

Requires Improvement**Northamptonshire Healthcare NHS Foundation
Trust**

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Berrywood Hospital	RP1V4	Wheatfield Unit Meadowbank	NN5 6UD

This report describes our judgement of the quality of care provided within this core service by Northamptonshire Healthcare 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 Northamptonshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northamptonshire Healthcare 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 Forensic inpatient/secure wards

Requires Improvement



Are Forensic inpatient/secure wards safe?

Good



Are Forensic inpatient/secure wards effective?

Requires Improvement



Are Forensic inpatient/secure wards caring?

Good



Are Forensic inpatient/secure wards responsive?

Requires Improvement



Are Forensic inpatient/secure wards well-led?

Requires Improvement



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 gave an overall rating for long stay/forensic/secure services of **requires improvement** because:

- Clinical audits were not carried out regularly to monitor the effectiveness of the service.
- Staff had not received training in MHA.
- Staff had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not demonstrate a good understanding of MCA and DoLS. Managers and staff were not aware of any checks taking place to monitor the use of the MCA.
- Patients on olanzapine depot were not monitored for post injection set of symptoms to ensure they did not experience undesirable results. Staff did not know about the necessary standard of monitoring patients soon after administering olanzapine depot injection and the units did not have a protocol in place.
- There was inconsistent practice on Historical Clinical Risk Management (HCR-20) which is needed for forensic patients.
- The location of the seclusion room was in the main patient area in the corridor leading to the entrance door. This did not protect patients' privacy and dignity and between secluded and non-secluded patients.
- In Wheatfield a patient telephone was situated in the dining room area and there was no privacy. We saw patients talking on that phone whilst other patients were sitting around.
- We found that patient's individual needs were not met. No adjustments had been made to meet patient's individual needs.

- We identified that the team's and the organisation's values were not embedded in practice. Particularly in Wheatfield, the practice did not completely reflect a person centred approach and positive risk taking.
- The trust had governance processes in place to manage quality and safety. However, we identified areas needed improvements in clinical audits, MHA and MCA training and MCA procedures.
- The medical team felt they were not listened to and were side-lined. The consultants had a lot of work load. The forensic services were isolated and disconnected to the rest of the trust. Staff felt pressured to work extra shifts to cover staff shortages and there was unfairness on accepting flexible working hours to staff.
- The units were not participating in a national quality improvement programme such as AIMS.

There were effective procedural security measures and robust operational policies and procedures that were followed by staff to ensure safety of patients. Patients were able to access medical input day and night. Patients' needs were appropriately assessed and clearly identified their needs and these were regularly reviewed. There was an effective way of recording incidents and learning from incidents.

There was good collaborative working within the multi-disciplinary teams and had a number of different professionals internally and externally who attended review meetings.

Staff were polite, friendly and willing to help and treated patients with respect and dignity. Patients were involved in their care planning and reviews and were free to air their views and where appropriate, their families were involved.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

The environment was purpose built and included anti-ligature fittings in all areas to ensure the safety of patients. There were effective procedural security measures and robust operational policies and procedures that were followed by staff to ensure safety of patients. The units had a well-equipped physical examination room that had all emergency equipment. Safe staffing levels were maintained with a good skill mix. Patients were able to access medical input day and night. Patients' needs were appropriately assessed and clearly identified and were regularly reviewed. There were appropriate arrangements for the management of medicines. Staff had a good understanding of how to identify and report any abuse to ensure that patients were safeguarded from harm. There was an effective way of recording incidents and learning from incidents.

Good



Are services effective?

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

- Patients on olanzapine depot were not monitored for post injection set of symptoms to ensure they did not experience undesirable results. Staff did not know about the necessary standard of monitoring patients soon after administering olanzapine depot injection and the units did not have a protocol in place.
- Clinical audits were not carried out regularly to monitor the effectiveness of the service.
- Staff had not received training in MHA.
- Staff had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not demonstrate a good understanding of MCA and DoLS. Managers and staff were not aware of any checks taking place to monitor the use of the MCA.
- There was inconsistent practice on Historical Clinical Risk Management (HCR-20) which is needed for forensic patients. In Wheatfield there were four patients without an HCR-20 and four patients had their HCR-20 not reviewed in six months. In Meadowbank we could not find HCR-20 for four patients.

There were comprehensive assessments that had been completed when patients were admitted. There was evidence of regular physical health checks and monitoring and patients were referred to

Requires Improvement



Summary of findings

specialist when needed. Most of the staff were up-to-date with statutory and mandatory training. There was good collaborative working within the multi-disciplinary teams and had a number of different professionals internally and externally who attended review meetings.

Are services caring?

We rated caring as **good** because:

Staff were polite, friendly and willing to help and treated patients with respect and dignity. Staff were able to explain how they were supporting patients with a wide range of needs. Patients were involved in their care planning and reviews and were free to air their views and where appropriate, their families were involved. There were ways to actively collect feedback from patients and their families on how they felt about the care provided.

Good



Are services responsive to people's needs?

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

- The location of the seclusion room was in the main patient area in the corridor leading to the entrance door. This did not protect patients' privacy and dignity and between secluded and non-secluded patients.
- In Wheatfield a patient telephone was situated in the dining room area and there was no privacy. We saw patients talking on that phone whilst other patients were sitting around.
- We found that one patient's individual needs were not met. A patient who had been in Wheatfield for more than two years had been sleeping in a bed that they could not comfortably fit in well. No adjustments had been made to meet this patient's individual needs.

