

Farmfield

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

Overall Summary

The five questions we ask about our core services and what we found

We rated Farmfield as good because:

- The wards were staffed with experienced and caring nurses. The hospital had its own bank of staff to cover most vacancies or used agency nurses that worked regularly at the hospital.
- The ward managers had the ability and the authority to adjust the number of staff according to patient need.
- The care records were comprehensive, updated, and contained live assessments of risk which were evaluated using a red, amber, green rating.
- Medicines management and administration were good throughout the hospital.
- Initiatives to reduce episodes of violence and aggression were practiced on the wards.
- Care plans encompassed all areas of patient need. They were well written, informative and demonstrated that patients had been included in planning their own care and patients confirmed this.
- All staff received regular training for their roles. The uptake of training was good amongst all disciplines. The impact of this training was evident in the care practices on the wards and in multidisciplinary meetings.
- Wards operated a 'buddy' system whereby patients that were familiar with the ward assisted in supporting new patients.

- Patients were invited to their ward rounds. There were no discussions about the patient either before or after their participation.
- There was a progressive and clear recovery-oriented pathway for patients to follow from medium secure through to low secure and back to community settings.
- Patients were able to make verbal and written complaints, they reported that the process was easy to follow and generally led to a quick resolution. Verbal complaint logs were held on each ward. Learning from complaint investigations was cascaded to staff through these logs.
- The ward manager position was a key leadership role within the hospital with many delegated responsibilities. They were empowered to make decisions and received leadership training.
- There were good systems in place to ensure that hospital procedures, policies and processes were followed. This assisted in keeping patients and staff safe and continuously improved the quality of care and treatment.

However:

- Many of the patients appeared to be overweight. Although weight was monitored, healthy eating was not encouraged and 10% of patients had developed type 2 diabetes.
- Patients on some of the wards had reduced access to the secure garden space.
- There was a high level of vacancies within the occupational therapy team which reduced the availability of activities.

Summary of findings

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Good 

Farmfield

Services we looked at

Forensic inpatient/secure wards

Summary of this inspection

Background to Farmfield

CQC had inspected the services provided by Farmfield four times since April 2010.

We last inspected Farmfield in July 2015. At that inspection we identified some breaches of regulation. Farmfield was not meeting the essential standards relating to patients' person centred care (Regulation 9), privacy and dignity (Regulation 10), safe care and treatment (Regulation 12). Premises and equipment were unsuitable for purpose (Regulation 15), receiving and

acting on complaints did not meet the essential standard (Regulation 16) and neither did the provision of good governance (Regulation 17). The provider was issued with compliance actions to ensure they improved their standards. We reviewed the compliance actions as part of this comprehensive inspection. Significant improvements had been made in all areas and the standards had been met.

Our inspection team

The team that inspected Farmfield was comprised of four inspectors, a pharmacy inspector, a Mental Health Act

reviewer, a policy officer, a psychiatrist, a mental health nurse and an expert by experience (someone who has developed expertise in health services by using them or through contact with using them - for example as a carer).

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 and asked the responsible commissioning body NHS England for additional information.

During the inspection visit, the inspection team:

- visited all five of the wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 18 patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 32 other staff members; including doctors, nurses and social workers
- interviewed the hospital director with responsibility for these services
- held a staff focus group
- attended and observed two handover meetings and seven multidisciplinary meetings.
- collected feedback from patients using comment cards.
- looked at 37 treatment records of patients.

Summary of this inspection

- carried out a specific check of the medication management on all wards and reviewed 50 medicine charts.
- reviewed the range of facilities available to patients at the hospital
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Farmfield

Information about the service:

Farmfield is a 52-bedded, medium and low secure hospital. Farmfield specialises in the treatment of male patients over 18 who are detained under the Mental Health Act and need extended treatment and rehabilitation in a secure environment.

The core service provided at Farmfield is: forensic inpatient/secure wards.

Farmfield is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures

- Treatment of disease, disorder or injury.

Farmfield is part of the Priory group. There was a registered manager for the service. The hospital had five wards, all of which were inspected:

Rusper 10 beds for men, medium secure, admission, assessment and treatment

Hookwood 10 beds for men, medium secure, admission, assessment and treatment

Capel 11 beds for men, medium secure, rehabilitation

Newdigate I 11 beds for men, low secure, admission, assessment and treatment

Newdigate II 10 beds for men, low secure, rehabilitation.

What people who use the service say

- Patients told us that they were happy with the facilities provided by the hospital, it was kept tidy and wards were cleaned regularly. They were able to personalise their rooms, had a key to their own bedroom and had a safe place to store possessions.
- Patients generally felt safe although some felt intimidated by the behaviour of others. Staff were mostly available although spent a lot of time in the nurses' station on the computer.
- Staff were polite and helpful and listened to patients' concerns. They were respectful of patients' privacy and knocked on bedroom doors before entering unless a ward search was in progress.
- Patients were involved in their own care planning, were provided with assistance to contribute effectively, and were involved in decisions relating to their treatment.
- Weekly ward meetings were held to enable patients to contribute towards decisions about the service. Some patients were involved in the interviewing of staff for job vacancies.
- Patients had access to an advocacy service, were able to use the facilities of the gym and the hospital café and shop.
- Staff generally listened to complaints although some complaints took a long time to resolve.
- The new managers had made improvements to the wards, the food was of a good standard.

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 good because:

- The wards were small and well designed. Staff were able to observe all parts of the ward from the centrally located nurses' office.
- Each ward had conducted a recent assessment of ligature risk (a ligature risk is a fixture or fitting from which a patient could suspend themselves to cause self-harm). The audit was kept on each ward and available to all staff.
- The staff sickness rate to the year ending July 2016 was 2.7% the average sickness rate for NHS staff was 4.4% (Health and Social Care Information Centre July 2016).
- Ward managers were able to adjust their staff team to meet the patients' needs on a daily basis.
- We examined 37 care records, all records contained updated assessments of risk and risk management plans for patients. The assessed risk level for each patient was rated and recorded using red, amber, green colour codes.
- Medicines management and administration were good on all wards.
- The hospital had implemented an initiative to reduce incidents of violence and aggression. Staff reported a decrease in the use of physical restraint.
- A learning log was generated following incident reporting. The incidents were discussed at multidisciplinary team meetings and managers meetings. The learning log was available on all wards and staff were encouraged to read the logs.

