

Wellesley Hospital

Quality Report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Wellesley Hospital as good because:

- Staff received appropriate training and support to keep patients safe. The number of incidents of patient on patient assaults had reduced. Patients told us they felt safe on the wards.
- Staff used comprehensive assessments to inform care planning. Staff delivered care in line with guidance from the National Institute for Health and Care Excellence.
- There were effective systems in place to ensure patients physical health needs were met. A local GP visited the hospital once a week and the hospital employed practice nurses. The hospital provided a number of initiatives to encourage patients to live healthier lives, including smoking cessation support and healthy eating advice.
- The hospital employed a range of specialists required to meet the needs of the patients.
- Staff understood and worked within the scope of both the Mental Health Act and Mental Capacity Act.
- Staff treated patients with kindness, dignity and respect. Patients were involved in their care and treatment. Patient involvement in decisions about the service was improving and patients were able to give feedback on the service in a number of ways.
- Facilities within the hospital promoted comfort, dignity and privacy. Improvements had been made to ensure low secure patients were not cared for in overly restrictive environments. The service listened to and learnt from concerns and complaints, including informal complaints and concerns.
- Admissions were planned and overseen by the south west regional secure service, a partnership of eight providers working to get people the support they need as close to home as possible.
- The service was well-led at ward and senior management level. Low morale amongst staff had been recognised and the service was working actively with staff to respond to their concerns and make changes that would benefit them.
- The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service.

Summary of findings

Our judgements about each of the main services

Service

Forensic inpatient/ secure wards

Rating

Good



Summary of each main service

Wellesley hospital provides forensic inpatient/secure wards to patients from the south west of England. At the time of our inspection, three wards were open, offering care and treatment to males in medium and low secure settings and females in a low secure setting.

Summary of findings

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Good



Location name here

Services we looked at

Forensic inpatient/secure wards;

Summary of this inspection

Background to Wellesley Hospital

Wellesley Hospital, owned by Elysium Healthcare, is a purpose built 75 bed hospital in South West England for men and women with mental health problems.

It provides care for patients aged over 18 years within a medium and low secure setting. Many patients who are admitted to a secure service will have been in contact with the criminal justice system. Patients who are admitted to a secure hospital will be subject to a detention under the Mental Health Act 1983.

Wellesley hospital opened in December 2016 and the first patients arrived in February 2017.

The hospital forms part of the south west forensic care pathway programme, which has been commissioned by NHS England. This programme aims to reduce patient's length of stay and reduce the number of out-of-area patient placements.

Three wards were open at the time of our visit. Quantock ward, a medium secure ward for men, Mendip ward, a low secure ward for men and Polden ward, a low secure ward for women. Two wards have yet to open, there were no plans to open these wards at the time of inspection.

The hospital was last inspected in October 2017. We did not rate the hospital at this time as the service had only been open for six months at the time of inspection. At the time of our last inspection, only the two male wards, Quantock ward and Mendip ward, were open. Polden ward opened in November 2017.

Following our inspection in October 2017, we issued four requirement notices. During this inspection, we concluded that the provider had taken sufficient action to meet the requirements set out in our requirement notices.

Our inspection team

Our inspection team comprised of two inspectors, one pharmacy inspector, one bank inspector, one specialist

advisor and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. We also undertook this comprehensive inspection to assess whether the provider had made improvements to the service since our last inspection in October 2017.

Following the October 2017 inspection, we told the provider they must take the following action to improve:

- The provider must ensure that patient safety is maintained and take measures to reduce the level of assaults occurring within the hospital.

This related to regulation 13, safeguarding patients from abuse and improper treatment, of the health and Social Care Act (regulated activities) Regulations 2014.

- The provider must ensure that persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely.

This related to regulation 12, safe care and treatment, of the Health and Social Care Act (regulated activities) Regulations 2014.

- The provider must ensure that they and staff maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided.

This related to regulation 17, good governance, of the Health and Social Care Act (regulated activities) Regulations 2014.

Summary of this inspection

•The provider must ensure that they and staff carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the patient.

This relates to regulation 9, person centred care, of the Health and Social Care Act (regulated activities) Regulations 2014.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with 12 patients who were using the service
- spoke with the registered manager and managers or acting managers for each of the wards
- spoke with 14 other staff members; including doctors, nurses, the complaints lead and domestic staff
- spoke with a commissioner
- spoke with the visiting pharmacist from a national pharmacy provider
- attended and observed two hand-over meetings, two multi-disciplinary meetings and one senior management team meeting
- looked at 12 care and treatment records of patients
- carried out a specific check of the medication management on all three wards and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 12 patients at Wellesley Hospital.

Patients said the hospital was clean and well maintained.

Patients told us they felt safe on the ward and there were enough staff on each shift. Patients reported a lack of meaningful activities. Most of the patients said staff treated them with kindness and respect and felt they were involved in their care.

Patients spoke positively about the food.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good



- We rated safe as **good** because:
- Staff received appropriate training and support to keep patients safe. The number of incidents of patient on patient assaults had reduced and patients felt they were safe on the wards.
- Risk assessments were present for both patients and the environment and staff updated these regularly. Management plans were in place to minimise any identified risks.
- Ward areas were clean, modern and bright and the layout allowed staff to observe all areas of the ward.
- The hospital had experienced difficulties recruiting and retaining nursing staff. The senior management team recognised this risk, had implemented plans for recruitment, and improved staff retention. Despite staffing challenges, safe staffing levels were maintained across the hospital.
- Medical and nursing staff followed local policy and national guidelines for medicines management, rapid tranquilisation, restraint and seclusion.

