability to access these areas.

Good



### Are services effective?

#### We rated effective as good because:

- The speciality doctor undertook a comprehensive physical health check on every patient on admission. The provided additional physical healthcare to those patients who needed it.
- Staff were actively involved in clinical audit on the ward.
- New staff had both an organisational and local induction programme prior to working on the ward.
- The manager told us that checks were in place to ensure that any agency staff had received the required training prior to being booked to work at the hospital.

Good



# Summary of findings

- The staff we interviewed all had good knowledge and understanding of the Mental Health Act. Staff were aware of the Mental Health Act Code of Practice and their responsibilities, all staff had ready access to a Mental Health Act administrator.
- We saw good evidence of a full and thorough system for checking that Section 132 rights were regularly discussed with patients.
- Staff discussed mental capacity in clinical reviews and recorded this in care and treatment records. Staff were aware when mental capacity assessments had taken place and where to locate them.

However:

- The organisation does not currently ensure training in the Mental Health Act and the Mental Capacity Act is recorded centrally so the organisation had no way of centrally identifying the training figures for the service.

## Are services caring?

### We rated caring as good because:

- Patients felt there were always enough staff on the ward and they felt their needs were being met
- We observed positive and caring interactions between the staff and the patients. Staff were courteous and responsive to patients' requests.
- Staff regularly assessed and reviewed the patients care and welfare. Care plans were documented and reflected the needs of the patients.
- Care plans showed good evidence of involving patients in their care.

Good



## Are services responsive to people's needs?

### We rated responsive as good because:

- There were well appointed kitchens for the patients to access hot and cold drinks and snack items. These areas were well stocked and accessible to the patients 24hrs a day
- The hospital had multiple occupational therapy spaces which were well used by the patient group for activities.
- Staff supported patients to complain and helped them to resolve complaints.
- Patients spoke positively about their regular contact with the chaplaincy service who visited the ward on a weekly basis or more frequently if required.

Good



# Summary of findings

## Are services well-led?

### We rated well led as good because:

- The ward had the trust's vision and values clearly displayed for patients and staff to see
- Staff were aware of the local senior management structure and knew who to contact if there was a particular issue with safeguarding, facilities or HR issues.
- The ward manager had a visible presence across the ward and the staff told us they felt that there was a stable management structure.
- Ward systems were effective in ensuring that staff had received appropriate mandatory and statutory training and local guidance to enable them to undertake their roles effectively.
- The ward manger felt supported within their line management structure to affect change within their clinical environment.
- Staff felt confident to use the whistleblowing procedure and to raise concerns with their colleagues and line managers.
- The hospital took part in nationally recognised quality improvement programmes such as the national patient safety agency suicide audit and seclusion audits.
- The hospital was committed to reducing the impact of restrictive practices.

Good



# Summary of findings

## Information about the service

Lee Mill is a 12-bed low secure recovery unit, which supports adults who are detained under the Mental Health Act.

Lee Mill provides care and treatment for adult males who have severe and enduring mental health problems and complex needs including autistic spectrum disorders, learning disabilities, drug and alcohol problems and acquired brain injury.

Plymouth Community Healthcare CIC has been registered with the CQC since 30 September 2011.

As of 29 March 2015, there had been three previous inspections of Plymouth Community Healthcare CIC. The most recent inspection occurred on 06 August 2013 – 08 August 2013.

The report published on 06 September 2013, showed that Plymouth Community Healthcare CIC was assessed on the five standards and was found to be compliant in each one.

## Our inspection team

Our inspection team was led by:

**Chair:** Andy Brogan, executive director of nursing, South Essex Partnership Trust

**Head of Hospital Inspections:** Pauline Carpenter, Care Quality Commission

**Inspection manager:** Nigel Timmins, Care Quality Commission

The team that inspected Forensic inpatient/secure wards comprised three people: a CQC inspector, a pharmacist and a mental health nurse with expertise in working in forensic inpatient wards.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at focus groups.

