Good

Cornwall Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

Bodmin
PL31 2QT
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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)
RJ866	Bodmin Community Hospital	Bowman Ward	PL31 2QT

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

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cornwall Partnership Foundation Trust and these are brought together to inform our overall judgement of Cornwall Partnership Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated forensic inpatient/secure wards as good because:

- The ward provided safe care. Despite a number of ligature point being evident on the ward staff had received training on managing ligature risks and staff were able to tell us where the high-risk ligature anchor points and ligatures were and how these risks were mitigated and managed. There was a good sense of relational security. A low level of restrictive interventions and serious incidents had occurred in the last 12 months. Patients and carers told us the ward felt safe.
- There was a stable team. There were sufficient skilled and experienced staff to deliver care to a good standard and the staffing rotas indicated that there was always sufficient staff on duty. There were low staff vacancies on the wards.
- The staff team worked collaboratively with patients. Morale was good; staff appeared motivated and told us they felt well supported.
- There was a good understanding of and adherence to legal requirements such as the Mental Health Act, Mental Capacity Act and safeguarding.
- There was an embedded multi-disciplinary approach to patient care. Assessments and care plans were comprehensive and patients were involved in discussions about risk. There was a recovery-focussed approach to care and staff considered and responded to carer's needs and concerns.
- There were good incident reporting and monitoring processes. There was learning and changes in practice following incidents.
- There were good links with other agencies and providers in the southwest.

However:

- There were challenges in providing free access to fresh air for patients because the garden had not been maintained and the anti-climb rollers on the roof were rusty. As a result, patients could not use the garden unless there were two members of staff with them. The private finance initiative landlord was responsible for this maintenance and despite every effort by the trust the landlord had not made the required improvements in a timely manner. The trust was actively continuing to address this issue.
- Staff had difficulties accessing some key training.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- The ward was clean and internally well maintained.
- There was a good sense of relational security, the staff team were well established and knew the patients well. Patients told us that they felt safe on the ward and that conflict was managed well.
- Staff rarely used physical restraint to control patients' behaviour and never used medication for rapid tranquilisation. There had been no serious incidents resulting in harm to a patient in the year prior to the inspection.
- The ward was fully staffed apart from one nurse vacancy for which interviews were taking place. There was low sickness and turnover and when necessary shifts were filled with established bank staff, rather than agency staff.
- Staff had completed comprehensive risk assessments and regularly reviewed these. Staff also completed specialist risk of violence assessments.
- There was good medicines management and swift access to a psychiatrist.
- Staff undertook a wide range of mandatory training.
- There was a robust child visit procedure and an appropriate room for child and family visits.
- There were good incident reporting and monitoring processes. There was learning and changes in practice following incidents.

However:

- Some staff reported difficulty accessing refresher mandatory training on management of violence and aggression (MVA).
- There were challenges in providing free access to fresh air for patients because the garden had not been maintained and the anti-climb rollers on the roof were rusty. As a result patients could not use the garden unless there were two members of staff with them. The private finance initiative landlord was responsible for this maintenance and despite every effort by the trust the landlord had not made the required improvements in a timely manner. The trust was actively continuing to address this issue.
- There were problems with the ceiling alarm indicator light system as a light would sometimes go on to indicate the wrong room that staff should attend. When staff had reported this it had not been fixed.

Summary of findings

Are services effective?

Good

We rated effective as good because:

- Patients had comprehensive assessments prior to, and on admission which were kept updated. Patients had comprehensive and holistic care plans. The charge nurse regularly audited the quality of care records and fed back to staff in supervision.
- Patients had good access to psychological therapy. Patients had assessments of physical health on admission and when required.
- There was a full, well-functioning experienced multi-disciplinary team. There was a daily handover attended by the team. There were good links with other teams and external organisations.
- Staff had regular appraisals and team meetings.
- Staff adhered to procedures relating to the use of the Mental Capacity Act.

Are services caring?