However:

- There were high vacancy rates and high levels of staff turnover within the 12 months before our inspection putting patient safety and quality of care at risk.
- Not all staff were aware of the providers personal search policy or the differences in security level between medium and low secure wards. This meant that care could be overly restrictive for patients requiring a lower level of security.
- Two mandatory training courses had a compliance rate of less than 75%. The compliance rate for health and safety training was 70.1%, the compliance rate for moving and handling training was 72.7%.

Are services effective?

Good



We rated effective as **good** because:

- Staff used comprehensive assessments to inform care planning.
- All staff received training, regular supervision and an annual appraisal. There were systems in place to encourage skill development and career progression.
- The physical health of patients was a priority for staff. Patients were supported to live healthier lives through smoking cessation support, health eating advice and access to physical activity.

Summary of this inspection

- The hospital participated in audits, quality improvement measures and recorded and monitored patient outcomes.
- Patients had access to a range of specialists to meet their needs.
- Staff understood and worked within the scope of both the Mental Health Act and Mental Capacity Act.

Are services caring?

We rated caring as **good** because:

- Staff treated patients with kindness, dignity and respect.
- Patient involvement in decisions about the service was improving. Patients were able to give feedback through “you said, we did” boards, ward community meetings and hospital wide patient council meetings. There was also patient representation at hospital development meetings and groups.

However:

- Patient involvement in their care and treatment varied across the hospital. Patients on two of the wards were not actively involved in care planning or making decisions about their care and treatment.
- Care plans were not personalised or individual to each patient. Patients told us their care plans were not based on their individual goals.
- Privacy of patients was compromised by staff behaviour. Patient’s reported that staff would enter their bedrooms before they had obtained permission from the patient.

Good



Are services responsive?

We rated responsive as **good** because:

- Facilities within the hospital promoted comfort, dignity and privacy. Improvements had been made to ensure low secure patients were not cared for in overly restrictive environments.
- The service listened to and learnt from concerns and complaints, including informal complaints and concerns.
- Admissions were planned and overseen by the south west regional secure service, a partnership of providers that aims to get people the support they need as close to home as possible.
- Patients were able to personalise their bright and spacious bedrooms. Lockable cabinets provided patients with secure storage for personal items.
- A range of information was available to patients and carers, including leaflets on treatments, advocacy services and patient activities.

However:

Good



Summary of this inspection

- Occupational therapy vacancies led to a lack of access to meaningful activities for patients. Extra nursing were employed at the weekends to provide access to some activities.

Are services well-led?

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

- The service was well-led at ward and senior management level. Low morale amongst staff had been recognised and the service was working actively with staff to respond to their concerns and make changes that would benefit them.
- All staff felt respected, supported and valued by the new management team.
- The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service.
- Leaders had the skills, knowledge and experience to perform their roles. Senior staff were visible to staff and patients and had a good understanding of the services they managed.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

All staff received training in the Mental Health Act as part of the hospital induction. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The Mental Health Act administrator was based within the hospital and was known to all staff.

Wellesley hospital had relevant policies and procedures that reflected the most recent guidance. The majority of policies were Elysium-wide policies although some were specific to Wellesley hospital. Staff had easy access to Mental Health Act policies and procedures through the intranet.

Patients had easy access to information about Independent Mental Health Advocacy. The advocate was based at the hospital 30 hours per week to provide all forms of advocacy including independent mental health advocacy.

We saw evidence that staff discussed with patients' information about their legal position and rights, as required under the Mental Health Act. Staff completed this at the time of admission and at regular intervals. Staff explained to patients their rights in a way that they could understand.

Staff ensured that patients were able to take section 17 leave (permission for patients to leave hospital) when this has been granted. Extra staff would be requested to facilitate long periods of escorted leave.

Staff requested an opinion from a second opinion appointed doctor when necessary and regular reviews of patient's consent to treatment forms were undertaken.

Patients' detention papers and associated records were stored correctly and were available to all staff that needed to access them.

Staff completed regular audits to ensure the Mental Health Act was being applied correctly. There was evidence of learning from those audits. For example, missing section papers had been requested from the patient's previous hospital or detaining local authority.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff were trained in the Mental Capacity Act. Training was included in the induction programme for all new staff. Staff were required to complete an online learning module on the Mental Capacity Act annually.

Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. However, staff reported that they did not often use the Mental Capacity Act but would seek support and advice from the social worker and consultant psychiatrists when needed.

No patients in the hospital were subject to Deprivation of Liberty Safeguards.

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it via the shared drive and on the intranet.

Staff supported patients to make a specific decision for themselves before they questioned if the patient lacked the mental capacity to make it. However, staff we spoke with were slightly confused when it came to a patient with fluctuating capacity and what this meant for decision making.

Documentation of mental capacity was inconsistent. Of the nine patient records we reviewed, two had documented mental capacity assessments. However, we also found a patient care plan that stated, "patient does not have capacity to sign" but there was no capacity assessment for this decision.

The Mental Health Act administrator monitored adherence to the Mental Capacity Act and undertook audits on the application of the act.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

Safe and clean environment

Staff completed regular risk assessments of the care environment. Fire alarms were tested weekly. Ligature risk assessments were completed monthly and action plans were developed to mitigate any identified risks. Every six months the health and safety co-ordinator completed a ligature risk assessment for all wards.

The ward layout allowed staff to observe all parts of the ward. Parabolic mirrors were used to assist staff with observing patients easily. Each ward had two bedroom corridors with the nursing office and a communal meeting area located between the corridors allowing clear lines of sight.

