

Good 

Sussex Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX2E9	The Hellingly Centre	Ash Ward	BN27 4ER
RX2E9	The Hellingly Centre	Oak Ward	BN27 4ER
RX2E9	The Hellingly Centre	Willow Ward	BN27 4ER
RX2Y3	Southview Low Secure Unit	Southview Unit	BN27 4ER
RX2X5	The Chichester Centre	Fir Ward	PO19 6GS
RX2X5	The Chichester Centre	Hazel Ward	PO19 6GS
RX2X5	The Chichester Centre	Pine Ward	PO19 6GS

This report describes our judgement of the quality of care provided within this core service by Sussex Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

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 Sussex Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Sussex Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated as forensic inpatient/secure services as good because:

- Staff considered patient safety throughout their admission to the service. Each ward had a comprehensive ligature risk assessment and audit. Staff undertook environmental risk assessments regularly to ensure the continued safety of patients. Staff completed a comprehensive risk assessment for all patients at the point of admission and updated these at regular intervals. Patients were involved in their own risk assessment. Staff used recognised risk assessment tools such as the historical, clinical risk management-20.
- Ward managers adjusted staffing levels to take account of busier periods on the ward. Each ward covered their vacancies with regular bank staff as far as possible. Use of agency staff was minimal. Managers ensured that the rotas allowed for patients to receive regular one to one sessions with their named nurse.
- The service had good physical health provision. The Hellingly Centre employed an on-site GP and practice nurse and the Chichester Centre had a GP in attendance twice a week. The Chichester Centre also had a diabetes nurse specialist providing education to nurses and patients there about the management of diabetes. The wards used the monitoring early warning signs scale to ensure physical health checks were kept up to date.
- The service had learnt from incidents and had introduced a new approach to ensure staff followed the observations policy as a result of a previous incident. Staff now completed a knowledge and skills assessment before they were able to complete observations on the ward. The observation policy now ensured staff interacted with the patient under observation, so they could monitor changes in a patient's mental state and act accordingly.
- The service had good governance systems in place. This was reflected in the high rates of mandatory training, staff appraisals and supervision. Safeguarding training compliance rates were 100% across the service other than on Ash ward which was 91% for safeguarding children, and Hazel ward which was 86% for safeguarding adults.
- Patients were involved in their care on the ward and had opportunities to be involved in service development. Each ward held a daily community meeting which gave patients the opportunity to raise issues on the ward. Patients were involved in working together groups with staff, where staff and patients discussed service developments. Patients participated in their care planning and care plans were holistic, personalised and recovery focused.
- Each ward had a full complement of mental health professionals. These included psychologists, social workers, occupational therapists, nurses, nursing assistants, and doctors. Each ward was supported by the pharmacy service at each site. The psychology service and occupational therapy service ran a full range of therapies and activities which were provided in groups or individually. Each team had regular team meetings and each ward had protected staff time for meetings and reflective practice sessions. Ward managers met on a regular basis to share learning and discuss service developments. Staff from the low secure and medium secure services could offer joint assessments to ensure patients were admitted to the most appropriate ward rather than having to be transferred at a later date. The wards each had a full range of rooms to support patients' care. Each ward had a clinic room, therapy rooms and activity rooms. Each site had a gym and multi-faith room for patients to use. Patients on both sites had access to outside spaces. The garden areas had exercise equipment for patients to use. Patients were encouraged to be involved in maintaining the garden area and in the planting of flower beds on both sites.
- The wards ran a 'moving in/moving on' group for patients who were due to move between wards, for example from the admissions ward to the treatment ward, or from a medium secure setting to a low secure ward. Patients could spend time on the new ward during the day and then return to their ward in the evening to help with the transition. Staff demonstrated a caring, supportive approach to patients. Staff gave patients one to one time and listened to and acted upon patients' concerns.
- Staff felt well supported by senior managers within the service. Staff reported that senior managers were

Summary of findings

always available and often visible on the wards. Staff felt they had the support of their manager, matrons, clinical director and service director. There was an open, transparent and supportive culture amongst staff on the wards. Staff reported high levels of job satisfaction and morale. All wards had achieved

accreditation with the quality network for forensic mental health services. The service was involved in research and ran a clinical academic group. The focus of the current research was patients' self-esteem. This area of research was chosen in collaboration with the patients.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Each ward had a comprehensive ligature risk assessment with an associated plan. Staff mitigated identified risks.
- Clinic rooms on all wards were fully equipped with accessible resuscitation equipment. Each ward had a medicines fridge which staff checked the temperature of daily.
- All staff carried keys and alarms at all times on the ward.
- Wards used the same bank staff if possible to maintain continuity and ensure staff and patients were familiar with each other. Wards made limited use of agency staff.
- There were sufficient staff on the wards to ensure patients received regular one to one time with their named nurse.
- All staff had received appropriate mandatory training, including safeguarding training for adults and children.
- Patients had thorough, comprehensive risk assessments, which staff completed on admission and at regular intervals thereafter.
- Staff used recognised risk assessments tools such as the historical, clinical risk management -20.
- Staff encouraged patients to be involved in their risk assessment and planning.
- All staff, including bank and agency staff, completed a knowledge and skills assessment in observation before they were permitted to complete patient observations.

