Care Quality Commission

Good 🟢

Lancashire Care NHS Foundation Trust

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)
RW5ED	Guild Lodge	**Calder ward**	PR3 2JH
RW5ED	Guild Lodge	**Dutton ward**	PR3 2JH
RW5ED	Guild Lodge	**Fairoak ward**	PR3 2JH
RW5ED	Guild Lodge	**Fairsnape ward**	PR3 2JH
RW5ED	Guild Lodge	**Bleasdale ward**	PR3 2JH
RW5ED	Guild Lodge	**Whinfell ward**	PR3 2JH
RW5ED	Guild Lodge	**Marshaw ward**	PR3 2JH
RW5ED	Guild Lodge	**Langden ward**	PR3 2JH
RW5ED	Guild Lodge	**Greenside ward**	PR3 2JH
RW5ED	Guild Lodge	**Fellside East ward**	PR3 2JH

Summary of findings

RW5ED	Guild Lodge	**Fellside West ward**	PR3 2JH
RW5ED	Guild Lodge	**Forrest Beck ward**	PR3 2JH
RW5ED	Guild Lodge	**Elmridge ward**	PR3 2JH
RW5ED	Guild Lodge	**The Hermitage**	PR3 2JH

This report describes our judgement of the quality of care provided within this core service by Lancashire Care NHS Foundation Trust. 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 Lancashire Care NHS Foundation Trust and these are brought together to inform our overall judgement of Lancashire Care NHS Foundation Trust.

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 as good because:

Patients risk assessments were well detailed and comprehensive containing personalised and relevant information. Risk assessments included relapse triggers, behaviours and patient involvement regarding the management of risk. Specific scenarios were described with action plans for staff to consider. This meant that at times of increased risk, staff had the appropriate tools available to safely manage each situation.

Restrictive interventions were minimal and staff carried out individual patient risk assessments for each activity or risk. This meant that the use of blanket restrictions was low and patients' freedoms were proportionate to the level of risk.

Physical health care provision was good. Patients had access to dentists, GP's and physical health care practitioners. Physical health care issues were clearly documented in care plans and where necessary results and interventions were recorded. Patients with more complex healthcare needs were supported to attend specialist hospital appointments. This ensured that the service met patients' physical healthcare needs.

Multidisciplinary teamwork was evident amongst the different staff disciplines. Staff communicated well during meetings and effectively shared information. This meant that patients were receiving holistic treatment within each care pathway.

There was specialist training available for each care pathway. Staff had access to a rolling programme of training in specific models of care relating to the women's service, acquired brain injury, men's service and seclusion. This meant that staff had a good understanding of patients' needs and how to deliver particular care.

Psychological therapy was provided to a good standard. There was a variety of therapies available to meet individual needs. Access to psychological assessments and ongoing therapy was provided promptly. This meant that patients requiring a psychological approach were able to access this without delay.

Incidents and safeguarding issues were recorded appropriately. Staff understood the reporting system and had a good knowledge and understanding of what to report. This meant that patient safety was important and communicated to the senior management team.

Systems to ensure safe staffing levels were in place. An electronic staffing recording system highlighted gaps in provision and automatically advertised bank shifts to other staff. Ward managers had access to staffing figures on other wards and if necessary staff could work on different wards. This meant that staffing resources were equally aligned across the service.

A range of activities were provided at resource centres within the hospital grounds. Activities included woodwork, metalwork, pottery and gardening. There was a gym and a sports hall for physical activities. A separate gardening project aimed at providing vocational qualifications and employment opportunities to patients. This meant that patients with low risk could engage in activities that would aid their recovery.

Ward environments with the exception of seclusion were clean and a full range of anti-ligature work had been completed. This meant that patients were less likely to be harmed by poor infection control practices or self-harm/suicide incidents.

However;

Staff supervision rates were low. Staff were not receiving the correct amount of supervision as defined by the trust supervision policy. This meant that staff were not being appropriately supervised to ensure ongoing competency to practice. The trust was aware of this and new initiatives had been introduced but yet to be embedded.

Care plans did not always contain the patient's views. We found that a third of care plans we reviewed were not completed collaboratively with patients. This meant that some patients were not receiving person centred care.

The recording of patient activity levels was poorly documented. It was unclear if patient activities had taken place. Staff were including activities that were not meaningful or relevant to some patients.

Summary of findings

Clinic room temperatures exceeded the maximum of 25 degrees on numerous occasions on four wards. This meant that medicines were not correctly stored for safe use for patients. The trust was in the process of introducing a new system that constantly monitored room temperatures.

Seclusion records did not document when a seclusion room had last been cleaned. Staff were unsure how long a patient had been in a soiled room. This meant that infection control measures were not being followed in these areas and patient safety was compromised.

The seclusion suite on Dutton and Langden wards did not provide sufficient safeguards to ensure privacy and dignity were maintained. Patients could overhear confidential conversations.

Debriefs did not always occur following an incident. Staff and patients were not always offered debriefs by ward managers or other members of the senior management team. This meant that opportunities for lessons learnt were not always followed.

Consent to treatment documentation was not always checked prior to administering medication. This meant that staff were not aware if patients had consented to their medication.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Work had been completed to remove ligatures identified in the last inspection. This had greatly reduced the environmental risk and need for observation for some patients. This meant that patients were safer and had less restrictions.
- Wards and other patient areas were clean with good hygiene practices with the exception of Dutton and Langden wards seclusion facility. This has improved since the last inspection which found problems with cleanliness on two wards.
- Ward staffing levels were adequate despite a high turnover of staff. The trust had introduced an electronic staffing monitoring tool and other initiatives which reduced the number of nursing shifts not filled and the use of agency staff. This meant that wards were appropriately staffed with staff who were familiar with the service and patient group.
- A system of electronic prescribing had been successfully introduced. Staff could identify serious medication concerns more easily and alert other relevant staff immediately. This meant that medication prescribing, dispensing and administration had safer processes in place.
- The use of blanket restriction was minimal. Patients were individually risk assessed for all activities and risks. This meant that patients' rights and freedoms were protected as well as the safety of patients and others.

However;

- Clinic room temperatures regularly reached above 25 degrees on four wards. This is above the maximum temperature for the safe storage of medication. The trust were aware of this and a new system of electronic monitoring was in the process of being introduced.
- The seclusion suite on Dutton and Langden wards was not clean at the time of our visit and no cleaning records could be located. This meant that staff were not aware of the cleaning frequency or how long a patient had been in a soiled environment.
- Debriefs did not always occur following an incident. Staff and patients were not always offered debriefs by ward managers or other members of the senior management team. This meant that opportunities for lessons learnt were not always followed.

Good ●

Summary of findings

Are services effective?

We rated effective as good because:

- Risk assessments were detailed, up to date and comprehensive showing examples of possible risk scenarios. Risk assessments contained summaries and formulations that were relevant to each patient. This meant that patients had individualised risk assessments that were useful to plan and deliver care safely.
- There was good access to psychological therapies, offering a wide range of interventions with no waiting time for patients. This meant that patients requiring psychological therapy received the appropriate treatment promptly.
- The provision of physical health care was good. Patients had access to visiting dentists and GP's. There was a physical healthcare team who could assess urgent or less urgent cases following a triaging process. Patients needing hospital visits were prioritised and escorts provided where necessary.
- Teams worked using a multi-disciplinary approach. Patients had access to consultant psychiatrists and junior doctors, mental health nurses, occupational therapists, psychologists and social workers. Professionals met and discussed patient care holistically. There was no hierarchy amongst different disciplines and professionals worked together to benefit patients.

However;

- Supervision rates were low on seven wards. This meant that staff were not sufficiently supervised to ensure that best practice was being followed and competence was maintained. The trust was aware of this and supervision passports had been introduced to capture informal supervision sessions. Peer supervision sessions were available on some wards. Ward managers had begun to prioritise time to meet supervision demands.
- A third of care plans did not contain evidence of patient's views or that patients had contributed to the care planning process. This meant that some care plans were not written collaboratively with the patient and that the patient was not involved in deciding future goals and ambitions.
- Consent to treatment documentation was not always checked prior to staff administering medication. This meant that staff were not aware patients consent to treatment.