There were a small number of ligature points on each ward and within the hospital grounds. However, appropriate mitigation was in place to reduce risks, such as supervised access to patient kitchens.

All wards complied with guidance on eliminating mixed-sex accommodation; wards were single sex with male and female wards located in separate buildings within the hospital grounds.

Staff were issued with personal safety alarms, which they carried at all times when in patient areas. Staff safety alarms did not work effectively in ward gardens or outside areas within the hospital grounds so staff used two way

radios in these circumstances. The hospital was working with the alarm provider to identify a solution to alarms not working properly outside. All patient bedrooms were fitted with nurse call systems.

All wards areas were clean, had good furnishings and were well maintained. Wards were modern and bright. All patients had their own bedrooms with en-suite facilities.

Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly. At our last inspection, there was an odour on Mendip ward due to incontinence. However, at this inspection there was no odour as carpets had been replaced with easy clean laminate flooring and odour reducing cleaning products were used.

Staff adhered to infection control principles, including handwashing. The provider completed regular infection control audits and had recently had an external organisation undertake an infection control audit of the hospital. The external audit gave a compliance rate of 88% and will be repeated annually.

Seclusion rooms allowed clear observation and two-way communication. Each ward had a seclusion room. Each seclusion room had toilet facilities, externally controlled heating and lighting, and a clock visible to the patient.

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. All wards checked emergency medical equipment daily. Ward managers checked emergency medical equipment records each morning to ensure checks were completed.

Forensic inpatient/secure wards

Staff maintained equipment well and kept it clean. Equipment used for physical observations was cleaned between patients and single use items were used where appropriate.

Safe staffing

Establishment levels: registered nurses (WTE)

Quantock ward 7

Mendip ward 7

Polden ward 5.5

Establishment levels: healthcare assistants or equivalent (WTE)

Quantock ward 16

Mendip ward 14

Polden ward 8

Number of vacancies: registered nurses (WTE)

Quantock ward 4

Mendip ward 3

Polden ward 3.2

Number of vacancies: healthcare assistants or equivalent (WTE)

Quantock ward 7

Mendip ward 4

Polden ward 1.5

The number of shifts* filled by bank or agency staff to cover sickness, absence or vacancies in 12 month period

Quantock Ward 789

Mendip ward 501

Polden ward 329

The number of shifts* NOT filled by bank or agency staff where there was sickness, absence or vacancies in 12 month period

Quantock ward 13

Mendip ward 21

Polden ward 5

Staff sickness rate (%) in 12 month period

1.6

Staff turnover rate (%) in 12 month period

71

*shift means a period (often 8 hours) worked by an individual staff member

Wellesley hospital reported an overall vacancy rate of 35% for nursing staff at 31 March 2018. Over the previous year, the turnover rate was 71%. Staffing recruitment and retention were items on the hospital risk register. Long term agency contracts were used to staff the wards to ensure continuity of care for patients. The commissioners were aware of the staffing difficulties at the hospital. Each month a staffing report was sent to commissioners.

The hospital was continuing to recruit nursing staff. They had hosted recruitment open days and attended recruitment fairs in local cities. At the time of our inspection, a number of staff were undertaking their induction and 20 jobs had been offered to applicants.

Managers calculated the number and grade of nurses and healthcare assistants required on each ward. The hospital used a staffing ladder, developed by one of the lead nurses. The ladder was developed using knowledge of secure service and staffing levels at those establishments based on the function and number of patients on the ward.

Ward managers could adjust staffing levels daily to take account of case mix. The staffing ladder provided a framework for ward managers to follow.

The number of nurses and healthcare assistants matched the allocated numbers for each ward. Quantock ward and Mendip ward had two registered nurses on shift during the day and one registered nurse at night. If the ward was short of a qualified nurse during the day, the ward managers could work a clinical shift to cover this. At night, in addition to one registered nurse per ward, a registered nurse worked as a night co-ordinator to provide cover and support across all three wards.

Managers used agency and bank staff to maintain safe staffing levels. At the time of our inspection, the hospital was reliant on agency staff to maintain safe staffing levels. The majority of agency staff were on long term contracts and were familiar with the patients, wards and hospital policies. All long term agency staff received a full induction.

Forensic inpatient/secure wards

A registered nurse was present in communal areas of the ward at all times, nine of the patients we spoke with reported that staff were always visible. On each ward, the nursing office was located next to a communal seating area ensuring nursing staff were always available for patients.

Staffing levels allowed patients to have regular one-to-one time with their named nurse. Named nurses had to ensure they met with patients at least once a week. This was monitored through a dashboard so ward managers could audit performance.

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. Three consultant psychiatrists covered the three wards. A fourth consultant psychiatrist participated in the on-call rota. This additional doctor had received a full hospital induction. Recruitment for an extra consultant was underway in preparation for when the next ward in the hospital opened.

Staff received and were up to date with appropriate mandatory training. Compliance for mandatory training was between 70% and 100%. Health and safety training compliance was 70% and moving and handling compliance was 72%. Both of these were e-learning modules. We were told that mandatory training compliance was discussed in management supervision.

Assessing and managing risk to patients and staff

We reviewed 11 care records, all of which contained a risk assessment. Of the risk assessments we reviewed, two were not up to date and staff had not updated a further two following an incident. Staff completed a risk assessment for every patient on admission.

Staff used the risk assessment on the electronic records system as well as the HCR-20, a recognised risk assessment tool for the assessment and management of violence risk.

All staff were aware of and dealt with any specific risk issues such as falls or pressure ulcers. Staff used a number of screening tools to assess risks to patients, such as the malnutrition universal screening tool, Braden scale for pressure ulcers and the national early warning score for physiological observations.