However:

- In July 2015, one patient had managed to gain access to the roof of the building in an unsuccessful attempt to abscond. Improvements were made to the security of the building to prevent recurrence.
- Neither of the low secure wards contained a seclusion facility, patients requiring seclusion were transferred to one of the medium secure wards.
- Each ward used bank and agency staff on a daily basis due to staff shortages.
- 5% of shifts across all wards over the past three months had an all-female staff compliment.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- We reviewed 37 care records. These were well written, comprehensive, and updated throughout the day.
- Records demonstrated that physical examinations had been completed on all patients following admission.
- Care plans were holistic, personalised and demonstrated that patients had been involved in formulating the plans. Patients told us they were involved in planning their own care.
- We reviewed 50 prescription charts. Fifteen patients were prescribed high doses of anti-psychotic medication. This was recorded and monitored separately by the pharmacist. These patients had regular physical healthcare monitoring in accordance with the hospital policy on the management of physical healthcare for inpatients.
- Staff were encouraged to take part in clinical audit. Many of the regular staff were lead clinicians for their ward in a range of audit activities.
- Staff reviewed all patients thoroughly at handover. They advised on clinical presentation and current risk status of patients using the red, amber, green rating scale.
- Each ward had access to multidisciplinary team members, the core of which remained with the patient as they progressed through the secure recovery programme.
- Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training had been completed by 90% of staff. The good application of this training was seen on each ward.

However:

- Care Plan information was accessible but took a considerable amount of time to read due to the depth and extent of information stored. It was not possible to easily identify how staff should provide care for a patient on a daily basis as there was no overarching, simplified, plan of care that could be shared with staff new to the ward.
- Many of the patients appeared to be overweight. Ten per cent of the patients had a diagnosis of type 2 diabetes, this compares to 6% of the general adult population of the United Kingdom (Public Health, England, 2015).
- There was a high level of vacancies within the occupational therapy team which reduced the availability of activities.

Are services caring?

We rated caring as good because:

- Staff had a good understanding of the needs of patients in their care. They demonstrated how to approach patients who were less responsive to requests and supported patients who were distressed or alarmed by other patients' behaviour.

Good



Summary of this inspection

- Some wards operated a 'buddy' system whereby patients who were familiar with the ward assisted in supporting new patients until they became accustomed to the ward routine.
- All patients were invited to their ward rounds, many chose to be present. These were respectfully conducted. There were no discussions about the patient either before or after their participation.
- Patients were encouraged to give feedback on their care and treatment. Patient representatives attended meetings and forums to present their views.

However:

- Some patients said that staff did not always knock on bedroom doors if conducting a ward search.

Are services responsive?

We rated responsive as good because:

- There was a progressive recovery oriented pathway from medium secure to low secure.
- The hospital had a café and a ward shop where patients were able to work on a voluntary basis.
- A large hall space was available for patients to use gym equipment under supervision, play pool, table tennis or organised sports.
- Patients were able to make hot drinks and snacks throughout the day and evening. Free access was given to the kitchen facilities on most wards.
- Patients were able to personalise their bedroom space. Patients held keys to their rooms and had access to a lockable cupboard within their room for the safe storage of possessions.
- 95% of staff had completed equality and diversity training.
- Each ward held a log of verbal complaints and actions taken to resolve the complaints. Complaints were reported, monitored and reviewed by the hospital clinical governance forum.
- The majority of patients reported that the complaints system was easy to use and had led to their complaint being resolved.

However:

- The hospital had a single physical health examination room. The examination couch was non-adjustable which provided difficulties for patients and staff.
- Some patients reported that staff did not always address their requests in a timely manner.

Good



Summary of this inspection

- Discharge from hospital was delayed at times. This was due to the need to secure authorisation from the Ministry of Justice and/or securing funding from an alternative commissioning body.
- Patients on Hookwood and Rusper wards had limited access to garden space.
- Staff reported difficulties in identifying an imam to visit patients of a Muslim faith.

Are services well-led?

We rated well-led as good because:

- Systems were embedded in practice to deliver and capture mandatory training attendance, 96% of all staff groups had received mandatory training at July 2016.
- Many of the ward staff were involved in continuous audit to improve quality and safety.
- The ward manager position was a key leadership role within the hospital with many delegated responsibilities. They were empowered to make decisions and received leadership training.
- The staff turnover rate for Farmfield was 28% at the year ending July 2016. This had peaked in January 2016 at 59% and had reduced month on month since this date. The senior managers and therapy staff groups recorded the highest percentage of turnover. The nursing and medical groups recorded the lowest percentage of turnover.
- We observed good team working practices in multidisciplinary meetings and on the wards. Staff were respectful and offered support and advice to each other.
- Feedback from the staff focus group was positive with regard to morale. Staff felt supported by the new senior management team, who they felt were approachable, visible on a daily basis, and responsive to staff needs.
- The hospital had developed a quality improvement programme, part of which was to promote safety and protection of staff. This had led to the Safewards initiative.
- The hospital had produced an action plan following our previous inspection to ensure it met all of the compliance actions set at that inspection. Significant improvements had been made in all areas highlighted as concerns at our last inspection.

However:

Good



Summary of this inspection

- A staff satisfaction survey undertaken in January 2016 showed that only 32% of respondents would recommend to friends and family that Farmfield was a good place to work.
- The annual staff survey highlighted the following weaknesses:
 - reduced morale in staff groups who were not eligible for the forensic lead and location allowance payment,
 - a perceived lack of trust with management based on historic issues with the previous senior management team,
 - a low level of engagement at staff “You Say Forums”, where staff were encouraged to speak out about work related issues. This had improved at the time of inspection.

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.

- Mental Health Act training was mandatory; this incorporated the Code of Practice. Training was delivered face to face by the Mental Health Act administrator. Training was planned every three months. 88% of clinical staff had completed training.
- Consent to treatment and capacity requirements were fulfilled in all cases for all patients.
- Patients confirmed that their rights under the Mental Health Act had been explained to them regularly.
- Staff demonstrated good knowledge of and adherence to the Mental Health Act and the Code of Practice. All patients were detained under the Act.

- Detention records were available for all patients; they had been scanned into the patients' electronic care records.
- Patients reported having ready access to an independent Mental Health Advocacy service.