All admissions to these units were planned well ahead and they did not have any emergency admissions. We saw that discharges were well co-ordinated, managed and there were good links with the local authority. The units were well equipped to support treatment and care. Patients had a varied programme of activities which was also linked to an individual programme. Patients were able to raise complaints when they wanted to and they were listened to and given feedback.

Requires Improvement



Are services well-led?

We rated well-led as **requires improvement** because:

Requires Improvement



Summary of findings

- We identified that the team's and the organisation's values were not embedded in practice. Particularly in Wheatfield, the practice did not completely reflect a person centred approach and positive risk taking.
- The trust had governance processes in place to manage quality and safety. However, we identified areas that needed improvements in clinical audits, MHA and MCA training and MCA procedures.
- The medical team felt they were not listened to and were side-lined. The consultants had a lot of work load. The forensic services were isolated and disconnected to the rest of the trust. Staff felt pressured to work extra shifts to cover staff shortages and there was unfairness on accepting flexible working hours to staff.
- The units were not participating in a national quality improvement programme such as AIMS.

Managers provided data on performance to the trust consistently. All information provided was analysed and this was measured against set targets. Staff were kept up to date about developments in the trust and felt supported by their managers. The managers were always available on the units when care and treatment was provided. Staff were aware of the trust's whistleblowing policy and they felt free to raise concerns and they would be listened to.

Summary of findings

Background to the service

The Wheatfield Unit is a low secure forensic unit for male patients who have shown disturbed behaviour linked to a serious mental disorder, and who require the provision of security. The unit accommodates 12 male patients in a secure environment with a range of facilities to aid rehabilitation. It provides care and treatment to people aged 18 plus years who are detained under a section of MHA.

Meadowbank is a locked unit that provides 24 hour services to people with offending behaviour who require assistance in the recovery process from a particular mental health problem. This recovery process may involve rebuilding/providing skills in everyday living to ensure any future admissions are kept to a minimum. It is a forensic rehabilitation in patient service that provides care to people aged 18 plus years who may be detained under a section of MHA.

Our inspection team

The team that inspected the long stay/forensic/secure services consisted of six people: one expert by experience, one inspector, one Mental Health Act reviewer, one nurse, one psychiatrist and one psychologist.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited two units in Wheatfield and Meadowbank and looked at the quality of the unit environment and observed how staff were caring for patients.

- spoke with 10 patients who were using the service
- spoke with the managers for each unit
- spoke with 15 other staff members; including doctors, nurses, psychologist, OT and student nurses.
- interviewed the matron for both units.
- attended and observed hand-over meeting.

We also:

- collected feedback from patients using comment cards.
- Looked at 10 treatment records of patients.
- carried out a specific check of the medication management on both units.
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

During the inspection, we spoke with 10 patients who used the service. They were pleased with the care provided. We found that patients were positive about their experiences of care and we observed polite, warm and patient interaction with people.

Patients told us that staff were very supportive, included them in their care planning and gave them information that helped them to make choices about their care. Patients told us that they felt staff treated them with respect and dignity and listened to.

Good practice

- Wheatfield had introduced an innovative way of sharing information; develop staff skills and training through protected learning time and reflective practice.
- In Meadowbank there was very good practice in encouraging patients to self-administer their medication.
- In Meadowbank there were strong links with employment services and vocational training services.
- Patients' rights were made easier to understand through a DVD.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** take to improve

- The trust must ensure that clinical audits are carried out regularly to monitor quality and the effectiveness of the service.
- The trust must ensure that staff receive training appropriate to their roles in MHA and MCA.
- The trust must start work on training all staff and develop systems to monitor and manage the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards. This is important to ensure that staff can use the legislation with confidence to protect people's human rights. Assessments of patients' capacity to consent under MHA are detailed enough and available for all patients.
- The trust must ensure that staff are monitoring patients soon after administering olanzapine depot injection and the units must have a protocol in place. This ensures that patients are observed for undesirable outcome.

- The trust must ensure that patients' privacy and dignity is protected at all times by locating the seclusion room away from the main patient area and have a telephone situated in an area that allows privacy.
- The trust must ensure that patient's individual needs are met and any necessary adjustments made to meet patient's individual needs.
- The trust must ensure that the governance processes in place to manage quality and safety monitors all areas of quality and safety within the units to ensure that improvements are made.

Action the provider **SHOULD** take to improve

- The trust should monitor that there is consistent practice on Historical Clinical Risk Management (HCR-20) by ensuring that all patients have one and they are regularly reviewed.
- The trust should consider that the units' MDT have input from a pharmacist and social worker.
- The trust should consider training all staff on the use of the electronic records system EPEX.

Summary of findings

- The trust should ensure that records of communication to explain to patients the results following the SOAD's visits are in place.
- The trust should consider reviewing blanket restrictions on plastic cutlery and crockery, set smoking times and hot drink times to adopt a more person centred approach.
- The trust should ensure that all patients have copies of their care plans.
- The trust should ensure that all staff are listened to and engaged with and review the work load of consultants.
- The trust should ensure that the forensic services are not isolated and disconnected to the rest of the trust.
- The trust should ensure that staff are not pressured to work extra shifts to cover staff shortages and review flexible working hours to all staff.
- The trust should ensure that all information on performance is easily accessible to managers and staff on the units
- The units are participating in a national quality improvement programme such as AIMS.