Good ●

Are services caring?

We rated caring as good because:

Good ●

Summary of findings

- Staff were kind and supportive towards patients. We observed warm and caring interactions between staff and patients. Patients told us staff did their very best to meet their needs and often went "the extra mile" to ensure good patient care was delivered.
- Staff knew and understood the needs of individual patients. Staff knew patients' histories and how best to manage difficult situations.
- Patients gave positive feedback in the friends and family test. A high proportion of patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

We rated responsive as good because:

Good ●

- Patients were able to make phone calls in private. The previous inspection had found that patient pay phones were in communal areas and often did not work. However, patients now had access to cordless phones which they could use in their bedroom or other quiet areas of the ward.
- There was a good programme of activity for patients who were able to access the on-site resource centres. Patients could become involved with social, recreational, vocational and employment activities.
- Complaints were investigated and responded to quickly and there was evidence of the senior management team acting on complaints. Patients also told us their complaints were dealt with promptly with sensible resolutions. Patients were given feedback in writing and verbally. We saw that a high number of complaints regarding the quality of the food had been acted upon and a new menu successfully introduced.
- Repairs and maintenance were completed in a timely way. The previous inspection had found lengthy delays in repairs and maintenance being completed. There was a new system in place which meant that repairs were completed on time and information regarding repairs was communicated to patients.

However,

- We found that the recording of weekly 25 hour meaningful activity targets were poorly documented. There was no consistency in the recording system and staff were unsure if an activity had taken place. Staff were including activities that were not meaningful or relevant to the patient.

Summary of findings

- The seclusion suite on Dutton and Langden wards did not provide patients with privacy and dignity. The observations areas were divided by a curtain and conversations could be overheard.

Are services well-led?

We rated well led as good because:

- The trust's values were known to staff and there was evidence of the trust values being embedded in patient community meetings. This meant that the trust values were being used to enhance the patient and staff experience.
- There was an effective system in place which highlighted when staffing levels were low. This system triggered requests for extra staff to ensure wards had at least one qualified nurse at all times. There was a rolling programme of recruitment and floating staff available to ease pressures caused by high vacancy rates.
- Staff described morale as generally good with fluctuations caused by low staffing and high patient acuity. Despite this staff felt there was always good peer support and effective teamwork.

Good ●

Summary of findings

Information about the service

The forensic inpatient wards were part of the secure special services network delivered by Lancashire Care NHS Foundation Trust. All services were based at Guild Lodge, which had a medium secure perimeter and 14 wards designated as low secure or medium secure as well as step down wards for patients preparing for discharge and separate wards for people with acquired brain injuries.

The forensic service comprised of the men's service (medium secure, low secure and step down), the women's service (medium secure, low secure and step down), and the acquired brain injury service (medium secure, low secure and step down).

The wards we visited were:

Fairsnape ward, 8 beds, male medium secure, admission and assessment

Calder ward, 10 beds, male medium secure, high dependency

Greenside ward, 12 beds, male medium secure, treatment

Marshaw ward, 10 beds, male medium secure, long term

Bleasdale ward, 9 beds, male medium secure, acquired brain injury

Whinfell ward, 9 beds, male medium secure, acquired brain injury

Langden ward, 15 beds, male low secure, acquired brain injury

The Hermitage, 10 beds, male step down, acquired brain injury

Fairoak ward, 18 beds, male low secure, active rehabilitation

Dutton ward, 15 beds, male low secure, high dependency

Fellside West ward, 15 beds, male step down

Elmridge ward, 9 beds, female medium secure, admission and assessment

Fellside East ward, 8 beds, female low secure, treatment

Forest Beck ward, 8 beds, female step down.

Mallowdale ward was closed due to refurbishment work. There were plans for this ward to re-open and form part of the male medium secure pathway.

Our inspection team

The team was led by:

Chair: Neil Carr, OBE, Chief Executive South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Head of inspection: Nicholas Smith, Head of Hospital Inspection, Care Quality Commission

Team leader: Sharon Marston, Inspection Manager, Care Quality Commission

The team that inspected forensic inpatient wards included two CQC inspectors, one CQC assistant inspector and five specialist advisors who were a psychologist, a social worker, an occupational therapist and two mental health nurses.

Why we carried out this inspection

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

We last inspected this service in April 2015 as part of the comprehensive inspection programme.

We found the following breaches of regulation:

- the physical environments on Calder, Greenside and Hermitage wards were in poor condition and unsafe
- Greenside and Calder wards were not clean and hygienic
- there were ligature risks on Calder, Greenside Fairsnape and the Hermitage wards

Summary of findings

- seclusion facilities on Calder Greenside and Fairsnape wards were poorly equipped
- public phones were situated in communal areas and the phone on the Hermitage did not have a hood
- phones were not always working due to damage or faults
- patients frequently experienced cancellations to escorted leave and activities

- there were delays in responding to maintenance and cleanliness on Calder, Greenside and the Hermitage wards
- building work to improve the seclusion room environments on Whinfell and Bleasdale wards took 18 months to commence.

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 a focus group.

During the inspection visit, the inspection team:

- visited all 14 of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 58 patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 56 other staff members; including doctors, nurses and social workers
- attended and observed three hand-over meetings and three multi-disciplinary meetings
- collected feedback from one patient using comment cards
- Looked at 70 treatment records of patients
- carried out a specific check of the medication management on two wards
- 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

Patients told us that staff were exceptionally caring towards them and endeavoured to ensure their needs were met. Patients felt that staff tried their best but also recognised that circumstances were difficult at times.

Patients particularly commented on leave being frequently cancelled due to low staffing levels or the lack of available transport. Patients felt that staff were honest with them regarding this and appreciated apologies and explanations.

Patients who were accessing the on-site resource centres felt that the facilities were good and that they had

opportunities to progress to a variety of activities. Patients involved in the "grow your own" gardening project were positive about the opportunities for employment and qualifications.

However, patients who were not accessing activities via the resource centres described ward based activities as poor. Patient said that activities did not always happen as planned and were not interesting to them.

All patients described the food as greatly improved since the introduction of a new menu. Patients had previous described the food as tasteless and portions as small.

Summary of findings

Good practice

The service had established a gardening project within the hospital grounds called "grow your own". This was a large allotment style project that encompassed various aspects of gardening such as fruit and vegetable growing, flower growing, an aviary, fish pond, greenhouses, relaxing areas and mini golf. The project endeavoured to be inclusive and was available to local schools and community groups as well as patients and staff.

Patients could be involved in many aspects of gardening at any level. Patients who were involved in the project spoke about the relaxing and rewarding nature of the

work. Patients were encouraged to take ownership of the project and build and design their own creations. Patients had opportunities to gain qualifications and two patients were employed and paid by the trust for their horticultural work.

Patients described having improved self-esteem, motivation and hope for the future from being involved in the project. Patients could see how their efforts were appreciated as the food produced was used in the hospital kitchens and sold to staff and members of the local community.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that seclusion records clearly document the cleaning schedule.

- The trust should ensure that care plans clearly reflect patient views and are completed collaboratively with the patient.

- The trust should improve the quality of the recording of 25 hours a week patient activity to ensure accurate data is recorded.

- The trust should ensure that staff are always de-briefed following serious incidents.

- The trust should continue to address issues relating to the provision of seclusion. In particular, the privacy and dignity issues in the Dutton and Langden seclusion suite.

- The trust should ensure that there are robust systems in place to make sure clinic room temperatures do not rise above the recommended level.

- The trust should ensure there is an effective system in place to allow staff to check consent to treatment documentation prior to administering medication.

Care Quality Commission

Lancashire Care NHS Foundation Trust
Forensic inpatient/secure wards
Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Calder ward **Dutton ward** **Fairoak ward** **Fairsnape ward** **Bleasdale ward** **Whinfell ward** **Marshaw ward** **Langden ward** **Greenside ward** **Fellside East ward** **Fellside West ward** **Forrest Beck ward** **Elmridge ward** **The Hermitage**	Guild Lodge

Mental Health Act responsibilities

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

We found staff that mandatory training in the Mental Health Act was low with only 47% of staff compliant in the area during the six months prior to inspection. However, during the inspection period, ward managers were able to demonstrate how this had improved in recent weeks due to more training becoming available.