However:

- Some section 17 leave of absence authorisation forms did not comply with the Mental Health Act Code of Practice. The detailed conditions of leave had been delegated in some instances to occupational therapists. This leave had been authorised by the responsible clinician for an unspecified time and unspecified location without special restrictions. This was brought to the attention of the medical director during our inspection and remedied in accordance with the Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

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

- Mental Capacity Act training was mandatory for all clinical staff. 87% of staff had completed the training which was delivered by a combination of face to face training and e-learning.
- Deprivation of Liberty Safeguards training had been completed by 93% of staff. The policy relating to this was held on each ward.

- All patients were assessed and regularly reviewed for their capacity to consent to treatment. This was recorded in the patients' records.
- For patients with impaired capacity, capacity to consent was assessed on a decision specific basis for managing finances, giving other patients money or gifts, and managing personal care.

Overview of ratings

Our ratings for this location are:

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

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

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**

Safe and clean environment

- The wards were small and well designed. Staff were able to observe all parts of the ward from the centrally located nurses' office. Mirrors to aid observation were placed at the head of staircases on the upstairs wards. Doors to bedrooms had observation panels fitted which could be opened from both inside and outside of the bedroom.
- Each ward had conducted a thorough assessment of ligature risk (a ligature risk is a fixture or fitting from which a patient could suspend themselves to cause self-harm). This included a room by room assessment to identify ligature points, assessment of risk factors and plans for managing identified risks. The audit was kept on the ward and available to all staff.
- Ward risk assessments were conducted annually as part of the environmental assessment. These were held on each ward in paper form and were also available electronically. Additionally, environment quality walk rounds were completed by two senior staff members across all disciplines, on a monthly basis, to assess any new safety risks.
- Each ward had a clinic room. Adjoining wards shared a refrigerator for storing appropriate medicines. The

temperature of the refrigerator and the clinic room had been checked daily and recorded correctly.

Resuscitation equipment was available in each clinic room and had been inspected and recorded on a daily basis.

- Emergency medicines were reviewed by the pharmacy inspector and found to be correctly stored and maintained on each ward. An independent hospital pharmacy service managed the medicines provision. The pharmacist visited wards weekly and produced a three monthly activity report.
- Rusper and Hookwood wards had seclusion facilities. Patients from other wards requiring seclusion were transferred to these wards to be managed in seclusion as necessary. The seclusion facilities allowed clear observation of patients and two-way communication. Each facility contained a toilet and a viewable clock. Both facilities were being used at the time of inspection. The facility at Hookwood was being used for the long-term segregation of a patient who was awaiting transfer to an alternative hospital.
- All wards and hospital areas were clean. We spoke with the ward housekeepers and reviewed their cleaning schedules and cleaning records which were up to date.
- All of the wards had received new furniture in the past year. The furniture was practical, well designed and of good quality.
- The hospital had a detailed infection control policy which was robustly enforced. Annual infection control audits were completed. In addition, each ward had a trained nurse who was responsible for infection control and attended the quarterly infection control meetings

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that were chaired by the hospital's lead person for physical health. The minutes of these meetings were held on the wards and demonstrated that actions were reviewed and completed.

- The equipment on the wards and in shared areas outside of the wards was clean, well maintained and checks were in date.
- The monthly environmental quality walk round assessed general appearance and cleanliness, adherence to infection control principles and assessed the safety and suitability of premises and equipment. In addition, ward staff were required to demonstrate the usage of anti-barricade devices and explain the management of ligature risks on their ward.
- All staff carried key fob alarms for summoning assistance. This was activated during the inspection and staff responded quickly and offered assistance at the correct location.
- Patients were able to activate nurse call alarms within their rooms, in corridors and bathrooms.

Safe staffing

- The establishment level for qualified nurses on each ward was 9.2 and the total for the hospital was 46. The establishment level for health care assistants was 14 on each ward and the total for the hospital was 70.
- There were 18 qualified nursing vacancies and 21 health care assistant vacancies. Between March and June 2016, there were 776 bank and agency staff shifts to cover leave, absence, sickness and extra nursing requirements. This approximated to two staff shifts per ward, per 24 hour period.
- The staff sickness rate to the year ending July 2016 was 2.7% which is lower than the average sickness rate for NHS staff of 4.4% (Health and Social Care Information Centre July 2016). The staff turnover rate for Farmfield was 28% at the year ending July 2016.
- Each ward had the same complement of nursing staff and operated a two shift rota of 12 hours per shift, with two half hour overlaps to allow for handover. Each ward had minimum numbers of two qualified nurses and two health care assistants to cover the day shift, and one qualified nurse and two health care assistants to cover the night shift. In addition two additional health care assistants were rostered to work days and nights to provide for observation of patients and to cover staff breaks.

- Duty rotas showed that minimum numbers had been achieved over the past three month period although there had been an increase in the use of bank and agency staff usage. 5% of shifts had been covered by all female staff and this was brought to the attention of the provider.
- Farmfield offered bank shifts to its own staff team and contracted with three agencies to provide additional nursing staff. Some agency staff worked exclusively for Farmfield and were retained on an informal contract for regular work.
- Ward managers were able to adjust their staff team to meet the patients' needs on a daily basis. On Hookwood ward at the time of inspection, five additional staff had been rostered on each shift to meet the special detailed nursing needs of three patients. Three staff observed and cared for the patient in long-term segregation. Two other patients had nurses observing them constantly.
- All wards had qualified nurses present in communal areas. Patients reported that staff spent a lot of their time in the office on the computer. The ward manager was not generally included in the nursing numbers and was able to manage the staff team. Patients said they had regular one-to-one time with their named nurse and patients who had been granted leave said this was rarely cancelled.
- All permanent staff, bank staff and regular agency staff were trained in the use of physical interventions. The training was provided by Priory training personnel. There was sufficient staff rostered to safely carry out physical interventions if required.
- Staff on three wards reported feeling unsafe at times due to the aggressive or overtly sexualised behaviour of the patients. Although the wards were well staffed, staff on one ward reported feeling less safe at night and at weekends due to staffing levels.
- Each patient had a consultant psychiatrist and a junior doctor assigned to them. This care team remained with the patient if transferred to another ward within the hospital. Out of hours a Priory hospital duty junior doctor and a consultant were on call. The junior doctor was required to be no further than half an hour away.
- All staff were provided with mandatory training covering a wide range of mental health and non-mental health specific subjects. Some training was delivered face to

Forensic inpatient/secure wards

face. The majority was administered through e-learning. Staff reported that face to face training was preferable to e-learning. The average uptake across all staff groups for mandatory training was 90%.