Northamptonshire Healthcare NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Wheatfield Unit	Berrywood Hospital
Meadowbank	Berrywood Hospital
<Service name here>	<Location here>
<Service name here>	<Location here>
<Placeholder text>	<Placeholder text>

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 a system in place for the administration of the Mental Health Act and noted that all detention documentation was available for scrutiny. The documentation we reviewed in detained patients' files was generally compliant with the Act and the Code of Practice.

Completed consent to treatment forms were attached to the medication charts of detained patients. However, the

assessment of patients' capacity to consent was not detailed enough. Some patients had no records of communication to explain to them the results following the second opinion appointed doctor's (SOAD) visit.

All patients had been informed of their rights in accordance with Section 132 of the Mental Health Act and provided with information regarding Independent Mental Health Advocacy. People we spoke with confirmed that their rights under the MHA had been explained to them.

Detailed findings

MHA administrative support was available from a team within the trust and audits were carried out to ensure that all MHA documentation such as consent to treatment and section 17 leave forms were correct.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had not received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff did not demonstrate a good understanding of MCA and DoLS. The majority of staff felt they did not have any responsibility in MCA and did not know how the legislation applied to their work with patients.

Staff were not aware of the policy on MCA and DoLS that they could refer to.

A senior manager confirmed the trust did not train all staff in MCA and DoLS to provide them with knowledge required in applying the legislation appropriately. Most of the staff were not able to tell

Us who they would contact as the lead person on MCA within the trust.

The use of the Mental Capacity Act was not monitored by the units.

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

Summary of findings

We rated safe as **good** because:

The environment was purpose built and included anti-ligature fittings in all areas to ensure the safety of patients. There were effective procedural security measures and robust operational policies and procedures that were followed by staff to ensure safety of patients. The units had a well-equipped physical examination room that had all emergency equipment. Safe staffing levels were maintained with a good skill mix. Patients were able to access medical input day and night. Patients' needs were appropriately assessed and clearly identified and were regularly reviewed. There were appropriate arrangements for the management of medicines. Staff had a good understanding of how to identify and report any abuse to ensure that patients were safeguarded from harm. There was an effective way of recording incidents and learning from incidents.

- Both units complied with the guidance on same-sex accommodation.
- The environment was purpose built and included anti-ligature fittings in all areas to ensure the safety of patients.
- The units had excellent well-equipped physical examination rooms that had all emergency equipment such as automated external defibrillators and oxygen. It was checked regularly to ensure it's in good working order so that it could be used well in an emergency. Medical devices and emergency medication were also checked regularly.
- There was a seclusion room to manage highly disturbed or high risk patients in Wheatfield that had an ensuite, clock and two way communication. It was specifically designed to be low stimulus and to ensure the safety and physical wellbeing of the patient. All fixtures, furniture and fittings greatly limited the risk and ability of patients to harm themselves or others. However, the seclusion room was located in the main patient area.
- Environmental risk assessments were regularly carried out in areas such as health and safety and infection control and prevention. There was a robust approach to infection control and staff followed the procedures. Where there were any identified areas of improvement an action plan was put in place to address these identified risk areas.
- Staff told us and we saw that there was a safety alarm system in place to summon assistance from other staff on the unit and staff from other units when needed. This helped to ensure the safety of patients and that of staff.

Our findings

Wheatfield Unit and Meadowbank

Safe and clean ward environment

- The environment was secure and had appropriate provision and maintenance of buildings, equipment and technology as well as the clear outlining of internal and external perimeters. The physical security adequately protected patients from absconding and protected staff and members of the public.
- The unit areas were clean, with reasonable furnishings and were well maintained. The units were spacious, with wide corridors and airy. The nurses' offices were situated in the middle of the ward with clear views to all the bedroom and entrance corridors as well as the dining area which was helpful for safe observations. However, there was an extended corridor in Wheatfield which was not easy to observe and the mirrors were not in the right position to carry out the observations.

Safe staffing

- We saw that the staffing levels were appropriate with a good skill mix. Staffing arrangements ensured that people's needs could always be met safely with staffing levels consistently maintained on both units. Both units had qualified nurses at all times. There were 1.71 vacancies for qualified nurses and two for support workers in Wheatfield. In Meadowbank there were no vacancies. We looked at the rota for the previous eight

Are services safe?

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

weeks and these numbers of staff had been consistent. There was also support from occupational therapist (OT), activities coordinator and sports instructor during working days.

- The managers told us that there was flexibility within staffing resources for additional staff to meet the people's needs where this was assessed as required for one-to-one observation. Both units used bank staff and the trust had a structured induction process in place for all bank staff. They told us that bank staff used were familiar with the ward and able to engage with patients well. Sickness, special observations and annual leave resulted in use of temporary staff to maintain the staffing levels.
- In Meadowbank all patients were on unescorted leave and were able to access community anytime. In Wheatfield patients and staff told us that sometimes staff struggled as there would be no enough staff to support patients with community leave.
- The units were supported by two consultant psychiatrists and a speciality doctor.
- Staff told us they could access medical input day and night and that out of hours a doctor on call was accessible and would arrive on site in under an hour.