The training was compliant with the code of practice and polices were up to date to reflect any changes to the Mental Health Act.

Detailed findings

We also found that Mental Health Act rights were not routinely re-visited if patients lacked capacity.

Detention paperwork was all in order and stored correctly.

There was good access to independent mental health advocates who visited each ward. Posters were on display in ward communal areas and staff knew how to make referrals. We observed advocates having a visible presence on the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff training regarding the Mental Capacity Act was low with only 52% of staff compliant with this training in the six months prior to inspection. This figure had improved by the inspection date and wards were either reaching the target of 85% or staff booked on to training that was imminent.

We reviewed the capacity assessments and found that they were mostly completed to a good standard with the appropriate level of detail regarding decisions and responses.

Staff we spoke with understood the principles of the Mental Capacity Act. Staff demonstrated good knowledge regarding assumed capacity, the content of capacity assessments and the 'best interests' process.

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 layout of eleven wards was adequate and allowed nurses to have clear observation of patient areas. However, on Calder, Greenside and Fairoak wards there were blind spots. This was mitigated by the use of mirrors and staff observations.

During the last inspection ligature risks had been identified on Fairsnape, Greenside the Hermitage and Calder wards. Anti-ligature work had been completed throughout the site. Therefore the risk to patients from ligature points had greatly reduced. However, there continued to be ligature points identified at the Hermitage. Whilst this was an area were patients were often getting ready for discharge, there was a concern that there were ligature points in a bedroom that was the designated community bed if a community patient needed to return to the service at a time of crisis. Staff explained observations would be increased if a patient was at risk of ligature. Also, an exposed electrical lead was noted on Elmridge ward which could be used as a ligature point. This was in a communal area of the ward. We observed this area did not have staff present for periods of time. We re-visited Elmridge ward 12 days later and noted that the phone wire had been made safe.

All wards complied with same-sex guidance. There were no mixed gender wards.

Clinic rooms were clean, tidy and well organised. However, the clinic room temperatures in Calder, Hermitage, Greenside and Fairsnape wards regularly reached above 25 degrees. The recording of the room temperatures was not completed consistently and no action was taken when recordings increased above 25 degrees. The ward manager weekly clinic checks had not been completed on Langden ward. The trust was aware that clinic rooms were too hot and had begun to issue thermometers that constantly read the room temperature. This scheme was due to be rolled out throughout the service.

We visited each seclusion room and observed that they contained a clock that was visible to patients to help orientate them to the time of day. There were also windows which were screened for privacy but allowed natural light.

There were appropriate two way communication systems in place to allow staff and patients to interact. There were toilet facilities in each seclusion room and a sink for washing. Staff could observe patients well in most seclusion rooms with the exception of the Dutton and Langden seclusion rooms. There was a blind spot behind the hatch which was mitigated by the use of mirrors. The patient area of one seclusion suite was soiled. This was due to the patient presenting as a high level of risk with behaviours that prevented staff thoroughly cleaning the room. There were no cleaning schedules available to identify the method and frequency of cleaning for these areas so it was not documented when cleaning had been completed and to what level. During the last inspection, we found that seclusion facilities were poorly equipped on Calder, Greenside and Fairsnape wards. However, we found that these issues had been resolved. Patients were not always secluded in the seclusion room attached to their ward. However, seclusion suites were accessed by a dedicated secure walkway between the two units.

All wards were clean with the exception of the Hermitage. Patient led assessment of the environment scores rated the service as 95% for cleanliness, 90% for the condition, appearance and maintenance, 53% for being dementia friendly and 50% for disabled access. We found at the Hermitage that the shared patient kitchen on the upper floor was dirty, with food residue on a grill pan and in the fridge. There were out of date eggs stored. There were a large number of dead flies on the windowsill and in the fridge. We raised these concerns directly with the senior management team. We revisited the Hermitage on 27 September 2016 and found the upper floor kitchen to be clean and there was no out of date food. Staff explained that patients were encouraged to take responsibility for the cleaning of this kitchen and that it was cleaned once a day by the domestic staff.

All wards were well furnished and maintained. There was a new contract in place with the maintenance company which had improved the response time for repairs.

Patients in the seclusion suite on Dutton and Langden wards were exposed to poor infection control practices. Food was prepared in the observation area where there was no access to water or clean utensils. The observation

Are services safe?

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

area was dirty, with open food containers on a low shelf under the observation window. There was flooring coming away from the wall directly below. However, infection control principles were adhered to on other wards. Staff had access to wash basins and alcohol gel was available on the entrance to wards.

Equipment checks in the clinic rooms had been completed with the exception of Fairoak ward where this had not been recorded consistently.

Environmental risk assessments were completed on an annual basis by the ward managers. Each ward had up to date assessments for prevention of slips, ligatures, violence, sharps and oxygen. We reviewed the ligature risk assessments and found that three had not listed the individual ligature risks and two had not scored identified risks. However, staff we spoke with were aware of ligature risks for the wards and patient areas. Management plans were in place.

All nursing staff had access to individual blick alarms. These were issued by the control room staff and were mandatory for nursing staff when working in ward areas. Nursing staff could call for assistance when responding to an incident. Patients could alert staff of any incident by using the nurse call alarms in all patient bedrooms and communal areas.

Safe staffing

There were staff vacancies on 12 out of the 14 wards. The average qualified nurse vacancy rate was 15% across the service, and individual wards were:

- Whinfell 38%
- Dutton 30%
- Fairsnape 23%
- Marshaw 20%
- Bleasdale 20%
- Forest beck 18%
- Elmridge 18%
- Langden 11%
- Greenside 10%
- Fellside 10%
- Fairoak 8%
- Mallowdale 4%

However, despite the high vacancy rates, staff were being recruited quickly into posts. During the inspection all ward managers spoke about how new staff were due to start

work soon. There was a programme of rolling recruitment to quicken to recruitment process. Therefore, wards would have a full complement of qualified nurses in the near future.

Sickness rates were also high with a service wide average of 7% which is above the England average of 4%. Sickness rates per ward over the last 12 months were between 2% and 18%. Ward managers spoke about how staff sickness was now being targeted and the correct policies and procedures were being followed to minimise staff sickness.

During the day the trust had set a minimum staffing target that consisted of two qualified nurses working alongside approximately four or more nursing assistants. The number of nursing assistants varied due to the acuity of patients on each ward. This figure was displayed on noticeboards of each ward and confirmed by ward managers. In January 2016, data provided for the safer staffing report showed that on average wards did not have the correct number of qualified day time staff 46 percent of the time. Data provided by the trust and information from staff confirmed that each ward occasionally had one qualified nurse on shift. Over a six month period from 1 March 2016 to 11 September 2016 there were 506 days, (18%) when wards were staffed by one qualified nurse. Nurses had access to support from ward managers, team leaders, senior managers and staff from other wards. Qualified nursing shifts that could not be filled were compensated by replacing them with a nursing assistant to balance the numbers.

There was a system that allowed wards to share staff evenly across the service. There were regular meetings regarding staffing and there was an electronic staffing monitoring tool which highlighted to senior managers any discrepancies with staffing levels. This meant that staff could be moved within the service to cover any shortfalls in particular areas. However, this meant that staff were frequently moved to work on other wards which they may not be familiar with. Ward managers explained that they tried to utilise staff that were familiar and experienced as much as possible. The use of bank and agency staff across the service was low. Bank staff were used to fill 186 shifts over a 12 month period. There had been a reduction in the use of agency staff that were used to fill 55 shifts in a 12 month period. There were 25 shifts that were not filled.

Ward managers explained that they could authorise bank and agency staff without difficulty and would use regular

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staff as much as possible. Staffing levels could be increased due to the acuity of patients and to allow for one to one observations to take place. This involved increasing the number of nursing assistants. This could be done by an automatic system which highlighted available shifts and allowed bank staff to book on.