Assessing and managing risk to patients and staff

- There were 20 incidents of seclusion and one incident of long-term segregation recorded in the past six months. All of these incidents were on Rusper and Hookwood wards as these were the only wards with seclusion facilities. We observed staff appropriately applying the procedure for long-term segregation which was based upon the Mental Health Act Code of Practice.
- There were 21 incidents of restraint recorded in the past six months with 14 different patients. Rusper and Hookwood wards recorded the highest use of restraint and the highest use of prone restraint. Rusper ward had nine incidents of restraint of which one involved prone restraint. Hookwood ward had five incidents of restraint of which two involved prone restraint. Some patients had been relocated to Hookwood or Rusper ward following restraint.
- We examined 37 care records, all records contained updated assessments of risk and risk management plans for patients.
- Risk assessments were completed using the Care Notes template and recognised risk assessment tools such as Short-Term Assessment of Risk and Treatability and Historical Clinical Risk management 20.
- Restrictions were imposed across all wards; these had been reviewed on a ward by ward basis with patient involvement. There was a reduction on restrictions as patients progressed through the secure recovery pathway. This included having access to mobile phones on Newdigate II. However, there were restrictions on the amount of garden leave patients could have on Hookwood and Rusper wards. There was restricted access to the hospital shop, it was available on a weekly basis only, and a limit imposed on the number of items that could be purchased.
- We reviewed the hospital policy for the observation of patients and saw that levels of observation were increased in accordance with increased levels of assessed risk. All patients were observed at least each hour, some patients had 15 minute observation checks and some patients were under constant observation.
- Due to the nature of the service, most patients did not have unescorted access to the community. Those patients who did have unescorted leave were requested to open their bags and empty their pockets on return to ensure that contraband items including drugs, alcohol and potential weapons were not brought on to the wards. This process was explained to patients prior to their first trial of unescorted leave.
- All permanent staff completed a five day physical management of violence and aggression training course. The course included conflict resolution and de-escalation techniques. Restraint of patients was utilised only after de-escalation techniques had been unsuccessful or if a patient or staff member was in immediate danger.
- Staff had a good understanding of the use of rapid tranquilisation and each ward displayed the National Institute for Health and Care Excellence guidance for this practice.
- The staff on Hookwood and Rusper wards demonstrated best practice examples in the use of seclusion. The hospital seclusion policy was based upon the Mental Health Act Code of Practice and the National Institute for Health and Care Excellence pathways; Restrictive Interventions for managing violence and aggression in adults. Seclusion records were well documented and showed adherence to the policy.
- 96% of staff had completed adult safeguarding training. 85% of staff had completed child safeguarding training.
- Staff were aware of the safeguarding procedure and regularly reported safeguarding concerns to the local authority and to CQC. Quarterly safeguarding meetings were held with representatives from the police, local authority safeguarding leads and commissioners (NHS England). Commissioners identified this forum as a good practice example that could be followed by other independent hospitals.
- Medicines management and administration on all wards were good. On Newdigate I ward, staff had good knowledge of the duty of candour and the process for reporting errors, and provided examples of how practices had changed as a result of feedback from errors that had occurred.
- On Newdigate II ward, five prescription charts were reviewed and found to be appropriately signed, dated and reviewed by the doctors. On Capel ward, safety alerts for faulty medicines had been received, checked

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and recorded. On Rusper ward, 'as necessary' medicines were reviewed regularly at ward rounds. On Hookwood ward, patients' allergies were recorded on prescription charts.

- Ward staff had access through the secure pharmacy portal to easy-read and bespoke information leaflets about medicines to give to patients.
- The pharmacist visited the wards weekly to screen charts for both clinical and administrative errors. Any errors identified were communicated to the responsible clinician to rectify. We were able to see examples of changes made as a result of this process.
- We spoke with one of the consultants about how patients' medicines were reviewed. We were advised that significant changes to patients' medicines were documented on ward round forms, whereas smaller changes such as a minor dose change to an existing medicine, were changed on the prescription chart. The information relating to these changes was difficult to obtain as they were recorded in different locations.
- A children's visiting room was provided to accommodate child visits. Only planned visits were permitted. The social work team in conjunction with the ward team facilitated the visit to ensure that children were protected from potential harm.

Track record on safety

- Farmfield reported eight serious incidents requiring investigation between January and July 2016. These included three incidents of absence without official leave, one alleged sexual assault of a patient by another patient, one incident of self-harm, one incident of significant aggression, one incident of secreting a contraband item (mobile phone), and one patient absconded from an alternative placement when on trial leave.
- Following a previous incident in July 2015 of a patient gaining access to the roof from the secure garden in Hookwood ward, improvements had been made to the secure fences that enclosed the garden. A solid screen was due to be added to the garden fence between Hookwood and Capel wards to prevent the risk of contraband items being passed through the fence. This would enable both wards to be able to utilise the garden space at the same time which was not currently possible.

- Security audits were completed on a daily basis which included searches of the perimeter fence. NHS England staff conducted a security audit of the low secure services in November 2015, the outcome was positive. A similar audit of medium secure services was due to be completed in October 2016.
- The hospital had implemented a Safewards initiative to reduce occurrences of violence and aggression. Staff utilised the three concepts of Safewards, reassurance, positive words and talk down. We observed these being used on the wards and also in ward rounds and staff meetings. Staff reported a decrease in the use of restraint as a result.

Reporting incidents and learning from when things go wrong

- Staff were aware of what to report and how to report. The hospital used an electronic system termed e-compliance to capture incidents. An incident reporting flow chart demonstrated processes to be followed. We saw examples on all wards of incident reporting.
- Incident reporting led to a learning log being generated. The incidents were discussed at multidisciplinary team meetings and managers' meetings. The learning log was available on all wards and staff were encouraged to read the logs. The ward manager attended daily management meetings and fed back issues to staff on the wards.
- Daily occurring incidents at ward level were discussed at handovers. We saw how changes were made to care plans following incidents and how lessons learned from one shift were passed to another shift.
- Changes in practice occurred following incident reporting. We heard from staff that following an attempt by a patient to start a fire using a toiletry product as an accelerant, this product was no longer permitted on the wards.
- Staff reported that post incident de-briefs were conducted. The head of psychology advised that often these sessions were led by psychology staff. In addition, staff gave examples of how they had been involved in incidents and were later contacted by a hospital psychologist with an offer to meet and discuss the incident and the impact this had on them.
- Some patients told us that staff would apologise to them if things had gone wrong and explain what was being done to rectify the issue.