Good



Are services effective?

We rated effective as outstanding because:

- All patients had a comprehensive assessment. Admissions were pre-planned and the assessment process started before the patient was admitted to the ward.
- Care records showed that staff completed a physical health examination of patients when they were admitted.
- Each ward had a dedicated psychologist to provide suitable therapy. Psychological interventions were provided to groups and individuals. The range of therapies on offer included mentalisation based therapy, anger management programmes, dialectical behaviour therapy and cognitive behaviour therapy as recommended by the National Institute for Health and Care Excellence.
- There was good access to physical health care across both sites. The service used the monitoring early warning signs

Outstanding



Summary of findings

measure routinely to ensure patients' physical health was checked. The trust employed an on-site GP and practice nurse to provide medical cover at the Hellingly Centre. A GP visited the Chichester Centre twice a week to provide medical cover.

- The Chichester Centre had a diabetes nurse specialist who visited the wards to give diabetes prevention and management education to patients and staff.
- All staff, including bank and agency staff, received a thorough induction to the service and were supported by the ward managers and senior nursing staff during this phase.
- Staff received regular supervision and all appraisals were up to date.
- Staff from both the low secure and medium secure wards offered joint assessments, if appropriate.
- Ward managers from each of the seven wards met monthly to share good practice, learn from incidents and discuss the development of the service as a whole.
- All patients were subject to the Mental Health Act. All paperwork was within date and accurately completed. Staff regularly gave patients their Section 132 rights and documented to say they had done this.
- Staff demonstrated a good understanding of the Mental Capacity Act and the five statutory principles.

Are services caring?

We rated caring as good because:

- We observed staff demonstrating a caring attitude towards patients and many patients reported they felt staff cared for them.
- Staff managed incidents and tensions on the ward in a sensitive manner, using de-escalation techniques to calm any conflicts and minimise the potential for patient conflicts.
- The wards all held daily community meetings for patients to raise issues with staff.
- Patients actively participated in their care planning.
- Patients were invited to attend their fortnightly recovery review meeting to enable them to be involved in their treatment and care.
- Patients at the Hellingly Centre were actively involved in the running of the Badgers Café on site. Patients took pride in working at the café and staff valued the work they did there.

Good



Summary of findings

- Staff invited patients to a six monthly risk clinic to encourage patients to be involved in their own risk assessing and management.

However:

- Six patients on Willow and Ash ward reported that staff did not always knock on their bedroom door before entering.

Are services responsive to people's needs?

We rated responsive as good because:

- The wards ran a 'moving in/moving on' group for patients who were due to move between wards. This allowed patients to become familiar with the new ward, the staff and other patients there.
- The wards each had a full range of well-equipped rooms to support patients' care, including a gym, art rooms and multi-faith room.
- Patients could meet visitors in quiet rooms to maintain their privacy and dignity.
- All wards had a full occupational therapy activities programme including activities at the weekend.
- Patients received a welcome pack prior to admission to the ward. This contained information on advocacy, how to make a complaint, ward processes and details of therapies and groups offered.
- Patients had access to make hot drinks throughout the day.
- Each ward provided secure storage for patients' valuables and patients could personalise their own rooms.

Good



Are services well-led?

We rated well led as good because:

- Staff reported that senior managers were always available and often visible on the wards. Staff felt they had the support of their manager, matrons, clinical director and service director.
- The service had high rates of completed mandatory training, staff appraisals and supervision.
- Staff shared learning across the service and this was not restricted to the ward where the incident happened.
- Ward managers had administrative support and were able to submit items to the trust risk register.
- There was an open, transparent and supportive culture amongst staff on the wards.
- Staff reported high levels of job satisfaction and morale.

Good



Summary of findings

- One ward manager reported that the service director spent time on the ward and worked a shift every six months to understand how the service operated at ward level.
- Staff demonstrated values of support and recovery and promoted patients' independence wherever possible.
- All wards had achieved accreditation with the quality network for forensic mental health services.
- All wards at the Hellingly Centre were working towards the enabling environments accreditation, a set of ten standards for the caring environment set out by the Royal College of Psychiatrists.