Patients and staff confirmed that one to one sessions with named nurses regularly took place. Patients said staff were available if they required one to one time and this was documented in patients' notes.

Patients told us that their leave was regularly cancelled due to low staffing levels. Data provided by the trust showed that leave was cancelled on 283 occasions during the last six months. Three wards recorded the reason for cancelled leave, which was staffing issues in 25% of cases. Ward managers explained that leave was always re-arranged as soon as possible. Cancelled escorted leave and activities were highlighted as problems during the last inspection. Staff, patients and records showed that where possible, leave and activities had been prioritised or re-arranged as soon as possible. Staff also explained that the multidisciplinary team endeavoured to promote as much leave as possible to aid recovery. However, this expectation did not always match staffing levels and ward plans.

Ward based activities were organised by technical instructors who were employed on each ward on a full time or part-time basis. The technical instructor's job role included a ward based nursing role so they also engaged in tasks such as observations and other nursing duties. Technical instructors were diverted to nursing duties at times of low staffing. This impacted on the ward based activity timetable. Patients who were able to leave the ward to attend other activities had access to Tarnbrook, the resource centre, and Gleadale social centre, where they could access a variety of activities.

Medical cover was available both day and night for all wards. Specific doctors were allocated to each ward and based on site during the day. The service employed a lead physical health nurse and GPs visited weekly. Out of hours cover was provided by an on-call doctor's rota. Out of hours doctors were based some distance away in Ormskirk. The service had tried to ensure that at night the senior nurse on duty co-ordinated calls to the doctor to ensure that they did not have to make repeat journeys. However, we saw instances where medical reviews had not taken place on time but this was not a frequent occurrence.

At night, there was an advanced first aider based on site who was supernumerary to ensure they were available to assist with any physical health concerns.

All wards were below the trusts target of 85% compliance with mandatory training over the last 6 months. Eleven were below 75% which were:

- Whinfell 67%
- Bleasdale 64%
- Langden 57%
- Hermitage 63%
- Fairoak 69%
- Fellside West 71%
- Fairsnape 59%
- Marshaw 73%
- Forrest Beck 66%
- Elmridge 67%
- Fellside East 62%

Of particular concern were the lack of staff with up to date basic life support and immediate life support training. Training figures for each ward which were below 75% in basic and immediate life support training were as follows:

- Whinfell basic life support 68%, immediate life support 50%
- Bleasdale basic life support 63%, immediate life support 71%
- Langden basic life support 53%, immediate life support S 57%
- Hermitage basic life support 53%
- Fellside West immediate life support 40%
- Greenside basic life support 71%
- Calder immediate life support 57%
- Marshaw immediate life support 67%
- Forrest Beck basic life support 59%
- Elmridge basic life support 70% immediate life support 50%
- Mallowdale basic life support 67%
- Fellside East immediate life support 44%

Ward managers and staff explained that training had not been available for staff to book onto and that ward dynamics and busy periods had prevented staff from attending training.

However, during the inspection process, all ward managers explained that more training had become available recently. Seven ward managers were able to demonstrate that training figures had improved over the last three

Are services safe?

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

months and were now above the 85% target. Other ward managers were able to show improved figures and that the majority of outstanding training had been booked and due to be completed.

Assessing and managing risk to patients and staff

Across the forensic service, there had been 274 incidents of restraint involving 57 different patients and 103 incidents of seclusion between 1 December 2015 and 3 June 2016. Wards with high use of restraint included: Fairsnape - 67 incidents involving 12 patients, (three of which were in the prone position and one resulted in the use of rapid tranquilisation); Mallowdale - 62 incidents involving seven patients; Whinfell - 73 incidents involving eight patients. Wards with the highest use of seclusion were Whinfell - 51, Calder - 14 and Fairsnape - 13. Prone restraint was used six times in total, three times on Calder and three times on Fairsnape.

We examined 49 care records and found the quality of risk assessments on every ward to be of a good standard. They were up to date, comprehensive and included information regarding incidents and triggers for potential relapse of symptoms. There were two risk assessment tools in use which included the historical clinical risk management-20 version three for every patient. They had been completed by psychologists and included both historical and current risks and risk management plans for potential scenarios. Enhanced risk assessment tools were also used and had been designed by the trust.

The use of blanket restrictions had reduced on all wards. Patients were not searched unless staff had reason to justify doing so. On the medium secure wards, patients could access rooms such as the kitchen or laundry room at any time by asking a nurse to unlock the door. Patients and staff told us this worked well and was not problematic. There were items that were restricted; however, this had been individually risk assessed and a list drawn up for each person. On the low secure wards there were less locked rooms and patients had open access to outdoor space. However, no patients had their own keys to their bedrooms with the exception of step down wards. Bedroom doors could be locked by a nurse on the patient's request or patients could lock them from the inside. Also, there was a service wide ban on the use of mobile phones. No patients were allowed mobile phones on any of the wards. However, patients were individually risk assessed for using mobile phones when on leave outside the secure perimeter.

Phones had to be of a simple design with no camera or internet function. Access to the internet was restricted. Patients could use the internet facilities at the resource centre but many sites were blocked. Patients told us it was not possible to access banking facilities or internet shopping. Patients with leave to local towns and villages could access the internet at local libraries.

All patients were subject to a minimum of 15 minute observation checks. For patients with increased risks, observations were increased to either continuous within eyesight observation or continuous within arm's length observation as per the observation policy.

The use of restraint was only used when de-escalation had failed and the risks to the patients and others were high. Staff were able to give examples of using distraction and other techniques to calm patients and avoid incidents. Staff had access to enhanced risk assessments which detailed how each patient preferred to be treated at times of distress.

We found that two of the records we reviewed on Fairsnape ward showed the patients had been administered medicines for rapid tranquilisation. The trust had completed an audit to focus on care and risk management plans and the use of advanced statements in accordance with National Institute for Health and Care Excellence, NG10 violence and aggression: short-term management in mental health, health and community settings, May 2015. Overall compliance with this was low (30%) and an action plan had been put in place to bring about improvement. There were plans for re-audit this year. We found that the incidents where rapid tranquilisation was used were clearly recorded in the nursing notes and entries had been made to the trust electronic incident system, as required by trust policy. Trust policy stated that patient monitoring following rapid tranquilisation must be recorded at least hourly or every 15 minutes for patients in seclusion. However, we were unable to find all the records of monitoring, or of refusal. The ward manager felt that this was because the records were scanned onto the electronic care record system and may not yet have been scanned.

Patients were secluded when it was assessed they were a high risk to themselves or others if they remained on the ward. We reviewed the seclusion records for three patients and found that they were appropriately placed in seclusion due to high risks of harm. The records showed that care planned medical reviews had been completed for these

Are services safe?

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patients at the appropriate intervals in most instances. Physical health needs were identified and recorded and where possible these were being met. One patient had missed an appointment at the acute hospital due to increased level of risk which prevented attendance. There was a plan to rearrange once a more settled period had been established. There was no seclusion care plan present in the seclusion room for one patient and a printed copy could not be found. However, there was an electronic version on the electronic care record. One patient was being nursed in strong clothing but staff could not find a care plan or risk plan for this intervention. Patients were not always secluded in the seclusion room attached to their wards. At the time of inspection, two patients from the medium secure service were secluded within the low secure service. Also, one male medium secure patient was secluded within a female medium secure seclusion suite. This meant that although observations were often carried out by staff known to the patient from their ward of origin, it was more difficult to organise a team of nurses to enter seclusion rooms and qualified nurse reviews were often completed by nurses from the host ward.