Assessing and managing risk to patients and staff

- On admission every patient had a 72 hour care plan which was completed by the MDT. This took account of previous history and focused on how the patient would be supported initially for a settling in period as the team got to know the patient. It included the agreed level of observation, risk assessments and a plan of care to manage any identified risks. This was reviewed by the MDT after 72 hours.
- There were risk assessments and risk management plans which identified how staff were to support each patient when they behaved in a way that could cause harm to themselves or others. Patients' needs were appropriately assessed and clearly identified their needs and these were regularly reviewed.
- We saw that all patients in Wheatfield used plastic cups, cutlery and plates in the dining room. This meant that person centred risk assessments were not carried out. The manager told us that this was agreed by patients in

order for them to leave the dining without having to wait for cutlery check. However, we found that this had been agreed some years ago and a current review had not been carried out with new patients.

- In Wheatfield all patients were smoking on set times and escorted by staff into the enclosed courtyard smoking area. This did not reflect person centred approach. In Meadowbank there was an individual approach to this.
- There were effective procedural security measures and robust operational policies and procedures that were followed by staff to ensure safety of patients, visitors and staff. There were routines and appropriate application of procedures that enabled safe practices to be applied consistently and embedded into practice. For example, ligature cutters checked every day, sharps accounted for on every shift, locked areas clearly marked and level and frequency of observations carried out accordingly.
- Restraint records were recorded on incident reporting system in detail and it was rarely used. There was one restraint in prone position in the last seven months. The manager told us that prone position was only used to safely administer rapid tranquilisation for the shortest possible time. In Wheatfield they had employed strategies to reduce aggressive incidents that may lead to people being restrained through training staff to focus on de-escalation skills and ongoing reflective groups.
- We saw staff responding calmly and positively to patients when they were agitated using effective de-escalation techniques. All staff had been trained in the physical intervention method used within the trust prevention and management of violence and aggression (PMVA).
- The trust rapid tranquillisation policy had been followed by staff that prescribed medicines to be given in an emergency and followed the NICE guidance.
- Seclusion records we looked at showed that in Wheatfield there were five seclusions since April 2014. The reasons for seclusion were clearly documented, reviews took place, medical staff attended on time and it was terminated as soon as it was necessary. The seclusion policy was followed appropriately. The records were safely kept.
- Staff demonstrated that they knew how to identify and report any abuse to ensure that patients were safeguarded from harm. However, the junior doctor did

Are services safe?

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

not demonstrate a great awareness of safeguarding.

Training records indicated that all staff were trained in safeguarding vulnerable adults. Staff were able to name the designated lead for safeguarding who was available to provide support and guidance. Information was easily accessible to inform staff and patients on how to report abuse.

- There were appropriate arrangements for the management of medicines. We reviewed the medicine administration records and the recording of administration was complete and correctly recorded as prescribed. Patients were provided with information about their medicines. Most patients we spoke with confirmed they had received information about medicines and knew what they were for.
- Medicines were stored securely on the units. Temperature records were kept of the medicines fridge and clinical room in which medicines were stored, providing evidence that medicines were stored appropriately to remain suitable for use.
- In Meadowbank most of the patients were self-administering their medication and this was stored safely in their single locked cabinets. A risk assessment had been carried out for each patient and were on different step up stages of self-administering. There were ongoing reviews to check whether patients were still safe to continue self-administering.
- For patients who were visited by children, this had been risk assessed to ensure it was in the child's best interest. A separate family room away from the ward was available.

Track record on safety

- The trust shared with us their reports on incidents that had happened.
- There were incidents of staff leaving the unit with keys and the trust developed an action plan to address the key issues from the investigation.
- A new system was introduced to scan the keys before leaving the unit to ensure that lessons learnt resulted in changes in the practice.
- At the time of the inspection we saw that changes had been made to improve safety standards. This was in response to learning from previous incidents.

Reporting incidents and learning from when things go wrong

- There was an effective way to capture incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Staff knew how to report incidents and were encouraged to use the reporting system.
- There was a governance framework which positively encouraged staff to report incidents. Incidents reviewed during our visit showed that thorough investigations and root cause analysis took place, with clear action plans for staff and sharing within the team.
- Staff were able to explain how learning from incidents and was rolled out to all staff. Their responses indicated learning from incidents was circulated to staff. Learning from incidents was discussed in protective learning time and reflective practice learning.

Are services effective?

Requires Improvement 

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.

Summary of findings

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

- Patients on olanzapine depot were not monitored for post injection set of symptoms to ensure they did not experience undesirable results. Staff did not know about the necessary standard of monitoring patients soon after administering olanzapine depot injection and the units did not have a protocol in place.
- Clinical audits were not carried out regularly to monitor the effectiveness of the service.
- Staff had not received training in MHA.
- Staff had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not demonstrate a good understanding of MCA and DoLS. Managers and staff were not aware of any checks taking place to monitor the use of the MCA.
- There was inconsistent practice on Historical Clinical Risk Management (HCR-20) which is needed for forensic patients. In Wheatfield there were four patients without an HCR-20 and four patients had their HCR-20 not reviewed in six months. In Meadowbank we could not find HCR-20 for four patients.