Summary of findings

Information about the service

The Sussex Partnership NHS Foundation Trust forensic inpatient service comprises seven wards at two hospital sites. The trust provides both medium and low secure services.

Wards at the Hellingly Centre were Oak and Ash, both 15 bedded medium secure male wards; Willow, a 15 bedded medium secure female ward and the Southview Unit, a 15 bedded low secure male ward. Oak ward provided assessments and initial treatment, and Ash ward provided further treatment and recovery. Willow ward provided an assessment service and longer term treatment and recovery. The Southview unit offered an assessment and treatment service.

Wards at the Chichester Centre were all low secure. These were Fir ward, a 16 bedded male assessment ward, Pine ward, a 17 bedded male treatment and recovery ward and Hazel ward, a 15 bedded female ward providing assessment and treatment.

CQC last inspected the forensic inpatient service as part of the trust comprehensive inspection in January 2015 when the forensic inpatient service received a good rating. There were no requirement notices or outstanding compliance actions from the last inspection.

Our inspection team

Our inspection team was led by:

Chair: Dr James Warner, consultant psychiatrist and national professional advisor for old age psychiatry.

Team Leader: Natasha Sloman, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Louise Phillips, Inspection Manager (mental health) Hospitals CQC

The team that inspected forensic inpatient/secure wards included one CQC inspector and a variety of specialists including:

- a registered psychiatric nurse;
- a forensic psychiatrist;
- a Mental Health Act reviewer;
- an expert by experience;
- a clinical psychologist

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it well-led?

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

During the inspection visit, the inspection team:

Summary of findings

- visited all seven of the wards at the two hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 31 patients who were using the service
- observed four patient community meetings
- looked at 37 treatment records of patients
- spoke with the managers or acting managers for each of the wards
- spoke with 36 other staff members; including doctors, nurses, psychologists, occupational therapists and social workers
- interviewed the clinical director
- interviewed two staff members from facilities and estates
- attended and observed one recovery review meeting
- carried out a specific check of the medicines management on four wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 31 patients during the inspection. Patients told us they felt safe and that generally there were enough staff on the wards. They said staff treated them well and respected their dignity. However, some patients said that not all staff knocked on their bedroom door before entering. One patient said staff were often busy, which at times made them anxious. Patients described staff as being friendly, polite and patient with them.

Not all patients said they have a copy of their care plan, although the majority of patients reported staff had involved them in their care planning. Those patients that

did not have a copy of their care plan told us staff had offered this to them. Some patients said they could ask for a copy of their care plan if they wanted one. Patients said they could see the GP when needed and spoke highly of physical health care provided by the trust. Most patients valued the community meetings and felt that staff listened to them and took notice of their concerns.

Patients reported there being a full programme of activities, although some found the programme repetitive.

Good practice

- The Badgers Café at the Hellingly Centre was a patient run café for staff and patients to use. Staff supported and encouraged patients to participate in the running of the café. The patients were proud of their achievements in running the café, which improved their self-esteem and promoted their recovery.
- The service ran a risk clinic for patients to be involved in their own risk assessment and risk planning. Staff invited patients to attend a risk clinic two weeks prior to their care programme approach meeting so they understood the rationale for the risk assessment and planning, and could be involved in discussing their own risks. This approach gave patients ownership of this element of their treatment and care.
- The service director spent time on the ward as part of the shift numbers every six months. The aim of this was to give the director a real understanding of the pressures of working on the ward, and give staff a closer connection to the wider organisation.
- The pharmacy service at the Chichester Centre gave patients one to one sessions to discuss their prescribed medicines so they would have a better understanding of what medicines they were taking and why. The pharmacy service also administered medicines on each ward at the Chichester Centre at least weekly to support the staff and discuss issues with patients.
- The service observation policy and practice was thorough and robust. Staff had to complete a skills and knowledge assessment before being permitted to complete patient observations. Each observation

Summary of findings

required staff to record how they had interacted with the patient and each observation clipboard had a digital clock in built so that all observations were recorded accurately using the same clock. The clock was set to the same time as the CCTV so that incidents could be reviewed if necessary. The clipboard also had basic physical health warnings

and action plans so that staff could be vigilant to patient's physical as well as mental health. The charge nurse audited the observation recording sheets twice per shift, and these were audited weekly by the ward managers to ensure staff were compliant with the policy.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure all staff to knock on patients' doors and wait for a response before entering. This is to maintain the privacy and dignity of patients.