Staff identified and responded to changing risks to, or posed by, patients. Staff managed risks to or from patients using a number of approaches including increased levels of observations. At our last inspection, patients reported

feeling unsafe on the ward and lacked confidence in staff ability to manage risks. At this inspection, patients reported feeling safe and felt that staff had adequate training and skills to manage risks.

Staff followed policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching patients or their bedrooms. Staff told us that all patients on Mendip ward and Quantock ward were searched after unescorted leave. On Polden ward, we were told that personal searches were random. Senior managers explained that since our last inspection they had worked hard to distinguish between medium secure and low secure wards. Part of this was a reduction in searches for patients on a low secure ward, however not all staff appeared to be aware of this.

There were a number of blanket restrictions applied to patients' freedom. These were justified based on the nature of the service and the patient population. Since our last inspection, some blanket restrictions had been lifted on the low secure wards. Patients on low secure wards were now allowed to keep a higher number of compact discs/dvds in their bedroom, they were allowed to use basic mobile phones (without a camera) and patients on the low secure wards were individually risk assessed for holding their own bank cards. In response to patient feedback, the hospital implemented a self-medication policy to allow patients to administer their own medication on low secure wards.

Staff adhered to best practice in implementing a smoke-free policy. Patients were allowed to use e-cigarettes and staff had worked collaboratively with patients regarding the smoking ban and rules for smoking on leave. Patients on escorted leave were not allowed to use tobacco products.

Mendip ward reported 12 incidents of seclusion between 29 September 2017 and 31 March 2018. In the same period, Quantock ward reported six incidents of seclusion and one incident of long term segregation. Polden ward reported no incidents of seclusion or long term segregation.

There were 66 episodes of restraint between 29 September 2017 and 31 March 2018. Quantock ward reported five incidents of restraint, Mendip ward reported 60, including one incident of prone restraint and Polden ward reported

Forensic inpatient/secure wards

one incident of restraint. The 66 restraints occurred on 13 different patients, nine of whom were patients on Mendip ward. Staff completed observations on patients following restraint in line with local policy.

The hospital had a reducing restrictive interventions group, which met monthly. This group included patient representatives.

Staff used restraint only after de-escalation techniques had failed and used the techniques they had been trained in, such as safe holds. Each ward had one member of staff who were qualified to train staff in the management of violence and aggression. The training had an emphasis on the use of physical intervention and restraint as a last resort. All patients had positive behaviour support plans developed in collaboration with the patient to identify effective de-escalation strategies.

Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.

Medical and nursing staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. Staff monitored patients' health after administering rapid tranquilisation. Doctors followed national guidance for prescribing medication, including rapid tranquilisation. The met the quality standards set by National Institute for Health and Care Excellence for rapid tranquilisation by ensuring staff were trained in the safe use of rapid tranquilisation and understood it was to be used as a last resort with minimum force.

Staff used seclusion appropriately and followed best practice when they did so. At our last inspection in October 2017, we identified poor record keeping for seclusion. However, staff had rectified this and seclusion records were comprehensive and complete. Senior managers checked and signed off seclusion records to ensure consistency and completeness.

All staff were trained in safeguarding, understood how to make a safeguarding alert, and did so when appropriate. The hospital employed a social worker who provided support and guidance to nursing staff regarding safeguarding. The senior management team reviewed all safeguarding concerns. All concerns were sent to the local authority, although we were told that many did not reach the local authorities safeguarding threshold.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff followed safe procedures for children visiting the hospital. Visits with children took place in a dedicated room within the reception building. This was away from the wards. Each ward also had a separate visitor room for when adults visited patients.

Patients records were kept using an electronic records system. There were some paper notes, such as medication charts and seclusion paperwork. Although staff were required to record some information relating to seclusion twice, this did not appear to cause staff difficulty. This had improved since the last inspection.

Information needed to deliver patient care was available to staff when they needed it. However, some staff were unable to find some patient records. We asked a member of staff to find a patient assessment but the member of staff was unable to do this. Agency staff on long-term contracts were able to access patient records but one-off agency staff were not able to access patient records.

Staff followed good practice in medicines management and did it in line with national guidance. At our last inspection, we identified medication errors on Mendip ward. We did not find medication errors during this inspection. Wellesley hospital received support from an external company with medication management.

Staff reviewed the effects of medication on patients' physical health regularly and in line with National Institute for Health and Care Excellence guidance, especially when the patient was prescribed high dose antipsychotic medication.

Track record on safety

There had been no serious incidents reported since the hospital opened.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Wellesley hospital used an electronic incident recording system. We reviewed five incident records. The quality and detail contained within the incident record

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allowed a good understanding of what had happened and what actions were taken. In addition, the incident reporting system linked directly to care records. This meant that incidents were automatically updated in the care records.

Incidents were reviewed by relevant ward managers and escalated to senior managers. We spoke with the hospital director who was able to show a good level of knowledge into incidents that had occurred and what actions staff had taken. All incidents were reviewed at the manager's morning meeting.

Staff understood the duty of candour. No incidents had reached the duty of candour threshold but staff were able to explain the principles and actions they would take.

Managers ensured that staff received feedback from investigations of incidents, both internal and external to the service. Feedback was given through a variety of means including emails, team meetings and during supervision. There was evidence that changes had been made because of feedback.

Staff were debriefed and received support after all incidents.

Are forensic inpatient/secure wards effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

We reviewed 11 care records across the three wards, the quality of records varied but all contained care plans, risk assessments and evidence of informed consent.