During the inspection visit, the inspection team:

- visited the ward at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service and collected feedback from six patients using comment cards
- spoke with the manager for the ward
- spoke with four other staff members; including doctors, nurses and occupational therapists
- attended and observed a reflective practice meeting and observed therapy groups
- looked at six treatment records of patients
- carried out a specific check of the medication management on the ward



# Summary of findings

- looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke with three patients. They told us that that Lee Mill hospital was clean and well maintained. Patients reported that they were treated by the staff with care and respect and had formed supportive long-term clinical relationships with the staff team. The staff were kind and considerate to patients needs and were helping them move forward with their lives.

Patients we spoke with told us there were always enough activities going on within the ward and felt they were supported to access the local area for additional activities outside of the ward environment.

The six comment cards we reviewed were supportive and complimentary of the staff team's care and the positive environment that Lee Mill Hospital provided.

## Good practice

- Lee Mill hospital had taken a progressive approach toward managing issues relating to illicit substances previously referred to as "legal highs" within the ward environment in order to protect and maintain the safety of the patients and the staff team. This had been previously reported as a difficult issue to manage and was now being effectively managed with robust care planning and risk assessments to reduce the problem.
- There were opportunities for health care assistants to complete a training programme to enhance their skill levels as assistant practitioners, and to take on additional responsibilities at a higher banding with a view to developing their careers within the healthcare setting.

## Areas for improvement

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

- The provider should consider removing the ligature points found on the ward or replacing them with anti-ligature fittings so that patients can freely access all communal areas on the ward.
- The provider should identify which staff require essential MHA training and keep a record of their attendance.
- The provider should ensure the arrangements for the completion of the planned works to the reception area and the seclusion rooms is progressed in a timely way.

# Plymouth Community Healthcare CIC

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Forensics team	Lee Mill Hospital

#### Mental Health Act responsibilities

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

- Staff we interviewed demonstrated a good knowledge and understanding of the Mental Health Act (MHA) and they told us they had accessed training through the organisation. However, when we looked at training records we were not able to review the amount of staff that had completed this training, which the organisation considered essential for this team.
- All of the medication cards had copies of consent to treatment forms appropriately attached.
- We saw good evidence of a full and thorough system for checking that Section 132 rights were regularly discussed with patients and recorded.
- Patients had access to generic advocacy, independent mental health advocates and independent mental capacity advocates. Records showed that patients were informed of their rights of appeal against their detention under the MHA.
- Patients had access to and were supported in mental health review tribunals and hospital managers meetings.
- Staff were aware of the Mental Health Act Code of Practice and their responsibilities. The ward had a mental health act administrator who also supported and advised staff when needed.
- There was information on the notice boards in the ward regarding detention under section two, section three and section 37 of the Mental Health Act.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The staff we spoke with demonstrated a good awareness of the Mental Capacity Act (MCA) and the guiding principles. They were aware of how the MCA impacted on the client group and described how the MCA could help when supporting a patient to manage their finances as an example of how they had used it with patients.
- The staff told us they received regular updates and training in the MCA. Staff knew how to access the MCA policy and additional information about the act on the organisation's intranet. However, this training was not mandatory and we were not able to review the amount of staff that had completed this training.
- We saw that mental capacity was discussed in clinical reviews and recorded throughout care and treatment records. Staff were aware when mental capacity assessments had taken place and where to locate them.
- All patients within the service were detained under the Mental Health Act and there were no DoLS applications required.