Sussex Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ash Ward	Hellingly Centre
Oak Ward	Hellingly Centre
Willow Ward	Hellingly Centre
Southview Unit	Hellingly Centre
Fir Ward	Chichester Centre
Pine Ward	Chichester Centre
Hazel Ward	Chichester Centre

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 patients were subject to the Mental Health Act. Staff stored all Mental Health Act paperwork securely and updated patient electronic care records as needed. Staff routinely read patients their rights under Section 132 and recorded to say they had done this. Appropriate clinicians discussed consent to treatment with patients in accordance with the Mental Health Act and appropriately

recorded this. All staff had Mental Health Act training and demonstrated a good understanding of the Mental Health Act and the Mental Health Act Code of Practice. Patients had access to advocacy. The wards had information posters on the advocacy service displayed in ward areas and as leaflets. Staff supported patients to access the service. Advocates attended the ward on a regular basis, and could be contacted to attend outside of their regular times.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received appropriate training in the Mental Capacity Act and Deprivation of Liberty Safeguards. No patients were subject to Deprivation of Liberty Safeguards at the time of the inspection. Staff demonstrated an awareness of when this may be applicable.
- Staff applied the five statutory principles of the Mental Capacity Act and assumed patients had capacity unless they had reason to question this.
- When staff had completed capacity assessments these were comprehensive and decision specific.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- We visited seven wards across two sites. Each ward had a comprehensive ligature risk assessment and audit. All identified risks had an associated action plan to mitigate the risk. Each ward was single sex so there were no issues with mixed sex accommodation.
- Ward layouts on all wards at the Hellingly Centre allowed for staff to observe all parts of the ward. However, the Southview Unit was over two floors and all the bedrooms were on the same floor. Staff ensured there were enough staff to cover both floors during the day. The ground floor was locked at night so patients did not have access to this area. There was a lounge and other facilities on the first floor where the patient bedrooms were located.
- The Hellingly Centre and Chichester Centre both had family rooms for patients to use to safely see their families off the ward. This ensured that children did not enter the ward environment, but were still able to see members of their family.
- All seclusion rooms had toilet facilities and allowed for clear observation and two way communication. The seclusion rooms on Willow and Fir ward did not have a shower, although both had washing facilities.
- All ward areas were clean, well maintained and had good furnishings.
- Clinic rooms on all wards were fully equipped with accessible resuscitation equipment. Each ward had a medicines fridge which staff checked the temperature of daily.
- All equipment was well maintained and testing stickers were visible and in date.
- All staff carried keys and alarms at all times on the ward. If staff used their alarm their location would be displayed on screens on other wards to alert staff to attend, if staffing levels on their ward allowed. All rooms had alarms to alert staff if there was an incident.
- All doors to the wards remained locked at all times and each ward had a double door system to provide additional security.
- Staff undertook environmental risk assessments regularly to ensure the continued safety of the wards.

- The patient-led assessment of the care environment scores for cleanliness for the Hellingly Centre were 100% and for the Chichester Centre 99%.

Safe staffing

- Staff worked a shift pattern of 7am to 7.30pm, and 7pm to 7.30am. Ward managers could adjust staffing levels to take account of periods of higher patient activity. For example, managers on Hazel ward and Willow ward had introduced a day shift starting at 9am to increase staffing when the ward was busiest.
- Each ward had staffing vacancies. These were highest at the Hellingly Centre where there were 12 nursing vacancies and 10 nursing assistant vacancies. The Chichester Centre had two nursing vacancies and three nurse assistant vacancies. Regular bank staff covered the majority of these shifts and wards used the same bank staff if possible to maintain continuity, which ensured staff and patients were familiar with each other. Wards made limited use of agency staff. The trust was actively recruiting to these posts and had advertised them.
- All wards had a minimum of one qualified nurse in communal areas at all times and a minimum of two qualified nurses for each shift. There were sufficient staff on the wards to ensure patients received regular one to one time with their named nurse, leave and ward activities.
- All staff had received appropriate mandatory training. Training rates for all wards were above the trust standard of 75% compliance. Safeguarding training compliance rates were 100% across the service for both safeguarding children and safeguarding adults. Mandatory training included Mental Health Act and Mental Capacity Act training, safeguarding adults and children, information governance and prevention and management of violence and aggression training.

Assessing and managing risk to patients and staff

- The trust provided data on seclusion, long term segregation and restraints for the six month period leading to the inspection. Across the service there were 19 incidents of seclusion, eight incidents of long term segregation, 43 incidents of the use of restraint, nine of which were in the prone position, and four of which

Are services safe?

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

resulted in the use of rapid tranquilisation. Willow ward had the highest use of seclusion with six episodes of using seclusion. Hazel ward recorded the highest number of incidents resulting in restraint and was the only ward which then went on to use rapid tranquilisation. Seclusion was used in accordance with the Mental Health Act Code of Practice and best practice guidelines. We reviewed four seclusion records. Staff recorded each episode of seclusion appropriately and staff kept clear and accurate records.