In the six months prior to inspection, staff were not up to date in all areas of safeguarding training as demonstrated in the following training compliance figures,

- Whinfell safeguarding adults level 2, 30%
- Bleasdale safeguarding children level 2, 65%, safeguarding adults level 2, 17%
- Langden safeguarding adults level 2, 37%
- Hermitage safeguarding adults level 2, 33%
- Fairoak safeguarding adults level 2, 52%
- Fellside west safeguarding adults level 2, 40%
- Fairsnape safeguarding adults level 2, 4%
- Greenside safeguarding adults level 2, 32%
- Calder safeguarding adults level 2, 57%
- Marshaw safeguarding adults level 2, 69%
- Forrest beck safeguarding adults level 2, 50%
- Elmridge safeguarding children level 2, 66%, safeguarding adults level 2, 37%
- Mallowdale safeguarding children level 2, 67%, safeguarding adults level 1, 33%, safeguarding adults level 2, 25%
- Fellside east safeguarding adults level 2, 50%

However, as with other training, these figures had improved at the time of inspection and were above 75%. Staff demonstrated a good understanding of safeguarding

procedures and had close links with the local safeguarding service. Staff gave examples of safeguarding incidents at both high and low levels and knew how to report and escalate concerns of a safeguarding nature. We examined data which showed that safeguarding incidents were reported in a timely manner and addressed accordingly.

We reviewed the procedures for medicines management and found that the clinic rooms were often above 25 degrees. Four wards regularly reached temperatures above 25 degrees and up to 28.4 degrees, which were, Greenside, Fairsnape, Calder and Hermitage. For medicines to be stored safely, the room temperature should be below 25 degrees. At the time of inspection we found that the medication being stored in the clinic rooms was not at risk of degrading. The trust had recently carried out a piece of working looking at the effects of increased temperatures on medicines. Thermometers for constant monitoring of clinic rooms with raised temperatures were available but had not yet been used on these wards.

On Langden ward the clinic room checks were not carried out consistently on a daily basis and the weekly ward manager checks were also incomplete. However, clinic rooms were clean and tidy and contained required medication only. Resuscitation equipment was stored correctly.

There was a new electronic prescribing system in place which allowed nurses to check and dispense medication using the computer system instead of paper records. Staff told us that they had received good training and support in using the new system. All staff described this as a safer method of dispensing and that fewer medication errors had occurred since its introduction. Doctors also felt this system was an improvement and was more efficient. Staff could access the T2 and T3 certificates electronically. A pharmacist was based on site and could be contacted if there were issues in relation to medication. The pharmacist explained how they could easily identify any new prescribing and target their activity accordingly, focussing on the most complex patients. For example, the pharmacist saw all patients started on clozapine to discuss the risks and benefits of treatment. Clozapine plasma levels were recorded on patients' records and any concerns were raised with the prescriber. Additionally, should any serious medicines concerns be identified all staff administering medicines could be alerted instantly.

Are services safe?

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The pharmacy team provided clinical support to all wards. This included prescription review and attendance at patient's multidisciplinary team meetings. We saw that medicines self-administration was supported at different levels to promote patients independence. Patients choosing to self-administer medication met with the pharmacist to discuss their medicines to help ensure they had the support they needed to manage them safely. In response to a recent alert regarding the prescribing of Valproate all ladies prescribed valproate had met with the pharmacist to discuss the risks in pregnancy.

We examined the child visiting policy and staff had a good understanding of how to apply this. Risk assessments were completed prior to any visit and a family visiting room was provided away from the ward areas.

Track record on safety

There were nine serious incidents reported to the strategic executive information system over the last 12 months. These included four incidents of patients absconding or being absent without leave, three serious incidents of violent behaviour, one incident of abuse by staff and one uncategorised incident. There were nine incidents that were directly reported to the care quality commission during the last 12 months which related to eight detained patients being absent or returned and one patient death in detention. The service recorded 13 incidents of patients being absent without leave from October 2015 and September 2016. These related to the following wards,

- Fairsnape 1
- Dutton 6
- Hermitage 1
- Marshaw 1

- Fellside East 1

Reporting incidents and learning from when things go wrong

Staff were aware of how to report incidents on the trust's electronic recording system. Staff of all grades were confident of how to do this and understood what should be reported. Staff we spoke to gave examples of incidents that should be recorded and how to escalate issues and raise concerns.

Feedback from investigations following incidents was given to staff via an email bulletin and discussions during staff meetings.

Staff did not always receive de-briefs following significant incidents and events. Data provided by the trust showed that over that last six months there were 222 incidents of restraint and 121 staff de-briefs. Ward managers explained that serious incidents would be de-briefed by staff from the violence reduction team. However, less serious incidents were dealt with at ward level. Five ward managers said there was weekly peer supervision, reflective practice or MDT meetings where incidents could be discussed.

There was a system in place for lessons learnt from incidents to be shared with other parts of the service. Staff were emailed "share the learning" bulletins and these were discussed in staff meetings where relevant.

Duty of Candour

We found evidence staff explaining to patients the reasons for things going wrong and apologising for this. Staff gave patients clear explanations if leave was cancelled or other aspects of their care were not being met. Staff understood the importance of apologising.

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 examined 48 patients care records and found that comprehensive and timely assessments were completed following admission to the service. Risk assessments were detailed and up to date and demonstrated service user involvement.

Physical examinations on admission were completed and recorded. We found that 16 care plans were not personalised and the patient views were not evident. Four care plans were not up to date and eight were not holistic or recovery focused. The care plans on Elmridge ward were particularly poor. We spoke to the ward manager who confirmed that care plans had been updated over a two day period just prior to the inspection without input from the patients or named nurse. The ward manager explained that due to high staff turnover and increased patient acuity staff were unable to complete these tasks. However, other care plans were of good quality and contained detailed information regarding physical health monitoring such as asthma, diabetes and weight problems.

Care plans were stored electronically on a secure computer system which all staff could access. Newly appointed staff explained that there were no delays in obtaining computer access. Paper copies were offered to patients and it was documented if patients refused to accept a copy.

Best practice in treatment and care

We looked at 70 prescription charts and found that medication was prescribed within British national formulary and national institute for health and social care excellence guidance. There was one patient prescribed high dose anti-psychotic medication and all required monitoring was in place for this.

There was good provision of psychological interventions. Therapies available included group session in cognitive behavioural therapy and psycho-educational work. Individual sessions were available in the following therapies,

- cognitive behavioural therapy
- attachment informed psychodynamic interventions
- dialectic behavioural therapy
- narrative therapy
- schema therapy
- eye movement desensitisation and reprocessing

- cognitive analytical therapy
- psychoeducational therapies
- systemic therapies

More specialised programmes were tailored for the women's service pathway. These focussed on attachment, trauma and abuse. For the acquired brain injury pathway, there were interventions such as cognitive rehabilitation replanning and brain injury awareness.

Physical healthcare needs were being addressed by the use of a triage system overseen by the practice nurse. Ward staff could refer patients to the specialist GP service via email. The practice nurse assessed the referral and if necessary could see the patient the same day during week days. If a doctor was not needed, patients could be offered appointments to see the nurse who was available for a maximum of nine appointments each week. If a doctor's appointment was needed, these were arranged within seven days if urgent and within two to three weeks for non urgent appointments. The trust did not collate figures for waiting times to see the specialist GP service. Dental appointments could be arranged on request by nursing staff. The average wait for a dental appointment was 8 days. Patient's ongoing physical healthcare needs were clearly documented in specific care plans. Patients attended specialist hospital appointments when required.

Staff used recognised outcome measures such as health of the nation outcome scales for secure services and the recovery star. The 'my shared pathway' approach was being used for planning care. Plans were updated during care programme approach reviews and formed the basis of future care plans. We also saw the recovery star being used with patients to identify needs and progress.

Staff were involved in completing audits such as the named nurse audit which looked at the quality of the care records. Ward managers completed environmental audits and month end audits which contained information such as supervision, training and personal development review figures.

Skilled staff to deliver care

Each ward had access to consultant psychiatrists and junior doctors, nurses and nursing assistants, occupational therapists, social workers, psychologists and pharmacists. Doctors were based on site and were available for weekly or fortnightly multidisciplinary meetings. Doctors were also available to have one to one sessions with patients and

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support the nursing team. Each ward had a dedicated occupational therapist that was supported by technical instructors who implemented some of the interventions. Psychologists were also aligned to individual wards and had assistant practitioners available to deliver psychological based interventions to patients. Social workers were also aligned to wards and were available to oversee safeguarding matters and future placement options. Pharmacists attended approximately one in every twelve patient review meetings and were available on request.