Staff completed a comprehensive mental health assessment of the patient in a timely manner at, or soon after, admission. Staff used information gathered from pre-admission assessments and information shared by other healthcare providers to enhance assessments of patients. The assessment process was ongoing with care plans updated to reflect changes in assessed needs.

Staff developed care plans that met the needs identified during assessment. This included care plans for mental health, physical health and social needs.

Care plans were holistic and recovery focused, however many were lacking in patient involvement.

Staff carried out physical health assessments on patients at the point of admission and an annual health check was carried out thereafter. Ongoing physical health checks such as blood pressure or weight monitoring took place routinely and regularly. When patients refused physical health checks this was documented.

Best practice in treatment and care

A local GP visited the hospital once a week to provide physical healthcare support for patients. Patients would book an appointment to see the GP like in the community. The hospital also employed a practice nurse to complete physical health tasks. There were plans in place to increase practice nurse provision as the hospital continued to grow. Patients with leave registered with a local dentist for dental treatment. The provider had applied to the ministry of justice for leave for dental treatment for all restricted patients.

Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. During the senior management meeting, managers discussed catering concerns and identified solutions. The hospital stated they were able to cater for religious requirements. We spoke with one patient who would be fasting for Ramadan and had concerns about accessing food during the night. Staff provided assurance that this patient would be catered for during this period.

Staff supported patients to live healthier lives. The hospital provided smoking cessation support and provided health eating advice. Prior to our inspection, Elysium healthcare launched a healthy eating and fitness initiative called 'mission fit'. The physical activity instructor led on mission fit. Educational sessions as well as practical support for healthy eating and increasing levels of physical activity were delivered to patients and staff.

Many of the patients on Mendip ward were subject to high doses of antipsychotic medication. All of these patients had in place high dose antipsychotic therapy guidance forms. High dose antipsychotics occur when medications are prescribed that exceed the recommended amount outline by the British National Formulary. All patients on high dose

Forensic inpatient/secure wards

antipsychotic treatment must be monitored in the interests of the patient's health and safety. We saw evidence in all cases to show that the monitoring of these patients health and safety was being completed.

Staff used recognised rating scales to assess and record severity and outcomes. Staff used the Health of the Nation Outcome scales to monitor patient severity and outcomes over time.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. Examples of quality improvement initiatives completed by the hospital included reduction in the number of incidents, increase in patient activity levels and use of leave and the use of the software to increase patient involvement in their care.

Skilled staff to deliver care

There was a mixture of experienced and inexperienced staff. This posed challenges to the hospital concerning staff being able to respond to incidents confidently. The hospital had worked hard to develop their induction programme and provide ongoing training in managing incidents for all staff.

The team had access to a range of specialists required to meet the needs of patients on the ward. This included doctors, nurses, a social worker, occupational therapist, physical activity instructor and psychologist. Dietician and speech and language therapy support was available by referral and a pharmacist from an external company visited weekly. The hospital also provided advocacy for patients.

Vacancies within the psychology had team impacted on therapy offered to patients. Staff described the care and treatment provided as being medically focused. However, at the time of our inspection the hospital had a full complement of psychology staff for the number of patients admitted to the hospital. A permanent lead psychologist and an assistant psychologist were in post and a locum forensic psychologist provided cover until a permanent member of staff started work.

Managers provided new staff with a comprehensive two week induction delivered in house. There were also additional training courses for staff. Staff were encouraged to develop their skills with some healthcare assistants working towards national vocational qualifications (NVQs) and other staff working towards diplomas.

Staff received supervision on a regular basis. Each ward also used reflective practice sessions as group supervision. Managers ensured that staff had access to regular team meetings. Staff were receiving clinical supervision. The hospital reports that 100% of clinical and nursing staff were engaged in regular supervision. Staff we spoke with confirmed they received regular supervision.

In the last 12 months appraisal rates for clinical staff were 80% to 100%. All staff on Polden ward had received an appraisal.

Managers dealt with poor performance promptly and effectively.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary team meetings. Ward managers held regular team meetings and there was a multidisciplinary meeting to review patient care each week. In addition to this there was a managers meeting each morning, which involved ward managers, consultant psychiatrists, lead nurses, social worker and hospital director.

Staff shared information about patients at handover meetings within the team. There were two handover meetings each day, one in the morning and one at night.

The ward teams were working hard to develop effective working relationships with local community mental health teams, the local authority and local vocational services. The hospital had developed an effective working relationship with the local GP practice.

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

All staff received training in the Mental Health Act as part of the hospital induction. Staff had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.

Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. The Mental Health Act administrator was based within the hospital and was known to all staff.

Wellesley hospital had relevant policies and procedures that reflected the most recent guidance. The majority of policies were Elysium-wide policies although some were specific to Wellesley hospital. Staff had easy access to Mental Health Act policies and procedures through the intranet.

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Patients had easy access to information about Independent Mental Health Advocacy. The advocate was based at the hospital 30 hours per week to provide all forms of advocacy including independent mental health advocacy.

We saw evidence that staff discussed with patients' information about their legal position and rights, as required under the Mental Health Act. Staff completed this at the time of admission and at regular intervals. Staff explained to patients their rights in a way that they could understand.

Staff ensured that patients were able to take section 17 leave (permission for patients to leave hospital) when this has been granted. Extra staff would be requested to facilitate long periods of escorted leave.

Staff requested an opinion from a second opinion appointed doctor when necessary and regular reviews of patient's consent to treatment forms were undertaken.

Patients' detention papers and associated records were stored correctly and were available to all staff that needed to access them.