- We reviewed 37 care records covering each ward. All records contained a thorough comprehensive risk assessment, which staff had completed at admission and at regular intervals during the patient admission. Examples of items on the risk assessments included incidents of, or thoughts of self harm, threats or aggression to others, offending history and any substance misuse.
- Staff encouraged patients to be involved in their risk assessment and planning. Two weeks before each patient's care programme approach meeting, staff invited them to a risk clinic where they had the opportunity to discuss their current risk assessment. This practice ensured that patients were aware of staff reasons for recording certain risks and allowed the patient to be an active participant of their overall care. The care programme approach meeting brings together all relevant professionals and carers along with the patient to review progress and to plan the next stage of care.
- Staff used recognised assessments tools such as the historical, clinical risk management-20.
- All staff, including bank and agency staff, completed a knowledge and skills assessment in observation before they were permitted to complete patient observations on the ward. Staff had to demonstrate competence and sign to say they had read the latest observation policy. The observation policy stated that staff must actively engage with patients when completing observations, rather than simply record they had seen them. This practice made sure that changes in patients behaviour was noted and could be acted upon if needed.
- The observations clipboard had a digital clock attached so that all observations were recorded accurately using the same clock. This clock was set to the same time as the CCTV so staff could review incidents if needed.

- All wards had an up to date searching policy so that all patients knew which items were not allowed on the ward and when they may be searched. All wards also used sniffer dogs at times to assist staff in carrying out searches.
- Each ward had a policy for blanket restrictions to ensure they were only used when justified. We saw evidence that staff discussed restrictions, such as the use of the ward telephone and television at night, with patients and provided justifications. However, staff would make exceptions if appropriate.
- All staff had received up to date safeguarding adults and children training and were aware of the process for making safeguarding alerts when appropriate. Each ward had a social worker who was the link with the local authority for safeguarding matters.
- The pharmacy service supported clinical staff and attended weekly clinical reviews on each ward. Pharmacists administered medication to all patients at least weekly on each ward. This practice supported nursing staff and helped ensure that nursing staff were working in accordance with the most up to date practices. The pharmacy service also checked all anti-psychotic prescriptions and completed all follow up physical health checks associated with rapid tranquilisation.

Track record on safety

- Between June 2015 and May 2016 of the 18 serious incidents the forensic service reported that required investigation, 17 were reported to the strategic executive information system. Fir Ward and Willow ward reported the most with six reports from each ward.
- Following a prevention of future deaths report from the coroner's office, the service had made changes to the observation policy to include meaningful engagement with the patient under observation to reduce the risk of future incidents.

Reporting incidents and learning from when things go wrong

- All staff were aware of the incident reporting policy and knew the correct procedure for reporting incidents. Staff received feedback from incidents at staff meetings, in communication books and via email. Staff had the opportunity to discuss incidents during the weekly reflective practice session. The observation policy across the service had changed as a result of a serious

Are services safe?

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incident. Staff now engaged with patients during observation checks to monitor patients' mental state which provides a more meaningful record of observation. Staff and patients were debriefed after serious incidents and the service provided appropriate support.

- Staff were aware of their duty of candour to patients and were open and transparent in discussing incidents with

patients. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed 37 patient care records. All records we reviewed had a comprehensive assessment. Admissions were pre-planned and the assessment process started before the patient was admitted to the ward.
- Care records showed that staff completed a physical health examination of patients when they were admitted. Records showed that staff maintained on going physical health care monitoring of patients.
- Each care record contained an up to date, personalised, holistic care plan which was recovery focused.
- All assessments and care plans were stored electronically in the patients' care record. All wards across both hospital sites used the same electronic recording system so staff could ensure continuity of record keeping if a patient moved between wards. Wards also had paper copies of forms such as Mental Health Act paperwork, which was securely stored and easily accessible.

Best practice in treatment and care

- There were four pharmacy staff available to support nursing staff at the Chichester Centre. Pharmacy staff here completed weekly stock checks on each ward and the pharmacy technician offered one to one sessions with patients to provide information on the medicine they had been prescribed. This enabled patients to have a better understanding of their diagnosis, medicine prescription and recovery. This approach had resulted in better patient engagement with the prescribed treatment.
- Each ward had a dedicated psychologist to provide therapy. Psychological interventions were delivered in groups, or individually. The range of National Institute for Health and Care Excellence recommended therapy included mentalisation based therapy, anger management programmes, dialectical behaviour therapy and cognitive behaviour therapy. Other psychological interventions offered included art, drama and music therapies. The psychology service also ran groups on working with patients with a fire setting history, sex offenders, and for patients with substance misuse issues. Staff from the psychology team had been

trained in the sex offender treatment services collaborative, which is a national group of professionals engaged in providing treatment to men at risk of sexual offending.