Forensic inpatient/secure wards

Are forensic inpatient/secure wards effective?

(for example, treatment is 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.

Assessment of needs and planning of care

- We reviewed 37 care records. These were well written, comprehensive, and updated throughout the day. My shared pathway was the model used.
- Records demonstrated that physical examinations had been completed on all patients following admission. There was also ongoing monitoring of patients' physical health conditions managed by the hospital lead for physical health and the GP who visited weekly and made entries directly into the electronic patient records.
- Care plans were holistic and covered eight domains of care and were all up to date. They were personalised and demonstrated that patients had been involved in formulating the plans. Patients' comments against each domain were recorded where provided. The care plans were recovery oriented with goals and targets towards achieving greater independence.
- All information needed to deliver care was safely stored in the electronic system. It was accessible but took a considerable amount of time to read due to the depth and extent of information stored. It was not possible to easily identify how staff should provide care for a patient on a daily basis as there was no overarching, simplified plan of care that could be shared with staff new to the ward.
- As the patient information system had been developed to meet the needs of Farmfield, the information was not accessible to teams and services external to the hospital. Staff were required to write letters of referral and discharge summaries containing relevant details of the patients' care and treatment.

Best practice in treatment and care

- We reviewed 50 prescription charts. Staff followed the British National Formulary and Maudsley hospital

guidance for prescribing medication. Fifteen patients were prescribed high doses of anti-psychotic medication. This was recorded and monitored separately by the pharmacist. These patients had regular physical healthcare monitoring in accordance with the hospital policy.

- A range of psychological therapies was available to patients when they were well enough to engage with treatment. This included working in psychotherapeutic groups and/or on an individual basis with a psychologist. Group work included mindfulness training, understanding and managing psychosis, collaborative care planning and understanding personality.
- There was a high level of vacancies within the occupational therapy team which reduced the availability of activities. 45% of posts were vacant. The hospital was running a recruitment campaign to fill the vacancies. Some ward staff led activities.
- The GP who visited referred patients to specialists as required. However, there was insufficient focus upon weight gain and the physical health complications of weight gain. Ten percent of the patients had a diagnosis of type 2 diabetes. Many of the patients appeared overweight. One patient had gained 80 kg over a two year period and had doubled his admission weight.
- Staff and patients had access to a dietitian. However, dietetic plans were not explicit or enforced. The food prepared by the kitchen staff was high in calories and portion control was the responsibility of staff on the wards. Patients took little exercise often as a result of their illness. Most of the patients were prescribed medication for which weight gain was a side effect.
- Staff assessed the severity of symptoms and outcomes of treatment by applying the Health Of the Nation Outcome Scale on admission and at six monthly intervals.
- Staff were encouraged to take part in clinical audit. Many of the regular staff were lead clinicians for their ward in a range of audit activities. We saw evidence of the 14 planned audits for 2016 which included for example, medicines administration, infection control, reduction in use of restraint, ward-based ligature audit and multi-disciplinary care planning.
- Staff demonstrated how outcomes of audit had become embedded within their clinical practices. For example, all discussions concerning patients at ward round were

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conducted in their presence if they chose to attend. We saw staff using elements of the Safewards initiative which had evolved from the audit of reducing violence and aggression.

Skilled staff to deliver care

- Each ward had access to multidisciplinary team members, the core of which remained with the patient as they progressed through the secure recovery programme and moved to less restrictive environments.
- Many of the staff had worked in the hospital for a number of years. Ward managers and deputy ward managers were experienced and skilled in the management and treatment of patients within a secure environment. Health care assistants progressed to more senior roles after gaining necessary experience and the completion of an assessment of competency.
- The medical and allied healthcare professionals were experienced and specifically qualified to work with the patient group. Many had worked and/or trained in high secure hospitals or other secure hospitals prior to their appointment at Farmfield.
- Induction training was provided for all permanent staff and for agency staff working regular shifts. The induction programme was a mix of face to face training and e-learning modules. We reviewed staff records that demonstrated that staff had completed induction training. All staff had an e-learning account which showed which training modules staff had completed.
- Staff reported having access to regular supervision which was recorded. 87% of all ward based staff had received supervision in July 2016, for other staff groups the uptake was 65%. All ward based staff had completed an annual appraisal within the past 12 months.
- We reviewed current cases of staff performance management that were monitored through supervision, appraisal and one-to-one meetings with managers. We noted that poor performance was addressed quickly and with appropriate outcomes.

Multidisciplinary and inter-agency team work

- We observed ward based meetings, ward managers meetings, multidisciplinary team meetings and daily hospital senior team meetings. All of the meetings were well attended, informative and inclusive.

- Staff reviewed all patients thoroughly at handover. They advised on clinical presentation and current risk status of patients. Advice was given with regard to the deployment of staff by gender and how some patients were best approached.
- As Farmfield admitted patients from anywhere in the country the geographical distance from a patient's home area had precluded regular attendance by some home clinical teams. However, staff reported good engagement with local teams. The provider had a secure rehabilitation service nearby and for patients who were following this pathway out of low secure services, engagement and discharge planning worked well.
- There were effective working relationships with the commissioning body (NHS England) responsible for referring patients to the service. A local GP visited the hospital weekly and saw patients in a clinic setting. The GP documented the consultation directly into the patients' electronic records which was viewable at ward level, and referred patients for specialist opinions as required. The local authority safeguarding lead met with hospital and commissioning representatives on a regular basis. There was access to and advice from a local dietician.

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

- Mental Health Act training was mandatory and incorporated the Code of Practice. Training was delivered face to face by the Mental Health Act administrator. Training was delivered every three months. 88 % of clinical staff had completed training.
- All patients at the hospital were detained under the Mental Health Act.
- Consent to treatment and capacity requirements were adhered to and reviewed at ward rounds. Consent to treatment forms were correctly attached to prescription charts.
- Patients confirmed that their rights under the Mental Health Act were explained to them at admission and regularly afterwards. It was recorded in the patients' notes that staff had discussed with them monthly an explanation of rights under the Act. The Mental Health Act administrator advised clinical staff of when rights needed to be explained to patients and followed this up to ensure completion.