# 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 environment

- The ward had clear lines of sight for observing patients. Convex mirrors were used in areas where full easy sight was not possible. Staff also told us they regularly checked corridors and would discretely follow a patient if they moved out of view. There were systems in place for staff providing patient observations and this was documented. Patients in this service were assessed as having a low risk of suicide.
- There were multiple ligature points on the wards. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff had identified all ligature points using the organisation's screening tool. Staff completed environmental ligature assessments annually. We reviewed a sample of these and saw that identified risks were either rectified or managed using individual patient risk assessments. Staff were aware of the ligature audits and told us they felt able to manage individual patient risks. We saw evidence of safe management of ligature cutters in readily accessible locations. They were stored safely and staff were able to tell us where they would get them if needed. Areas where there were high levels of identified risk such as the dining room where there were light fittings that provided ligature points, were kept locked when not in use to maintain patient's safety, however this impacted on the patients ability to freely access these rooms.
- The service was commissioned to provide care and treatment for men only, so was fully compliant with the Department of Health guidance on same sex accommodation.
- Resuscitation and emergency equipment was available on the ward and we saw that this was regularly checked by staff. Emergency medication and maintenance schedules were in date. Clinic rooms were clean and well stocked. Stock items were in date and facilities were available for safe disposal of sharps and waste.
- The ward had a medication dispensing room. Patients did not access these rooms as they were used solely for the dispensing of medication.
- The area between the ward door and the reception had been identified as a risk due to the possibility of patients following staff off the ward and into the reception area. We saw plans for building work that had been agreed to have an airlock in this area and a separate secure reception area which meant that the organisation was taking steps to minimise risk to the staff and the public. The service was unable to tell the inspection team the timescales for the completion of this work, or whether the building plans and costs had been signed off at the time of the inspection. At the time of the inspection this area was being safely managed by the staff team.
- Lee Mill hospital had two seclusion rooms accessed directly from the ward corridor. This had been identified as an issue by the hospital clinical staff as it meant that it was difficult to maintain patient safety when using that area as it was close to the patient bedrooms. We were shown plans of building work to be carried out that would rectify this problem and meant that there would be a small extra care area for patients to access outside the seclusion rooms. The service was unable to tell the inspection team the timescales for the completion of this work, or whether the building plans and costs had been signed off at the time of the inspection. At the time of the inspection this issue was being managed safely by the staff team.
- All seclusion rooms had sight of a clock and some natural light. Each seclusion room contained a toilet. There was clear observation and one-way communication in each seclusion room.
- The ward areas were visibly clean and well maintained. We looked at the ward cleaning schedules and saw that regular audits for cleanliness were undertaken by the housekeeping department. This meant that the ward environment was clean and infection control was managed.

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- Hand washing signs were displayed in communal toilets. We observed that staff followed correct hand washing procedures during the dispensing and administration of medication.
- The equipment used by and for the patients was well maintained, had been assessed and reviewed and was within date. The ward used regeneration ovens to re-heat meals. Food items were appropriately stored in lockable cupboards and in date order. Fridges in the kitchen were regularly checked to make sure food was kept at a safe temperature.

## Safe staffing

- The established qualified staffing levels for the ward was twelve whole time equivalent staff. At the time of the inspection, there were four qualified nurse vacancies. The established health care assistant (HCA) staffing levels were 14 whole time equivalent staff. At the time of the inspection there were no vacancies. The manager informed us that the organisation was making effort to recruit into the vacant nursing posts and were attempting to develop health care assistants within the organisation to be trained up into the qualified nurse roles. The four nurse vacancies were being covered adequately with overtime from the regular staff, agency staff and bank staff from within the organisation in order to keep consistent staff and minimise impact on the patients. This was managed effectively by the ward manager
- The nurse staffing rates were designed using the safer staffing tool which is an NHS evidence-based tool that indicates safe staffing levels. The ward had two qualified staff and two unqualified staff on duty throughout the day and night with an additional HCA working between 09.00 and 17.00 to ensure that patients were supported to take their planned leave. The duty rotas for the past three months were reviewed and demonstrated that this level of staffing had been maintained.
- The ward had two technical instructors who also worked at the weekend and a part-time band 6 occupational therapist and a full-time band 5 occupational therapist. This meant that there was a range of activities available to the patient group throughout the week.
- The ward used the organisation's bank of staff which consisted of qualified staff and HCAs who worked across the organisation and were available to work extra shifts. This meant that the ward was able to call on consistent workers who were already known to the patients and staff to cover staff absence.
- Lee Mill's sickness rate for the month of May 2016 was 5% compared to the trust overall rate of 4% for the same month. The ward manager was aware of the vacancy rate for qualified staff within the service and was actively involved in supporting the recruitment of new nurses and development of HCA from within the Hospital.
- There were sufficient staff on each day shift to carry out physical interventions if required. However, the number of staff present in the hospital dropped overnight and the hospital was a standalone service with no immediate backup. This meant that in the event of an emergency happening at night we were told that the staff would contact the local police for emergency support. The staff could not recall a time when they had to call the police. All staff and patients told us they felt safe on the ward and felt that the number of staff was suitable to meet the needs of the patients group.
- During office hours there was adequate cover for medical staff to attend the ward in an emergency. Out of normal office hours the consultants operated an on call rota. Staff told us this was not a problem when managing seclusion reviews as consultants would stay at the hospital if necessary to ensure the planned reviews were being met. The seclusion paperwork we reviewed confirmed this was happening as per the seclusion policy.
- Mandatory training in the hospital was up to date. This included 100% of staff had completed safeguarding training for adults, 91% of staff had completed record keeping training, 74% of staff had completed physical intervention training, 74% of staff had completed conflict resolution training 74% of staff had completed first aid training. The manager had a plan in place and was tracking new starters training. The completion of other essential training which included Mental Health Act and Mental Capacity Act training was not captured in the training records.