There were comprehensive assessments that had been completed when patients were admitted. There was evidence of regular physical health checks and monitoring and patients were referred to specialist when needed. Most of the staff were up-to-date with statutory and mandatory training. There was good collaborative working within the multi-disciplinary teams and had a number of different professionals internally and externally who attended review meetings.

assessments were in place. In Wheatfield care plans and risk assessments were comprehensive but not always person centred. These were regularly reviewed and updated to match discussions held within the MDT meetings.

- An MDT met each morning to discuss any issues around managing risk. We attended this meeting where discussion of each patient focussed on risk factors and how to support nursing staff and patients to safely meet the needs of patients. Staff were aware of the needs of patients and were able to explain how they were supporting people with the risks they presented and their complex physical needs.
- There was good evidence of regular physical health checks and monitoring in records. Staff told us that physical health checks were carried out as soon as patients were admitted by the medical team. We saw that physical health was discussed and further assessment of these needs had been offered where physical health concerns had been identified. Patients were referred to specialist services and care plans were implemented to ensure that patients' needs were met. The units had support from the physical health nurses based on the site that helped with physical health needs of patients.
- Paper records within the team were managed appropriately but electronic records were poorly organised and difficult to access information. Staff's knowledge on the use of the electronic records system EPEX was not very good. Paper records were well organised and different team members could access people's records when needed.

Best practice in treatment and care

- NICE guidelines were mostly followed in respect of medication prescribed and in delivering psychological therapies. However, we found that the olanzapine depot monitoring was not carried out. This meant that patients on olanzapine depot were not monitored for at least three hours for post injection syndrome to ensure they were safe. The trust did not have a protocol for monitoring patients soon after administering olanzapine depot injections. Staff did not know about

Our findings

Wheatfield Unit and Meadowbank

Assessment of needs and planning of care

- There were broad assessments that had been completed when patients were admitted which covered all forms of care as part of a holistic assessment. In Meadowbank person centred care plans and risk

Are services effective?

Requires Improvement 

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the required standard of monitoring patients soon after administering olanzapine depot injection. This was discussed with the consultant who told us that they will look into it.

- Staff showed us evidence of clinics held, which included cognitive behavioural therapy (CBT), mindfulness and index offence related therapies. The nature of the issues patients presented with often identified the psychological therapies that best met their needs following an assessment by the psychologist.
- There was inconsistent practice on Historical Clinical Risk Management (HCR-20) which is required for forensic patients. In Wheatfield there were four patients without an HCR-20 and four patients had their HCR-20 not reviewed in six months. In Meadowbank we could not find HCR-20 for four patients.
- All physical health checks were conducted by psychiatry junior doctors and physical health nurses. Patients had access to specialists such as dentists, podiatrist, diabetic team and smoking cessation when needed.
- The Health of the Nation Outcome Scales-Secure (HoNOS) was used as clinical outcome measure and this is recommended by National Service Framework for Mental Health (NSFMH). The scale aids the assessment process and can determine through its evaluation the progress of therapeutic intervention.
- We saw evidence that progress was monitored in MDT records and that team recorded data on progress towards agreed goals in each patient's notes.
- Staff were not actively participating in clinical audits. The units lacked a robust program of measures to monitor the effectiveness of the service provided. The units did not provide a wide range of clinical audits that were carried out regularly and consistently.

Skilled staff to deliver care

- The teams consisted of nurses, consultants, speciality doctor, psychologists, OT, activities coordinator, sports instructor, recovery star worker and support workers. Staff told us and we saw that they attended patients' review meetings. The social workers and pharmacist were not part of the units' MDT. Social workers were only

invited to MDT meetings from outside when required. The pharmacist did not have direct input to the MDT meetings and was only responsible for medicines management.

- Staff received most of the training they needed and where updates were required, this was monitored through an electronic system that highlighted it. Staff had not received some of the training appropriate to their roles, for example, MCA and MHA training. Records showed that most staff were up-to-date with statutory and mandatory training. We saw that all staff that were due for updates were booked to attend training. All new and bank staff were provided with an induction period in which they shadowed experienced staff to ensure that they knew how to support patients safely.
- We attended one of the reflective practice learning sessions led by the psychologist and confirmed that staff were supported with continuous learning that enable them with their roles. The session focussed on risk assessment tools used within the team, positive interactions and giving feedback to patients.
- Most staff told us they received clinical and managerial supervision regularly, where they were able to review their practice and identify training and continuing development needs. Staff told us that they were offered opportunities for training in continuing development as long as it benefited patients. Records we looked at showed supervision had been taking place regularly and consistently. Staff told us that they received annual appraisals and records we looked at showed that staff received annual appraisals annually.
- There were no regular team meetings taking place in Wheatfield. The manager told us that they used the protective learning time/reflective practice learning and emails to share information with the team. However, information discussed with the team was not documented. Staff felt well supported by their managers and other team members.

Multi-disciplinary and inter-agency team work

- We sat in a handover meeting and an MDT risk meeting and found it was comprehensive; each patient was discussed in depth and effective in sharing information

Are services effective?

Requires Improvement 

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.

about patients' care. There were discussions about feedback from MDT meetings, any changes in care plans, patients' overall presentation including physical health, section 17 leave, activities and incidents.

- We observed good collaborative working within the multi-disciplinary teams following the care programme approach (CPA) framework. People we spoke with confirmed they were supported by a number of different professionals internally and externally who attended their review meetings. Staff worked well together and the healthcare professionals valued and respected each other's contribution into the planning and delivery of patient's care.
- There was evidence of working with others including internal and external partnership working, such as multi-disciplinary working with physical health team, community forensic team, multi-agency public protection arrangements (MAPPA), ministry of justice (MoJ), independent sector and local authority. Staff told us that they worked closely with the community forensic team and social workers to coordinate care to support with discharges.