- The psychology service offered weekly reflective practice sessions to staff. This provided staff with additional support and gave them increased confidence with the patients. This meant that patients received a consistent approach from the whole staff team. Members of the psychology team were involved from the beginning of a patient's admission and took part in the initial assessment, which helped establish an individualised, personalised therapy programme for the patient.
- There was good access to physical health care across both sites. The Hellingly Centre had an on site GP and the Chichester Centre had a visiting GP twice a week. The service used the modified early warning signs measure routinely to ensure patients' physical health was checked.
- The Chichester Centre had a diabetes nurse specialist who visited the wards to give diabetes prevention and management education to patients and staff. This approach had enabled both staff and patients to become more aware of the risks of diabetes and helped staff support patients to take more preventative measures and consider healthier lifestyle choices.
- Staff used recognised rating scales such as health of the nation outcome scores to assess and monitor patient's progress on the ward.

Skilled staff to deliver care

- Teams were made up of nurses, health care assistants, occupational therapists and assistants, psychologists, social workers, pharmacists, ward doctors and consultant psychiatrists.
- The trust employed an on-site GP and practice nurse provided medical cover at the Hellingly Centre. A GP visited the Chichester Centre twice a week to provide medical cover.
- The psychologists in the team had all received training in dialectical behavioural therapy, cognitive analytical therapy. More specialist training could be provided, for example, in critical incident management.
- All staff, including bank and agency staff received a thorough induction to the service and were supported by the ward managers and senior nursing staff during this phase.

Are services effective?

Outstanding



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.

- Staff received regular supervision and all appraisals were up to date. To improve supervision rates one ward manager had put the supervision rota on the wall to encourage staff to book their next supervision. The manager reported that supervision rates had increased as a result. Staff reported that supervision and appraisals were meaningful and productive.
- All teams had regular meetings. Each ward had protected staff time between 1pm – 2pm. Staff used this time for team meetings, weekly reflective practice sessions or the risk clinics.
- Staff attended mandatory training, and specific training suitable for their role, for example attending training in working with people with a personality disorder.

Multidisciplinary and interagency team work

- There was a twice daily handover meeting at 7am and 7pm between shifts. We saw written evidence that these were comprehensive and covered patient's risks, mental state and plans for the next shift.
- Some wards also had a 9am meeting for those staff whose shift did not start until 9am. This ensured that all staff on the ward were up to date with the latest ward information.
- Each team had a weekly multidisciplinary team meeting which all available staff attended.
- Staff from both the low secure and medium secure wards offered joint assessments if appropriate. If it was not clear from the referral which service would be most suitable, staff from both completed the assessment. This helped the patient get the appropriate service as soon as possible, rather than having to be transferred at a later date.
- Ward managers from each of the seven wards met monthly to share good practice, learn from incidents and discuss the development of the service.
- Staff from all wards had good working relationships with community mental health services and local authorities.

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

- All staff had Mental Health Act training and demonstrated a good understanding of the Mental Health Act and the Mental Health Act Code of Practice.

- All patients were subject to the Mental Health Act. All paperwork was within date and accurately completed.
- Staff regularly gave patients their Section 132 rights and documented to say they had done this. Patients signed to say they had received and understood these. Patients reported that staff read them their Section 132 rights on a regular basis.
- Responsible clinicians completed consent to treatment paperwork in line with legislation and attached this to medication charts. Staff routinely completed capacity assessments in accordance with legislation.
- One ward at the Hellingly Centre had a non-medical responsible clinician. An approved medical clinician prescribed medicine on this ward and discussed capacity and consent to treatment.
- Patients had access to advocacy. The wards had information posters on the advocacy service displayed in ward areas and as leaflets. Staff supported patients to access the service. Advocates attended the ward on a regular basis, and could be contacted to attend outside of their regular times.
- The service had good support from the Mental Health Act administration team and staff completed regular Mental Health Act audits to ensure best practice was kept up to date.