Staff completed regular audits to ensure the Mental Health Act was being applied correctly. There was evidence of learning from those audits. For example, missing section papers had been requested from the patient's previous hospital or detaining local authority.

Good practice in applying the Mental Capacity Act

All staff were trained in the Mental Capacity Act. Training was included in the induction programme for all new staff. Staff were required to complete an online learning module on the Mental Capacity Act annually.

Staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. However, staff reported that they did not often use the Mental Capacity Act but would seek support and advice from the social worker and consultant psychiatrists when needed.

No patients in the hospital were subject to Deprivation of Liberty Safeguards.

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it via the shared drive and on the intranet.

Staff supported patients to make a specific decision for themselves before they questioned if the patient lacked the mental capacity to make it. However, staff we spoke with were slightly confused when it came to a patient with fluctuating capacity and what this meant for decision making.

Documentation of mental capacity was inconsistent. Of the nine patient records we reviewed, two had documented mental capacity assessments. However, we also found a patient care plan that stated, "patient does not have capacity to sign" but there was no capacity assessment for this decision.

The Mental Health Act administrator monitored adherence to the Mental Capacity Act and undertook audits on the application of the act.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it.

Staff supported patients to understand and manage their care, treatment or condition. We saw information leaflets for patients on medication and treatment. Staff documented discussion around care and treatment in patient records. Of the 15 patients we spoke to, only one said they had not been given information about their care and treatment.

Hospital staff were working hard to develop relationships with other services and to develop services within the hospital to enhance patient experience. Staff had listened to patient feedback and had set up a hospital shop and library that would be patient run.

The majority of patients said staff treated them well and behaved appropriately towards them. However, three patients felt that staff were not genuinely interested in their wellbeing and said they were just working to earn money.

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Patients also reported that some staff did not knock on their bedroom doors before entering, or they may knock but will not wait for a response before entering. This affected patient privacy.

Staff understood the individual needs of patients, including their personal, cultural, social and religious needs. This was evident through conversations with staff and observing staff patient interactions. Senior managers also had a good understanding of individual patient needs.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of consequences.

Staff maintained the confidentiality of information about patients. Information was only shared when necessary and with appropriate people. Patient records were kept securely.

The hospital focused on providing a supportive and enjoyable experience for patients to facilitate their recovery. They had a number of initiatives to achieve this. They had a hospital wide barbeque for all staff and patients to celebrate May day and had plans in place to celebrate the upcoming royal wedding and football world cup with patients using projectors and street parties.

The involvement of people in the care they receive

Staff used the admission process to inform and orient patients to the ward and to the service. The hospital was developing a new handbook for each ward to help patients on admission. Patients were involved in designing and developing the new handbooks.

Patient involvement in care planning was inconsistent across the wards. Staff on Polden ward involved patients in care planning, with care plans reflecting a collaborative approach between staff and patients. However, care plans on Mendip ward and Quantock ward appeared to be written by staff and then showed to patients with a comment from the patient documented. Patient involvement in care planning on Mendip ward and Quantock ward appeared tokenistic rather than a fully collaborative approach. The hospital used a computer programme aimed at increasing collaborative working between staff and patients. This linked directly to patient progress notes but not care plans. On reviewing progress

notes, it was evident that this programme was being used on all wards. The programme allowed patients to type their thoughts directly into the care notes. Risk assessments did not demonstrate involvement of patients.

Not all care plans were shared with patients and three patients told us they did not have a copy of their care plan. Patients also felt that care plans were not personalised or based on their individual goals, four patients felt they had no voice when it came to care and treatment decisions.

Patients had mixed opinions about being involved in their care and treatment, only seven patients of the 15 patients we spoke to told us they were involved in treatment decisions and offered choices.

Patient involvement in decisions about the service was improving. New policies were shared with patients at the patients' council meeting to enable patient involvement in policy development. There was also patient representation at the reducing restrictive interventions group. However, patients were not involved in the recruitment of staff. Patients said that they were not involved in decisions about the service.

Staff enabled patients to give feedback on the service they received. Staff held regular community meetings on each ward. Following patient feedback, 'you said, we did' boards had been installed in all wards and the café so patients could see the feedback they gave staff and the actions taken. There was also an informal complaint/ compliments log on each ward for patients to provide feedback to staff.

Staff enabled patients to make advance decisions (to refuse treatment, sometimes called a living will) when appropriate.

An advocate was based in the hospital 30 hours per week to provide a range of advocacy services to patients. Advocates regularly visited the wards to meet with patients and provide support.

Staff were developing ways of involving families and carers appropriately. A carer's forum had been established to allow carers to meet with staff and provide feedback on the hospital and service development. This forum had only met once or twice but attendance was improving. Carers had told staff that they did not feel involved in their loved one's

Forensic inpatient/secure wards

experience at the hospital and did not know what has happened. Due to this feedback, a carer's newsletter was to be developed to provide regular updates about changes and events within the hospital.

Ward staff involved families and carers when the patients allowed this. Support was offered in person during visits and over the phone.

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

Good 

Access and discharge

The hospital formed part of the south west forensic care pathway programme, which had been commissioned by NHS England. This programme aimed to reduce patient's length of stay and reduce the number of out of area placements. As a result, there were patients at Wellesley hospital who were now nearer their families in the south west region.

Between 1 October 2017 and 31 March 2018 bed occupancy levels on Quantock ward were 99%, on Mendip ward bed occupancy levels were 100% and on Polden ward they were 20%. Polden ward opened on 1 November 2017 with planned admissions over a long period. At the time of our inspection there were only five patients admitted to the ward. NHS England commissioners oversaw admissions to Polden ward. This ensured the hospital was adequately staffed and safe before allowing further patients to be admitted.