## Assessing and managing risk to patients and staff

- We reviewed six patient care and treatment records which were held electronically on System One. Patients were risk assessed on admission and had up to date risk assessments which were linked to their care plans. The

# Are services safe?

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service used the detailed Historical Clinical Risk Management tool (HCR-20) which were updated regularly at ward meetings and care plan approach (CPA) meetings. This meant that by looking at the past history of risk and patients current behaviour, risk was being regularly reviewed and care plans were put in place with the patient to minimise the risk happening again.

- There were blanket restrictions in place but these were mostly clinically appropriate for the secure services environment. Restrictions included, access to the outside garden space, timed smoking breaks, use of china mugs.
- The organisation had a policy on the management of patient observations and the service followed this. We saw evidence that there was a planned system for ensuring that all patients were allocated individual staff members to observe them on a shift-by-shift rotation. The policy relating to the management of ligatures identified the individual clinical risk indicators of patients and these were factored into a risk score for each patient.
- All the staff we interviewed told us that restraint was only ever used as a last resort. They told us that de-escalation techniques would always be employed prior to using physical intervention techniques. Data from the organisation showed that restraint had only been used four times in the last six months and this involved the same patient who was subsequently moved to a more secure environment.
- We inspected seclusion records and found that between 01 August 2015 and 31 January 2016, seclusion had only been used twice and on both occasions the documentation was available on the ward and completed fully. One of the seclusions had been used as long term segregation and the rationale for long-term segregation, over 72 hours, was available to inspect and were appropriate.
- All staff undertook safeguarding training as part of their mandatory training. We reviewed organisation data which showed that 100% of staff on the ward had undertaken this training. All staff we spoke with were

clear about their safeguarding responsibilities and knew how to identify and make a safeguarding referral. Staff were able to identify their local safeguarding leads and knew how to seek support if they needed it.

- The ward had a comprehensive process for the management of restricted items. These were items which may affect the safety on the ward. For example, razors and illicit substances. The ward had taken significant steps to manage the issue of substances previously referred to as “legal highs” entering the ward, as this had proved problematic in the past. We saw that a thorough policy on searching patients had been implemented as well as lots of educational advice, this meant that the ward was working towards supporting patients to understand how the substances would impact on their recovery plans.
- The hospital had a room in the reception area that could be used to safely support children visiting the service and there was a visible policy and procedure in place to ensure that staff knew how to manage this process.
- We observed good medication management at the hospital. Safe but flexible dispensing times were available so there were no institutionalised practices such as patients queuing for their medication. Managers had a system in place to monitor reported medication and administration errors. Incidents were recorded, analysed with actions set so that staff could minimise the risk of re-occurrence. Patient allergies were clearly recorded. The prescribing of “as required” medication and sleep medication was regularly reviewed by the clinical team. Patients were supported to manage their own medication as part of the discharge preparation process. We found that good systems were in place to manage any risks in this approach such as risk assessments, regular checks and storage in locked cupboards.