Adherence to the MHA and the MHA Code of Practice

- Staff told us that they had not received training on the Mental Health Act and the Code of Practice.
- We found a system in place for the administration of the Mental Health Act and noted that all detention documentation was available for scrutiny. The documentation we reviewed in detained patients' files was compliant with the Act and the Code of Practice.
- All patients had been informed of their rights in accordance with Section 132 of the Mental Health Act and provided with information regarding Independent Mental Health Advocacy. Patients we spoke with confirmed that their rights under the MHA had been explained to them. The trust had a DVD to explain patients' rights so that it was easy to understand.

- Completed consent to treatment forms were attached to the medication charts of detained patients. However, the assessment of patients' capacity to consent was not detailed enough and one patient's capacity to consent was not available. We looked at five records and four of them did not have discussion of full treatment plan. Some patients had no records of communication to explain to them the results following the SOAD's visit.
- Section 17 leave was authorised through a standardised system. Ward staff had a thorough process for ensuring leave was authorised before each person left the ward.
- Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.

Good practice in applying the MCA

- The managers and staff told us they had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments lacked explanation of how capacity had been assessed. Staff demonstrated a poor understanding of MCA and DoLS. The majority of staff did not understand their responsibility in applying MCA and how the legislation applied to their work with patients.
- Although the trust had a policy on MCA and DoLS, staff were not aware of the policy on MCA and DoLS that they could refer to.
- The manager confirmed the trust did not train all staff in MCA and DoLS to provide them with knowledge required in applying the legislation appropriately. Staff were not able to tell us who they could contact as the lead person on MCA within the trust. The use of the MCA was not monitored by the units.
- Staff were not aware of any audits taking place to monitor the use of the MCA.

Are services caring?

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

Summary of findings

We rated caring as **good** because:

Staff were polite, friendly and willing to help and treated patients with respect and dignity. Staff were able to explain how they were supporting patients with a wide range of needs. Patients were involved in their care planning and reviews and were free to air their views and where appropriate, their families were involved. There were ways to actively collect feedback from patients and their families on how they felt about the care provided.

Our findings

Wheatfield Unit and Meadowbank

Kindness, dignity, respect and support

- Patients were positive about the support they received from the staff and felt they get the help they needed. Patients told us and we saw that they had been treated with respect and dignity and staff were polite, friendly and willing to help.
- We observed helpful interactions between staff and patients. The language used was encouraging, respectful, clear and simple and demonstrated positive commitment and willingness to support patients.
- Staff were able to explain how they were supporting patients with a wide range of needs. Patients told us that staff knew them very well and supported them the way they wanted and made them felt safe.

The involvement of people in the care they receive

- There was information and leaflets available to be given to patients on the initial assessment to explain and help them understand how the service worked and what to expect.
- Patients spoken with told us that they were involved in their care reviews and were free to air their views. Records of MDT meetings showed that patients' and their family members' views were taken into account and they were supported to make informed choices. However, some patients told us that they did not have copies of their care plans and some of the care plans were not signed by the patients.
- Staff told us that patients' carers and family members were involved in the assessment and care planning where appropriate. We saw details of recorded action from MDT reviews which captured what was discussed and jointly agreed. These showed that patients' and their relatives' views were part of the care they received.
- Staff were aware how to access advocacy services for patients and there was information on the units' board given to patients about relevant local advocacy contacts. Patients told us that they were able to access advocacy services when needed.
- Questionnaires were used to collect feedback from patients and their families on how they felt about the care provided. Community meetings were held regularly and patients' views were taken into account and acted upon. We attended one of the community meetings and saw that patients were able to raise issues and their concerns were listened to with appropriate actions taken. The staff told us that they had an open culture for people to feedback how they felt about the service provided.

Are services responsive to people's needs?

Requires Improvement 

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

Summary of findings

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

- The location of the seclusion room was in the main patient area in the corridor leading to the entrance door. This did not protect patients' privacy and dignity and between secluded and non-secluded patients.
- In Wheatfield a patient telephone was situated in the dining room area and there was no privacy. We saw patients talking on that phone whilst other patients were sitting around.
- We found that one patient's individual needs were not met. A patient who had been in Wheatfield for more than two years had been sleeping in a bed that they could not comfortably fit in well. No adjustments had been made to meet this patient's individual needs.

All admissions to these units were planned well ahead and they did not have any emergency admissions. We saw that discharges were well co-ordinated, managed and there were good links with the local authority. The units were well equipped to support treatment and care. Patients had a varied programme of activities which was also linked to an individual programme. Patients were able to raise complaints when they wanted to and they were listened to and given feedback.

referrals to Wheatfield came from medium secure services but mainly from Arnold Lodge in Leicester and patients were moved on to Meadowbank before discharged into the community.

- All admissions to these units were planned well ahead and they did not have any emergency admissions. On our inspection we saw that one patient was spending sometime in Meadowbank during the day as part of their transition. The units worked closely with the community forensic team to ensure that patients who had been admitted were identified and helped through their discharge.
- Patients on leave were able to access their beds on return from leave.
- Patients experienced a stable stay on the same unit during their admission period. The manager told us that all transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way.
- Managers told us that the support patients got from community forensic team start as soon as they were admitted and that helped to find suitable placements for patients who are ready to move on without delays.