Staff employed across the service were experienced and qualified for their roles. However, there was a high percentage of newly qualified nurses on most wards. Despite this, many of the preceptorship nurses we spoke to had completed their training within Guild Lodge and were familiar with their roles and environments. Also, most of the newly qualified nurses had been in post for over six months and had gained relevant experience.

All new employees had undertaken an induction to the secure service. This involved information being shared regarding the procedures to entering and leaving secure areas and how to use the alarm system. All staff completed a security induction. Staff also completed a corporate induction. Staff within the women's service and acquired brain injury pathways had access to specialist inductions particular to their pathways. We reviewed the induction training for the women's service which involved a three day training programme covering boundaries, self-harm, supervision and gender issues. This was offered on a rolling programme three times a year.

Staff supervision rates during the three months up to July 2016 were below the trust target of 85% on the following wards:

- Bleasdale 82%
- Calder 73%
- Dutton 70%
- Elmridge 56%
- Fairoak 54%
- Fairsnape 80%
- Marshaw 68%

Ward managers expressed difficulties in capturing informal supervision records and that a new supervision passport

document had been introduced. Staff and managers confirmed that it was difficult to deliver supervision in busy wards during busy times. Some wards had additional reflective practice and peer supervision groups.

Appraisal rates for non-medical staff were also low throughout the service over the last 12 months. The trust target was 85%. There were no wards achieving this target as detailed below, per ward:

- Elmridge 21%
- Fellside 56%
- Bleasdale 58%
- Marshaw 47%
- Whinfell 38%
- Fairoak 56%
- Calder 48%
- Forest beck 62%
- Hermitage 33%
- Dutton 32%
- Langden 7%
- Fairsnape 0%
- Greenside 33%

A new appraisal system had been introduced across the service. This meant that appraisals were completed in a number of stages throughout the year. Ward managers demonstrated to us that the appraisal process had begun for all staff.

Staff had access to regular team meetings in the form of twice daily handover meetings. We observed four handover meeting and found that they demonstrated staff having in-depth knowledge of each patients needs and communicated this effectively. Peer supervision sessions were available on Greenside and Elmridge wards on a weekly basis.

Specialist training was available in the following area: acquired brain injury; seclusion workshops; men's service training; women's service training. These were rolling programmes delivered numerous times throughout the year.

Between April 2015 and March 2016 the service had suspended or placed under supervision four members of staff. Ward managers described a staged disciplinary process that could be implemented for staff who did not meet the requirements of the role.

Are services effective?

Good ●

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Multi-disciplinary and inter-agency team work

There were regular and effective multidisciplinary meetings on each ward on a weekly basis. We observed three patient ward meetings which were attended by a doctor, a nurse, psychologist, occupational therapist, social worker and the patient. Staff from the patient's home team also attended one meeting. Meetings contained detailed discussions regarding physical healthcare, progress, risks, leave entitlement, patient views and Mental Health Act status. Each meeting was patient focused and respect was shown for the patient's views and opinions. We found that carers and families were regularly invited to meetings.

We observed four ward handover meetings which showed effective communication between staff on different shifts. Staff gave detailed accounts of each patient including changes to presentation, risks, medication, physical health and other individual patient and ward issues.

Local area care coordinators were regularly invited to attend care programme approach review meetings and other relevant meetings. Information was shared appropriately and each professional's views were evenly considered. The service had a good working relationship with the social work team based at Guild Lodge who oversaw the safeguarding process.

Good working relationships with forensic community teams were seen in the pre-discharge wards. Fellside West had devised a multidisciplinary pathway outlining steps towards discharge.

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

Mental Health Act level two training was mandatory. However, compliance rates over the last six months on thirteen wards were low. The service had an overall average compliance rate of 47%. However, during the inspection seven ward managers demonstrated that this training was now above the 85% target. Other wards had improved their figures and staff were booked onto upcoming training. Staff we spoke with demonstrated a good understanding of basic Mental Health Act principles and code of practice.

Mental Health Act monitoring visits were completed on Dutton, Marshaw, Elmridge and Calder wards during the three months prior to inspection. There were issues regarding the lack of capacity assessments for patients whose treatment was authorised by T3 certificates on Marshaw ward. On Dutton ward certificates to authorise treatment were not kept with the medication charts.

We found that patients who were unable to understand their Mental Health Act rights were not routinely offered them again. Staff did not re-visit Mental Health Act rights at suitable intervals or endeavour to use materials that might aid understanding.

The service had access to a Mental Health Act administrator who was based centrally and was available to give advice regarding the Mental Health Act. Staff also had access to the Mental Health Act and code of practice in paper copy in the nurses office and electronically.

Detention paperwork was filled in correctly and up to date. It was stored within the electronic records system and paper copies were filed with patients notes. We saw that one patient had been admitted out of hours with only copies of the section papers given to nursing staff rather than the originals. The Mental Health Act administrator obtained the original documents as soon as they became aware of this. The same patient did not have a copy of their certificate of consent to treatment (T2 form) with their medication chart which meant that for several days staff had dispensed medication without being aware of whether a valid certificate was in place for this.

On several wards, consent to treatment documentation was stored in the ward office rather than in the clinic where it could be checked as medication was dispensed. Therefore staff were administering medication without checking the patients consent. However, we found no discrepancies relating to this.

Mental Health Act information was audited as part of the named nurse audits completed by staff. These were completed on a monthly basis and reviewed by ward managers and the senior management team.

Patients had access to independent mental health advocates. Each ward was regularly visited by advocates who maintained a high visibility on all wards. Staff knew how to refer patients to an advocate and there were posters displayed in patient areas.

Good practice in applying the Mental Capacity Act

Mental Capacity Act level one and two were mandatory training for staff. Compliance with Mental Capacity level

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one training was 90%. However, Mental Capacity Act level two training compliance was 52% across the service in the six months prior to inspection. However during the inspection we found that seven wards were now compliant with the trusts target of 85%. Other wards demonstrated that staff were booked onto training in the near future. We observed capacity being discussed in patient review meetings and we checked patient's records. Capacity assessments had been completed to a good standard on most wards and staff were aware of the process of best interests meetings and decision making.

The trust had a policy on the Mental Capacity Act and deprivation of liberty safeguards available to staff electronically. Staff were aware of this and felt they could refer to this if necessary.

We saw evidence of capacity to consent assessments being completed and recorded appropriately. These were stored electronically and were decision specific.

Staff were aware that patients were able to make unwise decisions and that capacity should always be assumed unless there were specific reasons to doubt this. We saw evidence of staff considered a patient's wishes, culture and history when making best interest decisions.

Staff could get advice regarding the Mental Capacity Act and Deprivation of Liberty Safeguards from the central Mental Health Act administrator. Staff were also aware that policies and guidance were available electronically and in paper copies within the nursing office.

Mental Capacity Act audits were completed as part of the named nurse audits completed on a monthly basis. Ward managers had oversight and could monitor any trends

Are services caring?

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

Our findings

Kindness, dignity, respect and support

We observed caring and respectful interactions between staff and patients on all wards. Staff were warm and demonstrated both practical and emotional support.

We spoke to patients on all wards and held a focus group prior to inspection. Patients explained that staff endeavoured to meet their needs and often went the extra mile to ensure patient care was good. Patients said staff were respectful, knocked on bedroom doors before entering and valued their opinions.

We observed during handover meetings, multidisciplinary meetings and discussions with staff that staff had good understandings of patient's needs. Staff knew patients histories, risks and mental health needs.

The involvement of people in the care that they receive

Prior to admission patients were invited to visit the ward and spend time getting to know staff and patients. On admission, patients were shown around and ward procedures explained to them. A dedicated member of staff is allocated to the new patient until the patient feels comfortable.