## Track record on safety

- There were no serious incidents reported for Lee Mill hospital in the past 12 months. The ward manager was aware of recent serious incidents that had happened elsewhere in the organisation that had affected patient

# Are services safe?

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

care and had fed this back through the staff team meetings to ensure that all staff had awareness of issues that were affecting other inpatients sites in the organisation.

## Reporting incidents and learning from when things go wrong

- There were no serious incidents reported for Lee Mill hospital in the past 12 months. The ward manager was aware of recent serious incidents that had happened elsewhere in the organisation that had affected patient

care and had fed this back through the staff team meetings to ensure that all staff had awareness of issues that were affecting other inpatients sites in the organisation.

- We saw evidence that staff were open and transparent with patients when things had gone wrong. We were told that a patient had missed a hospital appointment because staff were unable to arrange enough cover to facilitate the leave. We saw that the patient had been given both a verbal and written apology.



# 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

- We reviewed six sets of care plans and found that care was holistically assessed and care plans documented and reflected the individual needs of the patients. Care plans were detailed and were reviewed and updated regularly by staff. Care plans showed good evidence of involving patients in their care. For example, we saw care plans to assist a patient who had anxiety and was hearing distressing voices. These care plans were specifically tailored to address the voices they were hearing which showed their individual care needs were being identified and supported. The plans included recovery goals and aims for the future, all the care plans we reviewed were updated at least on a monthly basis.
- All patients received a comprehensive physical health check by the speciality doctor on admission and we saw evidence that patients who needed additional physical healthcare were receiving it.
- The care records were stored on an electronic care planning system, System One which could be accessed by regular staff and bank staff. This meant that patients' confidential care planning information was available in an accessible format.

### Best practice in treatment and care

- Staff were using the "my shared pathway" care planning system in place for all patients. My shared pathway is a collaborative approach to supporting and developing care which keeps the patient's perspective as the focus of the care.
- Psychological input had been varied across the service due to staff shortages. At the time of the inspection there was no psychologist in post and no psychology led groups were running. A new psychologist had been appointed and was due to start in August 2016.
- Assessments took place using nationally recognised tools including the "Health of the Nation Outcome Scales" and HCR-20 which were regularly updated at clinical review and CPA meetings. Occupational therapy staff used the model of human occupation (MOHO) tool. This is an occupation based model that looks at why and how people are motivated to carry out an activity.

- Staff were actively involved in clinical audit on the ward, this included, hand hygiene monitoring, seclusion auditing, missed medication monitoring, mattress and pillow assessment audits and national suicide prevention audits.

### Skilled staff to deliver care

- The hospital employed a team that consisted of nursing staff, psychiatry, occupational therapists, technical instructors, with mental health act co-ordinator and pharmacy input on a regular basis. In addition there were domestic staff and administration support based at the hospital
- In the 12 months prior to the inspection 80% of the care staff had received an appraisal.
- The staff had a weekly reflective practice session which is a form of group supervision, and all staff had three monthly management supervision. The staff felt that this was suitable to their needs.
- The staff felt that their training needs were being met both with the statutory training but also with any additional training requirements they had for their own personal development. The patients told us that they felt that the staff had the necessary training requirements to meet their needs.

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

- The ward had a weekly ward round attended by the whole team and patients were seen every two weeks with the ability to see people more frequently if their level of risk escalated.
- New staff had both an organisational and local induction programme prior to working on the ward.
- The manager told us checks were in place to ensure that any agency staff had received the required training prior to being booked to work at the hospital. We saw evidence that contracted agency staff had completed an induction programme prior to working on the ward.
- Staff told us that they felt performance issues would be dealt with promptly via the line management structure. The managers felt supported by the human resources (HR) and administration teams because information was made available to them when they needed it and there were organisational policies to guide them.