The ward environment optimises recovery, comfort and dignity

- The units were purpose built and well equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities. The units benefited from a quiet room, activity room, private room, lounge, activities of daily living kitchen, dining room, sitting area and a gym. There was also a secure courtyard with a football pitch.
- The location of the seclusion room was in the main patient area in the corridor leading to the entrance door. This did not protect patients' privacy and dignity and between secluded and non-secluded patients.
- There were designated rooms where patients can meet visitors in private away from the patient area.
- In Wheatfield a patient telephone was situated in the dining room area and there was no privacy. The manager told us that they would move other patients out of the dining room or plug the phone in another private room if privacy was needed. However, we saw patients talking on that phone whilst other patients

Our findings

Wheatfield Unit and Meadowbank

Access, discharge and bed management

- There was no waiting list on both units, Wheatfield had nine patients and Meadowbank had six patients. The managers told us that they had not experienced a time when there is pressure of beds. The average length of stay was one to two years. There had been four discharges in the last 12 months in Meadowbrook. The

Are services responsive to people's needs?

Requires Improvement 

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

were sitting around. Patients told that there is no privacy with the phone other patients always listened to conversations when using the phone. In Meadowbank all patients were allowed mobile phones and they could use them anytime they wanted to in privacy.

- The units had access to secure garden area, which included a smoking area.
- Meadowbank had two large kitchen areas where each patient was provided with a locked cupboard to store their food and a shelf in the fridge and freezer. All patients made the menus of their choice, cooked their own meals and were supported by staff with healthy eating when shopping their food. This meant that an individual approach was promoted. All patients had access to hot drinks and snacks anytime they wanted.
- In Wheatfield the food was prepared in the main kitchen and there was a range of choices provided in the menu that catered for people's dietary, religious and cultural needs. Patients told us that they were happy with the food and could have a choice of what they want from the menu. We saw that a choice of halaal, kausher and Caribbean meals were offered. There were restricted times to meals and hot drinks. Patients had access to cold drinks anytime.
- Each patient had an individual bedroom with a solid door and an allocated locked cabinet where values could be secured.
- Patients had a wide range of varied activities programme which was linked to their individual needs. We saw some good therapeutic activities provided by the OT, activities coordinator and the fitness instructor. Patients spoke positively about the activities available to them. In Meadowbank patients were encouraged to engage in activities using the social and psychological recovery models of care that involved employment, vocational and voluntary organisations. On the day of inspection some patients had gone to work and college. Meadowbank demonstrated a person centred approach on activities.

Meeting the needs of all people who use the service

- The units were located on the ground floor and had full disabled access. Both units had accessible bathrooms and toilets. The manager told us and showed us that all bedrooms with ensuite can be easily converted to disabled access quite easily when needed.
- There was information leaflets which were specific to the services provided and were written in different languages. Patients had access to relevant information which was useful to them such as treatment guidelines, advocacy, patient's rights and how to make complaints.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed.
- Patients' individual needs were mostly met, including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. Local faith representatives visited people on the ward and could be contacted to request a visit. One patient was supported to go to the mosque once every week.
- However, we found that one patient's individual needs were not met. A patient who had been in Wheatfield for more than two years had been sleeping in a bed that they could not comfortably fit in well. The patient told us that they had raised these concerns and nothing was done about it. The manager told us that they will look into it.

Listening to and learning from concerns and complaints

- Information on how to make a complaint was displayed on the boards including leaflets from the patient advice and liaison service (PALS). Patients effectively raised concerns in community meetings and we observed that there were resolved quickly in the meeting.
- Patients told us that they could raise complaints when they wanted to and they were listened to and given feedback. The manager told us and patients confirmed that they could approach staff anytime with their concerns and staff would try to resolve them informally and as quickly as possible. However, the units did not maintain records of informal complaints raised by patients. The managers told us that complaints which

Are services responsive to people's needs?

Requires Improvement



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

were received verbally were not logged which means that some concerns may not lead to wider understanding of the services and how they are delivered.

- Staff were aware of the formal complaints process and knew how to support patients and their relatives to make a complaint following the trust's complaints policy or through PALS.
- Staff told us that any learning from complaints was shared with the staff team through the handovers and in protective learning time.

Are services well-led?

Requires Improvement 

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.

Summary of findings

We rated well-led as **requires improvement** because:

- We identified that the team's and the organisation's values were not embedded in practice. Particularly in Wheatfield, the practice did not completely reflect a person centred approach and positive risk taking.
- The trust had governance processes in place to manage quality and safety. However, we identified areas that needed improvements in clinical audits, MHA and MCA training and MCA procedures.
- The medical team felt they were not listened to and were side-lined. The consultants had a lot of work load. The forensic services were isolated and disconnected to the rest of the trust. Staff felt pressured to work extra shifts to cover staff shortages and there was unfairness on accepting flexible working hours to staff.
- The units were not participating in a national quality improvement programme such as AIMS.