Good practice in applying the Mental Capacity Act

- Staff demonstrated a good understanding of the Mental Capacity Act and the five statutory principles. Staff assumed patients had capacity unless they had reasons to believe patients were lacking capacity.
- No patients were subject to Deprivation of Liberty Safeguards authorisations. Staff showed awareness of when this may be applicable.
- Staff knew where they could get support and advice regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards from within the trust. The service had a Mental Capacity Act policy for staff to refer to.
- Staff supported patients to make their own decisions regarding their care and treatment.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with patients in a positive, supportive way. Staff demonstrated a caring attitude towards the patients and patients reported that they felt staff cared for them. Patients reported staff treated them with dignity and respect.
- Staff were supportive and encouraging towards patients. Staff gave patients one to one time and listened to patients' concerns. Staff managed incidents and tensions on the ward in a calming manner, using de-escalation techniques to reduce the likelihood of conflict.
- We attended a 'working together group' of staff and patients. Staff were respectful towards patients and gave them time to voice their opinions.
- Staff supported patients in long term segregation and in seclusion to use the shower in their own room. Staff facilitated this in a way to maintain the patients' dignity on the ward. All seclusion rooms were equipped with washing facilities.
- Six patients on Willow and Ash ward reported that staff did not always knock on their bedroom door before entering.
- The patient-led assessment of the care environment scores in relation to privacy, dignity and wellbeing were 89% at the Chichester Centre, 86% at the Hellingly Centre and 77% at the Southview unit at the Hellingly Centre. The trust overall scored 87% and the national average for England for the same period was 90%

The involvement of people in the care they receive

- We observed four community meetings. These happened daily on each ward. Staff allowed patients time to raise issues and responded appropriately to concerns raised.
- We attended one 'working together group' which was attended by equal numbers of staff and patients. This was a patient led group to discuss service issues and development. Staff treated patients with respect giving

them equal opportunities to raise issues. The service had recently become smoke free. Staff were supporting patients to use e-cigarettes as an alternative and as a way of stopping smoking. Staff gave clear reasons for why the service was smoke free and discussed the use of a particular brand of e-cigarette. The trust had reviewed which brand of e-cigarette to use following an incident whereby a patient had broken one, which was then dangerously sharp. Patients were involved in this discussion and staff listened to their opinions. Patients also had the opportunity to raise issues with the service at the 'working together group'.

- Staff invited patients to attend their fortnightly recovery review meeting with members of the multidisciplinary team to discuss their care and treatment.
- Patients were invited to their six monthly care programme approach meetings and the risk clinic which took place two weeks beforehand.
- Each of the care records we reviewed showed active participation of patients in their care planning.
- Patients reported being involved in their care planning and most we spoke to had a copy of their care plan. Patients who did not have a copy of their care plan said they knew who to ask on the ward if they wanted a copy.
- Wards each had one patient nominated as resident consultant who acted as a patient representative for the ward at meetings.
- Patients at the Hellingly Centre were actively involved in the running of the Badgers Café on site. The café provided hot and cold drinks and meals for staff and patients whose leave arrangements enabled them to leave the ward. Patients prepared and served the meals. The café was decorated with art work the patients had made. This gave the patients a sense of involvement, community and recovery. Patients took pride in working at the café and staff valued the work they did there.
- Patients on both sites were involved in the gardening and garden maintenance.
- Patients were involved in the therapeutic activities coordination group which developed the occupational therapy programme across the service.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Average bed occupancy across the service in the six months prior to the inspection ranged from 90% on Willow ward to 101% on Fir ward.
- Pine ward was the only ward in the forensic service that had a delayed discharge in the six months up to 31 May 2016.
- There were no out of area placements within the forensic service.
- Staff reported that they did not move patients between wards during an admission unless there was a justified clinical need and it was in the interests of the patient. Patients confirmed that if they had moved between wards this was a planned move and this minimised disruption to their care and treatment.
- The wards ran a 'moving in/moving on group' for patients who were due to move between wards, for example from the admissions ward to the treatment ward, or from a medium secure setting to a low secure ward. This allowed patients to become familiar with the new ward, the staff and other patients there. Patients could spend time on the new ward during the day and then return to their ward in the evening.

The facilities promote recovery, comfort and dignity and confidentiality

- The wards each had a full range of rooms to support patients' care. Each ward had a clinic room, therapy rooms and activity rooms. Each site had a gym for patient use.
- Each site had a multi-faith room for patients to use. These were well supplied to meet the needs of patients' individual spiritual needs.
- Patients on both sites had access to outside spaces. The garden areas had exercise equipment for patients to use. Patients were encouraged to be involved in maintaining the garden area and in the planting of flower beds on both sites.
- Patients were able to meet visitors in quiet rooms to maintain their privacy and dignity.
- Patients on all wards were encouraged to personalise their own bedrooms and we saw evidence of patients having done this.
- Each ward provided secure storage for patients' valuables. Patients on Hazel ward had responsibility for

their own key, which staff noted had reduced the incidents of reported theft, or items going missing. This promoted patients' independence and sense of responsibility and was well organised and individualised.