# 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.

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

- The staff we spoke with demonstrated a good knowledge and understanding of the Mental Health Act and they told us they had accessed training through the organisation. However, when we looked at training records we were not able to review the amount of staff that had completed this training, which the organisation considered essential for this team.
- We saw all of the sets of medication cards had copies of consent to treatment forms appropriately attached.
- We saw good evidence of a full and thorough system for checking that Section 132 rights were regularly discussed with patients.
- Patients had access to generic advocacy, independent mental health advocates and independent mental capacity advocates. Records showed that patients were informed of their rights of appeal against their detention under the MHA.
- Patients had access to mental health review tribunals and hospital managers meetings.

- Staff were aware of the Mental Health Act Code of Practice and their responsibilities. The hospital employed a Mental Health Act administrator who staff could go to for advice and support when needed.
- There was information available on the notice boards in the wards regarding detention under section two, section three and section 37 of the Mental Health Act

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

- The staff we spoke with demonstrated a good awareness of the MCA and the guiding principles. They were aware of how the MCA impacted on the client group and described how the MCA could help when supporting a patient to manage their finances.
- The staff told us they received regular updates and training in the MCA. Staff knew how to access the MCA policy and additional information about the act on the organisations intranet.
- We saw that mental capacity was discussed in clinical reviews and recorded throughout care and treatment records. Staff were aware when mental capacity assessments had taken place and where to locate them.
- All patients within the service were detained under the Mental Health Act and there were no DoLS applications required.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- We observed positive and caring interactions between the staff and the patients. Staff were courteous and responsive to patients' requests. There were staff in the patient areas who actively engaged with the patients. Staff expressed a caring approach when they were talking about the patient group and it was clear there was an understanding of the patients' individual presenting issues and how best to support them on a daily basis.
- All of the patients we spoke to were very positive about the support and care they received from the staff team at the hospital. Patients felt there were always enough staff around the hospital and they felt their needs were being met.
- The six CQC comment cards stated that patients felt safe and peaceful on the unit. There were repeated comments that patients felt that the staff were doing a good job supporting their needs.

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

- The hospital had a clear and well-structured introduction pack to the ward which covered all the information necessary to support someone new to the hospital environment. The pack identified the key members of the team and the treatments available for patients while they were resident at the hospital.
- When we discussed care plans with the patients, we found they were all aware of their treatment goals and they had discussed their goals with their consultant and key worker. Individual needs were well documented and care plans were orientated towards recovery
- The hospital held community meetings with the patients to gather their views about what was happening on the ward. We saw minutes of these meetings displayed around the service and patients told us they were able to read the minutes if they wished
- Patients had access to an Independent Mental Health Advocacy Service and Independent Mental Capacity Advocacy provided by SEAP (support, empower, advocate, promote). Both services were local to the hospital. There was information available both on the notice boards and in the introduction pack on how to access these organisations.

# 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 and discharge

- The average bed occupancy levels in the hospital were 98% in the six months prior to the inspection, and the average length of stay was 388 days. Bed occupancy levels are the rate of available bed capacity. Whilst patients were on leave patients were not being admitted into their beds so they were available upon their return.
- Patients were not moved between wards during an admission for non-clinical reasons. When patients were moved, this occurred at an appropriate time of day. Staff told us that if a patient required intensive psychiatric nursing care a bed could be located on a psychiatric intensive care unit.
- Data provided by the provider showed us that the average length of stay on the ward was 1052 days and they did not have any re-admissions between the 1st of August 2015 and 1st of January 2016. Between 1st November 2014 and 30th April 2015 there were two delayed patient discharges. Staff told us that patient discharge could be delayed due to reasons beyond the control of the service, such as no "move on" placement being available. We saw that the two patients had multiple attempts to be moved on by the clinical team but the placements had either broken down during the transition or soon thereafter resulting in them returning to the hospital. Staff we spoke with were all discharge orientated and were actively supporting the patients to move back into the community.