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- The Mental Health Act administrator was employed by the local NHS Trust and visited the hospital twice a week. They were available for advice and implementation of the Act and the Code of Practice throughout the week. The administrator was responsible for processing all elements of the Mental Health Act and uploading this information to the patients' records. The original documentation remained on site at Farmfield. The detention process forms were reviewed on each ward and found to be in good order.
- The administrator undertook regular audits of the section 17 leave process (authority for leave granted by the Ministry of Justice) to ensure that the patients' consultant had interpreted this authorisation appropriately.
- Some section 17 leave of absence authorisation forms did not comply with the Mental Health Act Code of Practice. The detailed conditions of leave had been delegated in some instances to occupational therapists. This leave had been authorised by the responsible clinician for an unspecified time and unspecified location without special restrictions. This was brought to the attention of the Medical Director who gave assurance that the forms would be amended to include specific activities within a 30 mile radius of the hospital. In addition, special restrictions with regard to escort requirements, conditions imposed through Multi Agency Public Protection Arrangements and Ministry of Justice restrictions, for example exclusion zones, would be included.
- Patients had weekly access to a general advocate and monthly access to an Independent Mental Health Advocate. The advocates described their role as listening to and taking complaints from patients, liaising with staff on behalf of the patients, attending group and individual meetings. Often meetings were held outside of an advocate's contracted hours but there was flexibility to deliver additional hours if necessary. Patients reported that advocates had attended their ward rounds with them upon request.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act training was mandatory for all clinical staff. 87% of staff had completed the training which was delivered by a combination of face to face training and e-learning. Deprivation of Liberty Safeguards training had been completed by 93% of staff.

The policy relating to this was held on each ward. All patients were assessed and regularly reviewed for their capacity to consent to treatment. This was recorded in the patients' records.

- Patients were supported to make decisions by staff and the social work team where appropriate and when they lacked capacity to consent, decisions were made on their behalf. This was recorded in the patients' records and on prescription charts.
- Staff were familiar with the Mental Capacity Act and had used it to assess patients' capacity to consent to treatment, personal care and managing finances.
- An internal audit of capacity to consent was completed in July 2016 to determine the quality of the medical assessments. Ten patients were sampled, capacity assessments were searched for in care notes and forms checked for recorded disability or impairment, reason for capacity assessment and whether consent was given. The outcome was positive, however, most patients were not assessed for their level of mental disturbance at the time. As a result, the appropriate advice from the Code of Practice was circulated to medical staff as a reminder.

Are forensic inpatient/secure wards caring?

Good 

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

Kindness, dignity, respect and support

- We observed many staff interactions with individual patients. Staff were respectful in their approach, attentive and responsive to requests where these could be met. Permanent ward staff had good understanding of the needs of patients in their care, they demonstrated how to approach patients who were less responsive to requests, and supported other patients who were distressed or alarmed by patients' behaviour.
- Patients reported that staff were kind and caring, however, one patient reported that he had been chastised about his weight at meal times in front of

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others. Another patient reported that staff were unable to anticipate his needs, waited for him to approach them and did not always follow up on requests made during a one-to-one meeting.

- Patients described staff as being respectful of their privacy; they always knocked before entering their bedrooms, unless as one patient reported, a ward search was underway, then staff would be less respectful.

The involvement of people in the care they receive

- Patients were actively involved in their process of admission. They were oriented to the ward, introduced to staff and patients and were given information with regard to activity programmes, detention under the Mental Health Act, ward meetings and mealtimes.
- Some wards operated a 'buddy' system whereby patients that were familiar with the ward would assist in supporting new patients until they became accustomed to ward routine.
- A weekly patient forum combined with a food forum was attended by patients, ward managers and senior managers. Minutes of a July meeting showed that patients had been given an update of changes in the hospital, and had provided feedback on issues relating to their ward and patients' food. The minutes were emailed to all permanent staff and copies were posted on the wards. The minutes included actions and progress against previous actions.
- All patients were encouraged to take an active role in their own care planning. Groups were run by psychology staff to assist patients to better understand the care planning process and their involvement within it. All care plans demonstrated a degree of involvement using the My Shared Pathway approach to care planning. All patients were invited to their ward rounds, many chose to be present. These were respectfully conducted; there were no discussions about the patient either before or after their active involvement.
- Patients were encouraged to maintain their independence, they were able to make choices about attendance at meetings or activities, and were able to select food preferences from a menu. Patients were offered copies of their care plans monthly.
- Families and carers were encouraged to be involved in patient care. Few patients received regular visits. This was often due to the distance involved between Farmfield and the patients' home area. A carers'

handbook had been developed which included information on the different wards, the staff teams, care planning and the range of therapies and activities being offered.

- A carers' support group was hosted by Farmfield but was poorly attended. There were plans to work with other providers to arrange a locality carers' forum.
- Patients were encouraged to give feedback on their care and treatment. Patient representatives attended meetings and forums to present patient views and feedback to other patients. Patients were supported in their involvement in the interview process for new staff.
- Daily community meetings were held on the wards, patients were encouraged to give their suggestions as to how their time could be productively spent or ideas for ward improvements.
- Patient care plans had the facility to record advance decisions with regard to how a patient wished to be cared for if he became further unwell. This was completed for some patients.

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

Good 

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

Access and discharge

- All beds were funded by NHS England and referrals were approved by this commissioning body. Although Farmfield provided secure services for Surrey and surrounding areas, it also admitted patients from elsewhere in the country.
- The average occupancy rate for 2016 to date of inspection was 96%. At the time of inspection, 50 of the 52 beds available were in use. The average time from referral to assessment was five days. The average time from assessment to admission to the hospital was four weeks. This was dependent upon authorisation being given by the Ministry of Justice.