Twelve of the 48 care plans we reviewed did not contain patient's views or any evidence of the patient being involved in the care planning process. Six of the care plans related to Elmridge ward, four on Fellside East and one on Forrest Beck and Marshaw wards. Ward managers spoke about recent busy periods of high patient acuity and staff turnover impacting on the quality of some records. However, patients were always invited to attend multidisciplinary meetings and we saw evidence of patient's views being respected. Patients were routinely offered a copy of their care plan. On Fellside West ward, patients had copies of their care plans and care programme approach meetings kept in their own personal folders, Patients had also completed their own personal behavioural support and risk plans, their involvement was evident in the detail and personalisation of these.

Patients had good access to advocacy services. We saw that advocates were a visible presence on all wards and they could attend patient meetings on the request of the patient. There was information regarding advocates available on the wards and patients we spoke to were aware of the advocate role.

Families and carers were routinely invited to care programme approach review meetings and other relevant patient meetings. Three of the four carers we spoke to said that staff communicated all relevant information to them and were involved in their loved ones care as much as possible. However, one carer said they were experiencing difficulties accessing information about their relative's care.

Patients were able to give feedback on the service they receive by raising issues informally with ward staff. If the matter could not be resolved at a local level, the complaints process would be utilised. Patients could also leave feedback using the comments boxes on each ward and other communal areas. Patient community meetings were held on each ward. We reviewed the minutes of these and found that patient's views were listened to and acted upon where possible. A patient survey, "friends and family test", was completed in January 2016 by 37 patients and showed the following positive results,

- 65% of patients said they would recommend the service to friends or family members
- 65% of patients said they felt their views were considered during the care planning process
- 80% of patients said staff treated them with respect and courtesy
- 78% of patients said they could access staff when needed
- 70% of patients said they would feel confident having treatment at the service again.

There was evidence of patients views being sought during the community meetings regarding what activities should be provided on the wards. Patients were asked to take part in the trial of e-cigarettes and the new food menus.

Advance decisions were in place for patients who required them. We reviewed these and found them to be up to date and relevant.

Are services responsive to people's needs?

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

Our findings

Access and discharge

The average bed occupancy rate across the service over the last six months was 97%. This meant that flexibility for patients moving between wards could be delayed if beds were not available. We discussed this with ward managers and nursing staff who felt that there was sufficient throughput to accommodate patient's progression through the pathways. We examined patient care plans and found that moves to other wards occurred in a timely fashion. We reviewed data regarding discharged patients average length of stay on each ward over the last 12 months. This ranged from two months to six years. Wards which treated patients for on average more than three years were Fellside West 3.5 years, Forrest Beck 4.5 years and Langden ward 6 years. We found that these lengths of stays were proportionate to the pace of recovery expected for these patient groups.

Patients were referred to Guild Lodge primarily from the Lancashire and South Cumbria catchment areas. Referrals were dealt with by a central team and triaged for their appropriateness on each ward. Any waiting lists were overseen by the admissions team and prioritised accordingly.

There was always a bed available for patients on their return from leave. Patients always returned to the same ward and their bedroom was available. There had been no re-admissions within 90 days during the last six months.

Patient transfers to other wards within the service were planned in advance and occurred at a time agreed by the clinical team and the patient. Potential ward moves were discussed in multidisciplinary meetings and action plans agreed.

Patient discharge planning began at an early stage. Patients were slowly introduced to their new care teams and environments. Leave to new accommodation was supported and gradually increased over a period of time. There was effective liaison between services to ensure that discharges were successful. The service had a dedicated forensic community team with community psychiatric nurses and social workers who followed up patients after discharge. This may be for a short period with joint working with local teams or for a longer period if there was a specific need for specialist follow up. The community service offered 24 hour support, with staff on call at evenings and weekends.

There were eight delayed discharges over the last six months. Six of these related to Forrest Beck ward. We found that delays in discharging patients related to Ministry of Justice permissions and parole board hearings before discharge could be agreed and so was outside the trust's control.

The facilities promote recovery, comfort, dignity and confidentiality

Wards had suitable access to clinic rooms, activity rooms and therapy rooms with the exception of Fellside East ward. The activity room on Fellside East was also used as the multidisciplinary meeting room. Therefore patients had no access to activities during meetings.

Visitors to the ward were able to utilise rooms on the wards or quiet areas of the ward. Patients were encouraged to speak to visitors in the garden areas near to the ward if appropriate.

There was concern regarding the privacy of patients in seclusion on Dutton and Langden wards as the seclusion rooms were adjacent to each other. The use of intercoms meant that conversations could be over heard. There was a curtain that prevented the rooms being overlooked.

The last inspection highlighted problems with patients not being able to make phone calls in private. During this inspection we found that patient payphones were still located in the communal areas of the ward but had a hood or an enclosed booth to provide privacy. Patients also had access to cordless phones which were located in the nursing office. Patients could request access to the cordless phones and make private phone calls from their bedrooms. During the last inspection there were issues of payphones not working. However, during this inspection we found that thirteen wards had working payphones and all wards had access to working cordless phones. The service had introduced a faster reporting system and all pay phone issues were reported immediately to the telephone provider. During the last inspection, we asked the trust to consider reviewing the mobile technology policy. As a result, mobiles phones could now be used by some

Are services responsive to people's needs?

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

patients whilst on leave. Patients were risk assessed and phones could not have internet or camera functions. At the time of inspection, the mobile phone policy remained under review.

The last inspection found that there were lengthy delays in repairs being completed. We found that repairs were now dealt with swiftly by the maintenance team. The trust had renegotiated the contract with the maintenance provider which meant there were time limits for repairs. The trust had implemented better communication with patients by putting up notices about repairs on ward notice boards. This detailed what had been reported and the timescale for the repair to be completed. Repairs could also be authorised and completed in the evenings and at weekends if needed.

Every ward had access to outside space attached to each ward. The external door to the outside space could be opened by nursing staff on the request of patients. External doors to garden areas could be kept open throughout the day on wards that had risk assessed this practice. We saw several ward gardens where patients had been involved in looking after and planting plants and one with a small vegetable patch.

Access to the local community had improved. The trust had successfully negotiated with the local council and bus company for a more frequent bus service and a zebra crossing to operate at the entrance to Guild Lodge to improve access to public transport and promote the safety for patients using this. This meant that patients were less reliant on the availability of pool cars when utilising leave.

The food at Guild Lodge had improved since the last inspection. A new menu had been implemented in September 2016. All patients described the food as good quality, with better portion sizes and more variations to the menus. Menus were available to cater for those with special dietary needs and a new seclusion menu had also been introduced.

Patients could make a hot drink or snack at any time during the day or night. All kitchen areas could be opened by staff on the request of patients. Patients could access the kitchen facilities and drink and food equipment was available.

All wards allowed patients to personalise their bedrooms. We looked at patient bedrooms on each ward and noted that they contained pictures, posters and photographs. Patients were encouraged to take pride in their personal space.

Patients had locked storage facilities on each ward for personal possessions. Wards had restricted items cupboards where staff could lock away items that patients had restricted access to. Patients could access these by asking the nurse at any time depending upon their current risk assessment. There were also locked cupboards on some wards for extra storage when bedrooms were too full. Patients did not have the keys and needed to request permission from a nurse to access these cupboards. Patient bedrooms could be locked from the inside by patients or by nurses on patient's request. Patients did not have keys to bedrooms or cupboards on most wards. On Fellside West ward, patients had keys to their bedrooms and lockable storage available in their rooms. Additionally, patients had open access to the ward and could use a numerical keypad to return to the ward. Lockers were available in some of the pre-discharge wards to enable patients who could self-medicate to store their own medication.

There was a good provision of activities provided for patients who had access to facilities off the ward and these were available seven days a week. For patients whose risk assessments showed a lower degree of risk, the following resources were available and provided by occupational therapist and assistants. These were located within the medium secure site. Tarnbrook unit provided vocational training including woodwork, metalwork, gardening and a computer suite. At the time of inspection there were 78 patients accessing this service. There was a therapeutic resource centre which provided pottery, art, library, kitchen and communal areas. At the time of inspection there were 84 patients accessing this service. Social activities were provided at the Gleadale social club such as cinema nights and pool tournaments. There was a cafe and other social areas to facilitate drop in sessions for 35 patients.