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

- There were well appointed kitchens for the patients to access hot and cold drinks and snack items. These areas were well stocked and accessible to the patients 24 hours a day.
- Internet access was available if it was risk assessed as appropriate for a patient's needs.
- There was a designated smoking area outside the terrace.
- The hospital had multiple occupational therapy spaces which were well used by the patient group; these

included a woodwork room, skills kitchen and a well-appointed gym, although lots of the patients preferred to attend the local external gym with staff supporting these trips regularly.

- The ward had access to a quiet room in the reception area where patients could meet with their visitors and there were facilities for patients to make phone calls in private on the ward, although most patients were supported to have mobile phones. There was a small enclosed garden area with a smoking shelter. Patients were encouraged to become involved in maintaining their garden space and we observed areas of the grounds that were being cultivated by the ward and put to use growing flowers and vegetables by the patients with support from enthusiastic staff members.

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

- Patients spoke positively about their regular contact with the chaplaincy service who visited the Hospital on a weekly basis or more frequently if required. The hospital had a multi faith room with multiple religious texts available. Patients gave examples of their cultural needs being met such as access to culturally appropriate food and visits to local faith building or visits from faith leaders. Contact details for representatives from different faiths were available. The Chaplain was the key in facilitating this contact and the patients and staff all spoke highly of his input.
- Information was available in other languages if needed. Interpreters were used if necessary and the staff were aware of the process for arranging this service. This was not regularly used due to the current ethnic mix of the local population.
- The ward was designed on one level and had doorways and bathrooms suitable for patients who may have mobility issues and require the use of a wheelchair.

### Listening to and learning from concerns and complaints

- Staff supported patients to complain and helped them to resolve complaints. Details of the local Patient Advice and Liaison (PALS) service and CQC were visible on the ward notice boards. Organisational data showed that

# Are services responsive to people's needs?

Good 

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

there were no complaints received for the service in the preceding 12 months. However, the service had received 19 compliments in relation to the clinical care provided by staff to patients.

# 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

- The ward had the trust vision and values clearly displayed for patients and staff to see. Staff we spoke with felt that the operational objectives were positive and told us they felt connected to the objectives and were involved with the developments of the organisation.
- The staff were aware of the local senior management structure and knew who to contact if there was a particular issue with safeguarding, facilities or HR issues. The manager had a visible presence across the unit and the staff told us they felt that the hospital had a stable management structure.

### Good governance

- Ward systems were effective in ensuring that staff received appropriate mandatory and statutory training, apart from Mental Health Act training. There was local guidance which enabled the staff to undertake their roles effectively. Staff received regular group supervision, had annual appraisals and were carrying out clinical audits. There were audits available on the ward and easily accessed by the manager who had good overall oversight of the audits.
- There was a system in place to ensure that mandatory training was regularly reviewed to ensure that staff members were up to date with their training.
- There was adequate administration support to ensure that staff members were able to spend their time on direct care activities rather than administration tasks.

### Leadership, morale and staff engagement

- The staff felt able to raise any concerns they had with the hospital management as they were approachable and had an open door policy to staff concerns.

- The ward manager felt supported within their line management structure to affect change within their clinical environment. They had sufficient authority to perform their role effectively including the requirement for authorisation of additional staff and/or expenditure.
- The staff were supportive of each other and reported a positive working environment within the multi-disciplinary team with staff recognising the importance of each other's roles and responsibilities.
- Staff felt confident to use the whistleblowing procedure and to raise concerns with their colleagues and line managers

### Commitment to quality improvement and innovation

- The hospital took part in regular clinical audit and reviews to monitor and work towards improvement in a range of areas for example, to minimise the impact of illicit substances formerly referred to as "legal highs" and improve the education and understanding of the patient group.
- The hospital took part in nationally recognised quality improvement programmes such as the national patient safety agency suicide audit and seclusion audits.
- The hospital was also committed to reducing the impact of restrictive practices. We heard that restrictions were being considered at the level of individual care, and they were endeavouring to work on least restriction. The unit had to meet the standards of NHS England, and Royal College of Psychiatrists, but was trying to get the balance right between security/safety and least restriction. For example plans were being drawn up for greater and freer access to fresh air and outside space.