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- When patients were placed on trial leave, a bed remained vacant should they need to return to the hospital. Patients were moved from one ward to another based on clinical need and the availability of seclusion suites.
- Within the hospital there was a progressive recovery oriented pathway from medium secure to low secure where additional privileges and leave options were available.
- Due to the nature and constraint of patients' detention under the Mental Health Act, discharge planning was thorough. The discharge process was completed in full co-operation of the receiving facility, the commissioning body responsible for funding the placement and the Ministry of Justice.
- Discharge from hospital was delayed at times, due to the need to secure authorisation from the Ministry of Justice and/or secure funding from an alternative commissioning body. Two delayed discharges were reported over the last six months.
- The average length of stay for patients, by ward, as at June 2016 was; Hoowood ward 418 days, Rusper ward 644 days, Capel ward 865 days, Newdigate I ward 1355 days, Newdigate II ward 1285 days.
- Some patients had received care and treatment in more than one ward which was included in the above average lengths of stay.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had sufficient rooms to meet the needs of the patient groups. The wards were small which assisted in the observation and management of the patient group. Only two of the wards had a seclusion suite which meant that on occasions patients were moved to a ward with this facility.
- The hospital had a single examination room where the visiting GP and the lead for physical healthcare conducted clinical examinations, took specimens and provided some clinical treatments. The examination couch was non-adjustable which provided difficulties for patients and staff.
- Each ward had a quiet room that could be used for one-to-one meetings or visitors. In addition, a café was provided within the hospital where patients were

encouraged to meet their visitors. Activity rooms and multidisciplinary treatment rooms were available outside of the ward. A ward shop operated weekly, patients assisted at both the ward shop and the café.

- A large hall space was available for patients to use gym equipment under supervision, play pool, table tennis or organised sports.
- Each ward had an enclosed phone booth to enable patients to make telephone calls in private. Access to mobile phones was available to patients on low secure wards.
- Each ward had a secure garden. However, patients on Rusper ward only had access to three, half-hour sessions of garden leave as they were housed on the first floor. Hookwood ward patients were unable to access their garden when patients from the adjoining Capel ward were using their garden due to the risk of contraband items being passed through or over the open mesh fence.
- We met with the chef and the kitchen staff, inspected the kitchens, reviewed the menu and sampled the food. Whilst the food was of good quality and varied, patients tended to choose meals that were high in calories.
- The kitchen had been awarded a hygiene rating of five (very good) in June 2016.
- Patients were able to make hot drinks and snacks throughout the day and evening. Free access was given to the kitchen facilities on most wards, however, this provided access to boiling water. This was brought to the attention of the senior management team, who reviewed the risk assessments and risk management plans and were satisfied that this was a proportionate risk whilst balancing reducing restrictive practices.
- Patients were able to personalise their bedroom space, held keys to their rooms and had access to a lockable cupboard within their room for the safe storage of possessions.
- There was a range of off-ward activities running through the week for patients that had community leave. At weekends, activities were ward based and chosen by patients, these included using the gym, take-away meals and film night. Some patients with authorised leave were able to access activity groups within the local community.

Meeting the needs of all people who use the service

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- The hospital was able to provide care and treatment for people requiring disabled access. There were however no assisted bathrooms although additional equipment was available to be brought in from other hospital sites.
- Information leaflets were only available in English. We were advised leaflets in additional languages could be provided. One patient for whom English was not his first language had access to a translator for his ward round and had his care plan translated into his first language.
- Each ward contained several notice boards that held information on activity schedules, patients' rights under detention, psychology and occupational therapy groups and treatments, and how to make a complaint.
- The chef advised that he could meet the dietary needs of all people from different religious and ethnic backgrounds, and was currently meeting the dietary needs of a patient who regularly changed his preference to a vegan diet.
- Some patients we spoke with told us that the food was very good with enough choices, others said it was not good enough, one patient stated it was an improvement on prison food.
- Patients had the opportunity to represent themselves at the weekly hospital food forum which was established to help meet the nutritional needs of the patient group. Minutes from this meeting demonstrated that change to the menu had occurred due to patient representation.
- A multi-faith room was available for patients and staff to meet their spiritual needs and a hospital chaplain visited regularly. Staff reported difficulties in identifying a local imam who was prepared to visit patients at the hospital.
- 95% of staff had completed equality and diversity training.
- We saw that complaints were reported, monitored and reviewed by the hospital clinical governance forum. The ward based posters on how to complain had been amended to show that complaints could be verbal or written. In addition we saw that members of the senior management team also encouraged patients to raise issues with them at their regular ward visits.
- The majority of patients reported that the complaints system was easy to use and had led to their complaint being resolved. Others felt it took too long (up to four months) for their complaints to be resolved. Some patients did not trust the complaints system or said it did not work.
- Staff reported on how complaints were handled, we saw that complaints had been logged at ward level, investigated and the resolution fed back to the patient.
- The ward-based log contained details of complaints and lessons learned for their own ward and the hospital as a whole. We saw how change in practice had resulted from patient complaints following completion of an action plan formulated and monitored by the clinical governance forum.
- A complaints compliance audit was conducted in May 2016. This demonstrated that written complaints were reviewed, outcomes fed back to patients and lessons learned cascaded to staff.
- For the six month period ending at July 2016, Farmfield had received 59 compliments from patients, carers, commissioners and staff.

Listening to and learning from concerns and complaints

- Farmfield received 33 written complaints between June 2015 and May 2016. Of these, nine complaints were upheld and two were under investigation. No complaints had been referred to the complaints ombudsman.
- Since the previous Care Quality Commission inspection where patients' reported not being listened to when making complaints, a new complaints process had been introduced. Each ward held a log of verbal complaints and actions taken to resolve the complaints.

Are forensic inpatient/secure wards 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.

Vision and values

- Ward managers were aware of the values of the organisation and how these were implemented in every day practice. Staff were able to give examples of being

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positive, working as a team and acting with integrity. There were not ward based objectives, staff contributed towards the hospital objectives which were outlined in the quality improvement objectives.

- Staff were aware of the senior managers within the hospital, the regional managers and their roles and responsibilities. The hospital director and clinical services manager visited the wards most days. The ward managers demonstrated authority and leadership through their presence and management of situations and staffing issues.

Good governance

- Systems were embedded in practice to deliver and capture mandatory training attendance, staff electronic training records demonstrated that this was being recorded and monitored effectively. The uptake of mandatory training across all disciplines was very good, 96% of all staff groups had received mandatory training at July 2016.
- Ward managers monitored the incident reporting, safeguarding process and the arrangements for supervision and appraisal. Staff records showed that regular supervision was provided for all staff groups. Staff stated they received regular supervision.
- Many of the ward staff were involved in continuous audit to improve quality and safety.
- Staff made good use of the incident reporting system. This was overseen at ward level and by the senior management team. Incident logs were held at ward level that demonstrated that incidents had been reviewed and lessons learned were cascaded to relevant staff.
- Staff from all wards were represented on the hospital infection control group which met quarterly. Staff acted on recommendations made at this forum which contributed towards the annual infection control audit.
- Senior members of staff including ward managers attended a monthly healthcare clinical governance meeting. There were standing agenda items on safety, clinical effectiveness, patient involvement, complaints, staffing and quality improvement. The minutes from the meetings demonstrated how issues were addressed, action plans were formulated and work completed.
- The ward manager was a key leadership role within the hospital with many delegated responsibilities. They were empowered to make decisions that impacted

directly on their wards and were also available for advice and guidance to other wards. Administrative duties were completed by all staff members as part of their duties. In addition, a ward clerk was available to support the ward teams.