Gardening activities, qualifications and employment were available to patients who access the 'grow your own' project. This was a large gardening project on the outskirts of the hospital grounds. Patients could become involved in

Are services responsive to people's needs?

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

gardening at various levels. At the time of inspection there were 13 patients accessing this project. Two patients had gained qualifications in horticulture and one patient was employed on a part-time basis by the trust.

For patients who were deemed a higher level of risk or lacked motivation, activities were provided on each ward. Activities were tailored to meet the needs of patients and were overseen by an occupational therapist. These activities were documented in individual patient's activity planners and on ward activity timetables. Activities were provided by occupational therapists, therapy assistants and nursing staff. We reviewed 16 activity records and found that activities included breakfast club, arts and crafts, playing cards, cooking and board games. Activities were available seven days a week but were less structured during the weekend. However, the recording of activities was poor and it was difficult to ascertain whether an activity had occurred in some instances. There was no consistency in the recording of activities. Many patients' activity planners unnecessarily included meal and medication times as well as activities of daily living. Patients reported that ward based activities were infrequent. However, due to the poor record keeping it was not possible to verify this fully.

Figures relating to the target of 25 hours of meaningful activity provided each week to every patient were above 85% on seven wards on average over the last eight months. However, the following wards were below this target: Calder 58%; Fairsnape 78%; Greenside 83%; Dutton 69%; Marshaw 75%; Elmridge 62%; Mallowdale 76%. However, four of these wards were either admission wards or high dependency wards with a greater acuity of patients.

Meeting the needs of all people who use the service

All wards with the exception of the Hermitage were on ground floor level and were easily accessible for people with poor mobility. Wards had disabled access bathrooms with appropriate fixtures and fittings.

Information leaflets were available for people in their spoken language. Staff could order leaflets in a variety of languages from a central department.

Each ward had patient noticeboards which contained information on patient rights, how to complain and local services. Information regarding particular treatments such as medication and therapies were provided to patients on an individual basis.

Patients and staff had access to interpreters and signers for patients who did not speak English or had hearing difficulties. This was arranged by staff.

There was an appropriate choice of food available for patients who required special diets for religious and ethnic reasons. Meals were ordered from and prepared in the on site kitchen. Patients told us these had improved recently with a more varied choice.

Patients could access spiritual support via the sanctuary, a multi-faith centre based on site. Religious leaders visited the sanctuary and wards on the request of patients.

Listening to and learning from concerns and complaints

In the last 12 months the service had received 131 complaints. Of these, 44 were partially upheld, 27 upheld and one referred to the ombudsman. We reviewed the complaints data and found that 14 related to patient behaviour, 13 to staff behaviour and eight to the poor quality of the food and portion size. There was evidence of the service reviewing practices and procedures as a result of complaints.

Patients we spoke with knew how to complain and felt confident to raise complaints initially with ward staff. Patient knew of the comments boxes and how to access the advocate for support with formal complaints. Patients spoke about receiving a fast response when complaints were made and that issues were quickly rectified. Patients told us they received feedback both written and verbally from the complaints team.

Staff demonstrated a good understanding of handling complaints. Staff knew how to escalate complaints and deal with smaller issues at a local level.

We saw how as a result of complaints the food menu's and portion sizes had been reviewed and changes implemented.

Are services well-led?

Good ●

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

Our findings

Vision and values

Staff knew and understood the trust's values which were:

- teamwork
- compassion
- integrity
- respect
- excellence
- accountability

Staff were also aware of the trust's vision which was "high quality care, in the right place, at the right time, every time."

These were discussed and incorporated into staff appraisals, ward community meetings and other multidisciplinary meetings. Staff were able to describe and speak about the vision and values demonstrating that these were embedded within the service and patient care.

Staff described having good working relationships with ward managers and team leaders. Staff knew who the modern matrons were who visited the wards on a weekly basis. Staff knew the names of the most senior managers were within the service but felt that they did not have a visible presence on the wards.

Good governance

Ward managers and senior managers had access to data relating to mandatory training compliance. This was submitted on a monthly basis at ward level. Managers were aware of gaps in training figures and were endeavouring to improve these. Managers were highlighting when training was not available and action was being taken to increase the number of training courses.

Appraisal figures were low across the service. However, the service had recently introduced a new appraisal system which consisted of four stages prior to full completion. Ward managers demonstrated that each employee had completed at least one stage of this programme. Supervision figures were also low on seven wards during the last three months. This information was also collated and reviewed on a monthly basis by the senior management team. A supervision passport scheme had been introduced in order to capture less structured supervision sessions. However, this system had not yet embedded fully.

There was an effective system in place for highlighting short staffing levels on each ward. This automatically triggered a request for additional staffing and bank staff were usually employed to cover any gaps. This also allowed staff from other wards to be moved to cover any shortfalls. However, there were some shifts that did not have the correct number of qualified staff to cover the duties required. The service had a high level of vacancies and turnover which was being addressed with various strategies. The trust had embarked on a rolling programme of recruitment to increase the staffing levels and quicken the employment process. The service also had two qualified nurses who worked as floating nurses during the night shifts to cover any unplanned absences or gaps in service provision.

Staff were involved in completing audits, such as the named nurse audit, which looked at the quality of the care records. Ward managers completed environmental audits and month end audits which contained information such as supervision, training and personal development review figures. This information was reviewed on a monthly basis by the senior management team.

There was an effective system in place for reporting incidents. Staff were aware of how to report incidents and information was collated and reviewed regularly. Themes were identified and fedback to ward managers on an annual or immediate basis depending on the level of risk.

Learning from incidents, complaints and patient feedback was fedback to staff during team meetings and via email bulletins.

The service used key performance indicators to gauge the performance of each ward and pathway on a monthly basis. Specific indicators included the following targets,

- care programme approach reviews completed every six months
- historical clinical risk management -20 version three completed and in date
- crisis and contingency plans completed
- number of incidents reported
- number of safeguarding alerts made
- number of complaints
- number of complaints regarding food quality
- care plans up to date
- number of physical interventions used
- meaningful activity target of 25 hours a week being met

Are services well-led?   **Good** 🟢

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- number of delayed transfer of care
- referral and assessment outcomes

We examined information regarding the above targets and found that where targets were not met, an action plan had been put in place.

Ward managers spoke of having excellent administration support which allowed them to carry out ward manager duties more efficiently. Ward managers felt they had sufficient authority to fulfil their roles and that increasing staffing levels, purchasing furniture or adding items to the risk register did not meet any resistance from senior managers.

Leadership, morale and staff engagement
A survey was conducted during January and February 2016 which showed that on average staff felt that therapeutic relationships between staff and patients was above average. Staff also rated patient peer support and ward safety above the average ratings. However, Elmridge ward scored well below the average score for ward safety.

Sickness and absence rates were high overall with an average of 7% over the last 12 months. This is above the trust average of 5%.

There were no bullying or harassment cases in relation to this core service. The trust had a bullying and harassment policy in place for managers to follow. The senior management team had introduced a rolling staff rota to prevent staff cliques developing. All ward managers confirmed they were not aware of any bullying or harassment cases.

Staff confirmed they knew how to instigate the whistleblowing processes and raise concerns at a local level. Staff described feeling confident to do this without experiencing fear or victimisation.

Staff described morale and job satisfaction as mixed, dependant on the current circumstances of patient mix and staffing levels. During periods of ward stability, staff felt morale was good with good peer support and supportive managers. Staff felt morale dipped due to changes in ward environments, high patient acuity and low staffing.

Ward managers were able to access leadership courses paid for by the trust. These were available both internally and externally. This was particularly important as many ward managers were new in post.

Staff on different wards worked well together due to being moved to other wards on a regular basis. Managers tried to ensure that staff remained within their associated pathway, which also offered some continuity to patients. We observed multidisciplinary meetings which also demonstrated good team working and mutual support.

Staff were able to give feedback regarding the service by completing the annual staff survey. Staff could discuss any ideas during staff meetings which would be taken forward by the ward manager.

Commitment to quality improvement and innovation
The service was part of the quality network for forensic mental health service and had been peer reviewed in February 2016. The report found the service to be compliant in all areas.