Managers provided data on performance to the trust consistently. All information provided was analysed and this was measured against set targets. Staff were kept up to date about developments in the trust and felt supported by their managers. The managers were always available on the units when care and treatment was provided. Staff were aware of the trust's whistleblowing policy and they felt free to raise concerns and they would be listened to.

completely reflect a person centred approach and positive risk taking. The majority of staff knew who their senior managers were and told us that they visited the units.

Good governance

- The trust had governance processes in place to manage quality and safety. The unit managers used these methods from the trust to give information to senior managers in the trust and to monitor and manage the units. The managers would attend local quality and safety forums where aspects of quality and safety were discussed. The information was then discussed with staff and used to act on where there were gaps. For example, monitoring of mandatory training, staffing issues, incidents, seclusion, restraints and rolling 12 month appraisals. However, we identified areas that needed improvements in clinical audits, MHA and MCA training and MCA procedures.
- Managers provided data on performance to the trust consistently. All information provided was analysed and this was measured against set targets. These performance indicators were discussed with the service matron every regularly. Where performance did not meet the expected standard action plans were put in place. However, we found that not all this information was easily accessible to managers and staff on the units. Staff felt that there was no fluid flow of information between the management and the wards.
- The managers felt they were given the independence to manage the units. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

Our findings

Wheatfield Unit and Meadowbank

Vision and values

A few staff appeared to understand the vision and values of the organisation. All units had the vision and values of the trust displayed.

- Staff spoken with demonstrated a good understanding of their team objectives however, we identified that the team's and the organisation's values were not set in practice. Particularly in Wheatfield, the practice did not

Leadership, morale and staff engagement

- There was a mixed feeling about leadership on the units. The managers were always available on the units when care and treatment was provided. The managers were accessible to staff and provided staff with support. They were willing to listen to new ideas from staff and patients in order to improve the service.
- Some staff told us that the managers were approachable, had an open door policy and

Are services well-led?

Requires Improvement 

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.

encouraged openness. A few staff told us that they felt pressured to work extra shifts to cover staff shortages and there was unfairness on accepting flexible working hours to staff.

- The medical team felt they were not listened to and were side-lined. They felt the number of consultants was not at the same level with the expansion of forensic services and they had a lot of work load. The expansion was that the trust was taking over the prison services and the consultants were working in the prison services too. This had increased their case loads by between 0.25 to 0.5 above the required case load. They were paid extra salary for that instead of employing more consultants. They felt that the forensic services were isolated and disconnected to the rest of the trust. It was not properly organised and managed with no good medical leadership. For example, communication between services was poor and no clear contact between the wards and the senior management who attend governance meetings.
- The junior doctors on call were not given time to rest after they were out on call during the night. They were expected to report on duty the following day at the start of their working day.
- Staff on units told us they were supported by their managers. We saw and staff confirmed that the team was cohesive with good staff morale. The majority spoke positively about their role and demonstrated their dedication to providing high quality patient care.
- Staff were kept up to date about developments in the trust through regular emails, newsletters and the managers would share information in the reflective practice sessions.
- Sickness and absence rates were 4.96 % for 2014 in Wheatfield and in Meadowbank it was high due to 30% of staff being sick at one point.
- At the time of our inspection there were no grievances pursued within the units, and there were no allegations of bullying or harassment.
- Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and that they would be listened to.
- The managers felt supported by their immediate line manager and had access to training that helped them to develop within their role.

Commitment to quality improvement and innovation

- At the time of this inspection the wards were not participating in a national quality improvement programme such as AIMS.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Consent to care and treatment</p> <p>The trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply for establishing and acting in accordance with people's best interests. Many staff had little or no knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was some inconsistent practice on patients' capacity to consent to their treatment under the MHA.</p> <p>This was a breach of Regulation 18</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Assessing and monitoring the quality of service provision</p> <p>People were not being protected against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to identify, assess and manage risks to people. Although the trust had the governance processes in place to manage quality and safety not all areas of quality and safety within the units to were monitored to ensure that improvements were made. Clinical audits to include MCA audits were not carried out to monitor quality and the effectiveness of the service.</p>

Compliance actions

This was a breach of Regulation 10 (1)(a)(b) (2)(c)(ii)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities)

Regulations 2010 Care and welfare of people who use services

Care and welfare of service users

People were not being protected against the risks of receiving care and treatment that is inappropriate or unsafe by means of planning and delivery of care to meet individual needs and ensure the welfare and safety of people. Patients were not monitored soon after administering olanzapine depot injection and the units did not have a protocol in place. A patient's individual needs were not met and necessary adjustments were not made to meet patient's individual needs.

This was a breach of Regulation 9(1)(b)(i)(ii)(iii)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA 2008 (Regulated Activities)

Regulations 2010 Respecting and involving people who use services

Suitable arrangements were not made as far as reasonably practicable to ensure that dignity and privacy of people. Patients' privacy and dignity was not protected at all times by locating the seclusion room in the main patient area and have a telephone situated in an area that did not allow privacy.

This was a breach of Regulation 17(1)(a)

Regulated activity

Regulation

Compliance actions

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 23 HSCA 2008 (Regulated Activities)
Regulations 2010 Supporting staff
Regulations 2010 Regulation 23 HSCA 2008

(Regulated activities)

Supporting workers

Staff were not supported in relation to their responsibilities to enable them to deliver care and treatment to patients safely and to an appropriate standard. Staff were not trained in MHA and MCA that was appropriate to their roles.

This was breach of Regulation 23(1)(a)