- Ward managers and senior managers were able to submit items to the hospital risk register via the senior managers meeting. Many of the current risk items were generated from this forum.
- We observed the ward managers' monthly meeting. It addressed quality performance issues and issues arising from each ward. It was informal in style, well chaired with contributions from all wards. Issues raised through the current inspection were discussed at the meeting. For example, use of all female nurses on some shifts and access to boiling water in the ward kitchens, appropriate decisions were taken to address the safety concerns.

Leadership, morale and staff engagement

- A staff satisfaction survey was completed in January 2016. There were 91 staff responses. 32% of respondents would recommend to friends and family that Farmfield was a good place to work. 41% of staff felt proud to work to work for the organisation. 84% of staff reported job clarity and satisfaction with their roles.
- Some staff reported that they had not been involved in the process or were aware of some decisions being made by senior managers that affected working practices at the hospital. This had led to staff feeling disempowered and on occasions had led to unnecessary confrontation with patients. This was most evident with what staff reported as unilateral management decisions concerning the relaxation of some blanket restrictions. There were apparent tensions between senior managers, security staff and ward staff as a result.
- The annual staff survey results highlighted strengths in the following areas; new senior management team appointments, improved morale for some staff groups following the introduction of forensic lead and location allowance payments
- The survey highlighted the following weaknesses; reduced morale in staff groups who were not eligible for the forensic lead and location allowance payment, a perceived lack of trust with management based on historic issues with the previous senior management

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team, and finally, a low level of engagement at staff “You Say Forums”, where staff were encouraged to speak out about work related issues. The hospital had developed an action plan to address these issues.

- The staff sickness rate to the year ending July 2016 was 3%. There was no benchmarking information collated on sickness for independent hospitals, however, as a comparator the average sickness rate for NHS staff was 4% (Health and Social Care Information Centre July 2016). Two staff members were on a period of long-term sickness. The highest incidence of sickness was recorded in the health care assistant group.
- The staff turnover rate for Farmfield was 28% at the year ending July 2016. This had peaked in January 2016 at 59% and had reduced month on month since this date. The senior managers and therapy staff groups recorded the highest percentage of turnover. The nursing and medical groups recorded the lowest percentage of turnover. Some staff had resigned from their full time contract and now worked on the nursing bank as this provided a more adjustable working regime.
- Staff were aware of the whistle blowing process. We had received information from a whistle blower prior to inspection and were able to gain clarification of the issues raised and sought assurances of these issues through the inspection process.
- Ward managers had completed a three day in-house leadership training course which they reported had assisted them in their role development.
- We observed good team working practices in multidisciplinary meetings and on the wards. Staff were respectful and offered support and advice to each other. Senior staff delegated daily roles and responsibilities to their teams in a thoughtful and effective manner.
- Decisions relating to patient care and treatment were arrived at through a process of consensus from the multidisciplinary team members and the patient.
- Staff gave their views on the service and service developments and a forum had been created specifically to enable staff to do this.

- Feedback from the staff focus group that was held during the inspection was positive with regard to morale. Staff felt supported by the new senior management team, who they felt were approachable, visible on a daily basis, and responsive to staff needs.
- Staff also felt that the service was now well led. They had been through a difficult time but had pulled together as a team. They now felt more comfortable in their roles which had a positive impact on patient care.

Commitment to quality improvement and innovation

- Changes to the hospital governance structure and processes had led to the development of a number of regularly held meetings and forums where staff and patients could give their input. Quality improvements were apparent in a range of areas including for example, ward furnishings, a reduction in restrictive practices, involvement of patients in their own care, development of a carers handbook, improved engagement with infection control issues, and uptake of mandatory training for staff.
- The hospital had set three quality improvement objectives for the year. Firstly, to enhance the dining experience for all service users, this had led to a food forum being developed to receive patients’ views. Most patients reported that the food was of a good standard and they had influenced menu items. Secondly, to enhance the carer’s experience, this had led to the development of the carers’ handbook. Finally, to promote safety and protection of staff, this had led to the Safewards initiative.
- Farmfield was part of the Royal College of Psychiatry quality network for forensic mental health services and participated in the peer-review scheme. The last review was conducted in October 2015. The review team reported that all essential standards had been met and commended the service for their patient involvement in the service and in risk management. The review team concluded that the service had a robust risk assessment where patients were involved in risk meetings to develop their own risk assessments. Patients also attended clinical governance meetings and were involved in the design of various aspects of the ward.

Outstanding practice and areas for improvement

Outstanding practice

- We saw evidence of an initiative to reduce violence and aggression within the ward environment. Safewards, utilised the three concepts of reassurance, positive words and talk down. Staff were trained to provide this intervention which was modelled by

senior managers and clinicians. We observed these practices being used on the wards and also in ward rounds and staff meetings. Staff reported a reduction in the use of restraint as a result of this initiative.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that at least one male member of staff is rostered on each shift on each ward.
- The provider should review the blanket restrictions that exist with regard to access to the garden for patients on Rusper and Hookwood wards, access to the ward shop and the capping of the number of items patients may purchase.
- The provider should provide a consistency of approach to the documentation of all medicine changes.
- The provider should review the treatment pathway for the prevention, recognition, monitoring and treatment of obesity.
- The provider should review the treatment pathway for the management of type 2 diabetes.
- The provider should review the items for sale at the hospital shop and consider stocking healthier, low sugar content alternatives.
- The provider should review the potential for an IT solution for the provision of a simplified nursing care plan that would be available to staff unfamiliar with the patients.
- The provider should provide a height-adjustable examination couch to assist patients and staff in the process of examination.
- The provider should reaffirm efforts to secure the services of an imam to meet the needs of patients of Muslim faith.