All patients admitted to the hospital were from the south west region and had been moved from out of area placements to Wellesley hospital. The hospital had repatriated 71 patients within its first year of service.

Admissions to Wellesley hospital were overseen by the south west regional secure service, a partnership of eight providers that aims to make sure people get the support they need as close to home, and their family and friends as possible. Regional referrals meetings were held by the

south west regional secure service weekly. In addition to this Wellesley hospital held a weekly referral meeting, which focused on admissions, discharges and transfers for the hospital.

All admissions, discharges and transfers were planned. Transfer between wards happened at appropriate times of the day, unless the need to manage increased risk dictated otherwise.

In the last six months there were three delayed discharges, two from Quantock Ward and one from Mendip ward. Staff told us that delayed discharges occurred due to a lack of suitable accommodation for patients to move onto.

Staff planned for patients discharge, including liaison with care managers and community support teams.

Staff supported patients during referrals and transfers between services. For example, staff escorted patients requiring treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

All patients had their own bedrooms with en-suite facilities. These rooms were spacious and bright. Patients we spoke with told us that they were comfortable.

Patients were able to personalise their bedrooms. We saw that patients had decorated their rooms with family photographs, books and ornaments. Patients on Mendip ward and Polden ward were allowed a television in their bedroom subject to risk assessment.

Each patient bedroom had a lockable cupboard that patients could use to secure their possessions. There was also lockable storage under the bed in each bedroom which staff kept the key to. Prohibited patient items could be stored under beds.

Staff and patients had access to the full range of rooms and equipment to support treatment and care. Each ward had a clinic room and activity room. Within the hospital grounds, there was a café, library, IT suite, occupational therapy kitchen and art room. There was a gymnasium, which patients used, and medical staff held regular badminton sessions in the sports hall.

Families were able to visit patients at the hospital by prior arrangement. Each ward had a visitor room and there was a visitor room located within the reception building away from the wards.

Forensic inpatient/secure wards

Patients could make phone calls in private. Patients on Mendip ward and Polden ward were allowed mobile phones. All wards had a patient phone located within a small room to enable private conversations.

Hot and cold drinks were available on the wards at all times. Access to hot and cold drinks was risk assessed.

The food was of a good quality. Menus changed weekly and patients were asked to give suggestions of meals for the menu. There were regular themed evenings, such as an American night, Easter lunch and barbeques.

At the time of our inspection the hospital offered limited education and work opportunities for patients. However, staff had plans to improve education and work opportunities for patients. The hospital café and library would provide work opportunities for patients on a rotational basis to ensure all patients had opportunities. There were also plans to develop a recovery college to enhance the educational opportunities available to patients.

Meeting the needs of all people who use the service

Staff protected patients' rights on all wards. At our last inspection, the rights of patients on Mendip ward were not being protected. Patients on Mendip ward were subject to the same policies and procedures as patients on the medium secure ward. Since our inspection, policies and procedures to highlight the differences between medium and low secure have been developed and implemented.

The hospital provided facilities suitable for disabled patients, including easy access exits and entrances, lift access to the upstairs wards, wide corridors for the safe navigation of wheelchairs and assisted bathroom facilities.

A range of information was available to patients. Notice boards displayed information on; local services, advocacy, patient's rights and how to complain as well as information about the hospital. Information related to a range of illnesses and treatments were available for patients.

Access to interpreters would be sourced locally as and when required.

There was a multi faith room for patients from different denominations. Staff told us that a chaplain visits the hospital weekly. However, patients told us they would like to see ministers from specific religions such as a catholic priest and would like to be able to attend church.

There was a lack of occupational therapy staff and patients felt activities offered were not beneficial to them. Patients reported that a lack of therapy staff had resulted in less activities being offered. Extra nursing staff were used at weekends to provide more activities for patients. An activity programme was operational within the hospital but patients felt they were not developing skills or participating in activities that would help with their recovery.

Listening to and learning from concerns and complaints

In the last 12 months there were 29 complaints, of which five were upheld. No complaints have been referred to the ombudsman. The top three areas of complaint were patient leave/access, staff attitude or conduct and property missing or damaged.

Patients knew how to complain or raise concerns. There were informal complaints books on each ward and patients were encouraged to make formal complaints if a complaint could not be resolved at ward level.

When patients complained or raised concerns, they received feedback. The complaints lead would try to meet with complainants individually throughout investigations and to provide feedback on completed investigations. The complaints lead also sent letters to patients to provide information and feedback about complaints.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Clear records of all complaints were kept, including actions taken to resolve the complaint and any learning or changes made because of the complaint. All complaint information fed into the board for senior managers to review.

Staff received feedback on the outcome of complaint investigations and acted on the findings. We saw evidence of feedback given to staff during supervision, handovers and ward meetings.

Forensic inpatient/secure wards

Are forensic inpatient/secure wards well-led?

Good 

Vision and values

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider's vision and values were promoted on the wards and underpinned staff appraisals.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. This was achieved through staff communications such as emails and newsletters and also through senior leaders visiting the hospital. In the months since our last inspection, the chief executive of Elysium had visited Wellesley along with a number of other senior leaders from head office.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was continuing to develop. Elysium Healthcare was established in December 2016, the same time Wellesley hospital opened. The service and provider continues to change and develop and staff were encouraged to contribute to these discussions.

All staff felt respected, supported and valued. Staff told us that the new management team were supportive and approachable. Managers recognised and rewarded hard work and innovation with the introduction of staff awards. There were also patient nominated staff awards.