- Patients had access to make hot drinks throughout the day. Staff on the wards encouraged patients to go to bed from 11pm, but staff would facilitate patients making drinks after this time, if patients requested this.
- Patients could make telephone calls in private. Staff at the Chichester Centre gave patients basic mobile telephones to use. These telephones did not have internet access and could be used to make calls only and only to certain numbers. This ensured that patients were not using the phones to make inappropriate calls.
- All wards had a full occupational therapy activities programme including activities at the weekend.
- Eight patients in the Chichester Centre were self-catering and had access to the kitchen on the ward to prepare their own meals, with staff support. Staff fully assessed patients before they were permitted to use the kitchen.
- Staff from both sites had links with community projects and services. Patients at the Hellingly Centre had links with local art projects and had entered paintings in the local art festival. Patients from the Chichester Centre volunteered at local community gardening projects.

Meeting the needs of all people who use the service

- Staff provided information to patients in a way that was suitable for them. Patients received a welcome pack prior to admission to the ward. This contained information on advocacy, how to make a complaint, ward processes and details of therapies and groups offered. Each ward had numerous leaflets available for patients covering complaints, advocacy, local services, community projects and Mental Health Act information.
- Patients had access to interpreters or signers as required.
- Staff met individual patient dietary requirements and could provide food depending on spiritual or cultural need.
- Patients had access to spiritual support to suit their own spirituality. Patients could attend local religious meeting places with support, or staff could arrange for spiritual leaders to meet with patients individually on the ward.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

- In the period June 2015 – May 2016 the trust received 24 complaints that related to the forensic service. Six of these were either partially or fully upheld. None of these were referred to the ombudsman.
- Hazel ward received the highest number of complaints with seven.
- Across the service, inadequate overall care and treatment was the highest category for complaints with seven coming in this category.
- Staff knew of the process for handling complaints appropriately. Staff provided feedback to patients following investigation. Staff also received feedback and acted upon the findings of investigations into patients' complaints.
- Staff provided patients with information on how to make a complaint in the welcome pack they gave to patients prior to admission. Each ward had suggestions boxes for patients to use for complaints, suggestions and compliments.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff reported that the senior managers were always available and often visible on the wards. Staff felt that they had the support of their manager, matrons, clinical director and service director.
- Staff demonstrated values of support and recovery and promoted patients' independence wherever possible.

Good governance

- The service had good governance structures in place. This was reflected in the high rates of mandatory training, supervision and staff appraisals.
- The service was actively recruiting to the staff vacancies they had and were covering shifts with bank staff where needed. Sufficient staff of the appropriate grade and experience covered all shifts so there were no incidents of shifts not being fully staffed.
- The service learnt from incidents and had changed practice as a result. Staff shared learning across the service and this was not restricted to the ward where the incident may have happened.
- Ward managers had authority to adjust staffing levels to suit the demands of the ward. Ward managers had administrative support and were able to submit items to the trust risk register.

Leadership, morale and staff engagement

- Staff reported being able to raise concerns without fear of victimisation or bullying. There was an open, transparent and supportive culture amongst staff on the wards. Staff were aware of the whistle blowing process.
- Staff reported high levels of job satisfaction and morale.
- One ward manager reported that the service director spent time on the ward and worked a shift every six months to understand how the service operated at ward level. This improved morale of ward staff and gave the service director insight into working on the ward.

- Staff were engaged in the development of services and had regular team meetings to give feedback to managers. Staff teams were collaborative and shared ideas and developments.
- Staff sickness rates for the forensic service combined from April 2015 to March 2016 were 6%. Sickness rates on the individual wards for the same time period ranged from 4% on Hazel ward, which was lower than the trust average, to 9% at the Southview unit, which was higher.

Commitment to quality improvement and innovation

- All wards had achieved accreditation with the quality network for forensic mental health services.
- All wards at the Hellingly Centre were working towards the enabling environments accreditation, a set of ten standards for the caring environment set out by the Royal College of Psychiatry. The enabling environments award sets out to promote positive relationships, a sense of belonging and involvement and the well-being of all participants and others.
- The service was involved in research and ran a forensic clinical academic group. The group was comprised of psychologists, psychiatrists, carers, patients and occupational therapists. The focus of the current research was patients' self-esteem. This area of research was chosen in collaboration with the patients.
- The service ran four combined community continuous professional development days for staff from both sites to share and discuss service development.
- The service was using relational security principles of see, think, act to reduce the need for seclusion on the ward. Relational security is the collective knowledge and understanding staff have of the patients they care for. It combines four elements of the staff team, other patients, the inside world and the outside world to ensure safe care. The service had received national recognition for implementing this initiative from the Nursing Times.