Staff felt positive about working for the provider. Many felt things had improved since our last inspection. Staff told us they now loved their job and enjoyed coming to work. Staff survey results also showed that staff felt positive about working for the provider.

Staff felt able to raise concerns without fear of retribution. Staff described leaders and managers as having an open door policy and being approachable, which helped them feel able to raise concerns. Staff knew how to use the whistleblowing process and about the role of the Speak Up Guardian.

Managers dealt with poor staff performance when needed. All managers had an awareness of staffing performance and issues. Poor performance was addressed in supervision as well as increased observations and competency tests.

Teams worked well together, staff explained that teams felt more cohesive since our last inspection and agency staff felt part of the team.

Appraisals included conversations about career development and how it could be supported. There were staff working towards diploma qualifications and attending leadership training. The provider was focused on career development as a way of retaining staff.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff knew how to access this service.

Good governance

The provider had a comprehensive schedule of meetings and reporting systems to ensure good governance of the service. There were good systems and procedures to ensure that wards were safe and clean, that there were enough staff on shift and that staff were trained and supervised, and that incidents were reported, investigated and learnt from.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meeting to ensure that essential information, such as learning from incidents and complaints was shared and discussed. We reviewed meeting agenda's, templates and terms of reference to ensure essential information was included.

Leaders had developed a comprehensive action plan based on the findings of our last inspection. Staff had worked hard to implement the changes identified, with improvements clearly visible.

Staff understood and participated in clinical audits. The audits provided assurance and staff acted on the results when needed. The hospital had an internal audit programme and participated in audits by external organisations.

Leadership, morale and staff engagement

Leaders had the skills, knowledge and experience to perform their roles. Leaders who were new in post had

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support and guidance to help them perform their role. Senior managers within the hospital ensured leaders had skills and knowledge to perform their roles before they commenced employment.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Senior managers at the hospital had a good oversight of the services they managed and were aware of challenges at ward level. There were clear channels of communication between staff, leaders and senior managers to ensure all staff had a good understanding of the services provided.

Leaders were visible in the service and approachable for patients and staff. All leaders regularly visited the wards and met with patients. There was representation from senior managers at patient community meetings and at staff meetings. Once a month a member of the senior management team cooked breakfast for all staff to provide an informal opportunity for staff to discuss concerns or ask questions. The new hospital manager had made an effort to be visible on the wards and meet all staff in the short time they had been in post.

Leadership and development opportunities were available, including opportunities for staff below team manager level. All ward managers and charge nurses were booked on the provider's leadership training programme. There were also plans in place to develop a pathway to support charge nurses in becoming ward managers.

There was a risk register in place, which was reviewed through the governance meetings by senior management. Staff maintained the risk register; a copy was saved in an accessible place on staff computers. Ward staff could escalate concerns and risks when required.

The service had plans for emergencies including adverse weather and medical emergencies. Ward staff had practice emergency drills, which included the management of distressed patients to ensure staff were familiar with emergency plans.

Staff were kept up-to-date with information about the work of the provider. However information for patients and carers was lacking. Plans were in place to create a carers newsletter to improve access to up-to-date information for carers.

Patients and carers had opportunities to give feedback on the service they received in a manner, which reflected their individual needs. As the hospital was still in its infancy these systems were developing with patient community meetings and a carer's forum creating an informal way for patients and carers to provide feedback at the time of the inspection.

Patients and carers were not routinely involved in decision-making about changes to the service. However, there were plans to improve this. Staff hoped the carers forum would continue to attract more carers and this would be a platform for increasing carer involvement in decision-making. There was patient representation at some senior management meetings and there were plans for this to continue and develop to ensure patient involvement was not just superficial.

External stakeholders such as commissioners regularly visited Wellesley hospital and met with a variety of staff. There were good working relationships between hospital staff and commissioners.

Commitment to quality improvement and innovation

No staff were participating in research at the time of our inspection; however one member of staff had submitted a research proposal, which had been agreed. Senior managers were encouraging staff to participate in research as a form of professional development.

Staff used quality improvement methods and knew how to apply them. Since our last inspection, a number of quality improvement projects had been implemented including reduction in the number of incidents, increased patient activity and leave and improvements in recruitment and retention.

Staff participated in national audits. Elysium had a clinical audit forum to identify which audits each service should participate in. Wellesley had participated in a number of audits from the prescribing observatory for mental health (POM-UK). They had completed audits on schizophrenia, rapid tranquilisation and sodium valproate.

At the time of our inspection, Wellesley Hospital was not a member of the Royal College of Psychiatry's forensic quality network programme due to the infancy of the hospital. There were plans to apply to the network in the coming months and complete the membership process for all three wards within the next year.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue to address staff recruitment and retention to ensure patients receive high quality, safe care.
- The provider should ensure that mandatory training levels for health and safety and moving and handling is addressed.
- The provider should ensure that all staff are aware of the personal search policy, including the differences for patients on medium and low secure wards to ensure that searches are not overly restrictive for patients requiring low secure care.
- The provider should ensure that all patients are involved in planning their care and treatment. Patients should have equal opportunities across the hospital to be involved in planning their care and care plans should reflect this collaborative approach.
- The provider should ensure care plans are personalised for each patient, they should be based on the patients goals and a copy should be given to the patient.
- The provider should ensure that all patients have access to meaningful activities when there are occupational therapy vacancies. The provider should ensure patients have access to activities during the week in the absence of therapy staff.
- The provider should ensure they maintain patient privacy by knocking on bedroom doors and waiting for a response before entering patient bedrooms.