Good

We rated caring as good because:

- Patients and carers spoke positively about staff. Staff treated patients with respect.
- Staff we spoke to on the ward had a good understanding and knowledge of individual needs of patients.
- Patients had been involved in their care through regular community meetings, patient surveys and discussions.
- Staff took carers' views and concerns into consideration and responded to them.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The service worked in partnership with other forensic services to enable Cornish forensic patients placed in services in other parts of the country to return to their home area.
- On discharge, most patients went to live in the community. The ward provided an outreach service. The service had good discharge planning and there were no delayed discharges.
- The ward had a range of rooms for activities and individual sessions. Patients were involved in a wide range of recovery-orientated activities in the community.

Summary of findings

- There had been no formal complaints that had gone to the trust. Patients confirmed that staff responded to complaints and they had been resolved at ward level.

However:

- Access to outside space was limited because staff kept the garden locked for most of the day due to security concerns. The internal smoking courtyard was a very small area, not big enough to allow exercise.

Are services well-led?

Good

We rated well-led as good because:

- The ward was well-led and there was a clear management structure for the service. The service met its targets set by NHS England and was part of a pilot site for a new model of forensic care.
- Morale was good. Staff said they felt supported by managers.
- The ward manager encouraged staff to undertake lead roles to help with career development.

Summary of findings

Information about the service

Bowman ward is a low secure ward for men with mental health issues who have at some point had contact with the criminal justice system. Bowman ward is on the site of Bodmin Community Hospital, where there are other adjacent mental health wards.

The ward has 12 en-suite bedrooms and on the day of our visit, there were 12 patients.

Patients admitted to Bowman ward are detained under a section of the Mental Health Act (MHA). The ward does not admit informal patients.

There are two sets of double doors to go through on entering the ward. Staff meet visitors at the entrance doors. The doors are locked and the ward operates with a significant but relatively unobtrusive degree of security.

There are many areas for therapeutic activities to take place and a homely, comfortable room for family and child visiting.

In a separate self-contained part of the ward, there is a seclusion room and a de-escalation room.

Ward staff are registered mental health nurses and health care assistants. There is a full time clinical psychologist, social worker, social inclusion worker and occupational therapist based on the ward. There is a dedicated consultant psychiatrist and associate specialist doctor.

The ward was last inspected in April 2015 and rated good for all key questions.

Our inspection team

The inspection of Cornwall Partnership NHS Foundation trust was led by:

Karen Bennett-Wilson, head of hospitals inspection, supported by Michelle McLeavy, inspection manager, mental health and Mandy Williams inspection manager, community health.

The team that inspected forensic inpatient/secure wards comprised a Care Quality Commission (CQC) inspector, Kate Regan (inspection team lead) and one other inspector, a pharmacy inspector, three specialist advisors from a nurse background and one expert by experience.

Why we carried out this inspection

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

The trust merged with Peninsula Community Healthcare NHS Trust in April 2016 and as such, we always undertake a comprehensive inspection at an appropriate time following a merger.

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 staff at focus groups.

During the inspection visit, the inspection team:

Summary of findings

- visited Bowman Ward
- spoke with seven patients who were using the service
- spoke with three carers of patients who were using the service
- spoke with the ward manager, service manager and associate director for the service
- spoke with six other staff members; including a doctor, nurses, an occupational therapist, a social inclusion worker and a social worker
- attended and observed one multi-disciplinary morning handover meeting and one weekly patient care review meeting
- looked at six care records of patients using the service
- carried out a check of the medicines management on the ward and reviewed four prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Patients told us that staff treated them with dignity and respect. Patients said they felt safe on the ward and conflict was dealt with well. They said that they felt able to raise concerns and their complaints had been addressed.
- Patients told us they found the food bland.
- Carers reported that staff invited them to meetings and they had positive feedback regarding their relative's care.

Good practice

- The team used a risk warning indicator graph to pick up trends with low-level risk concerns from patient's behaviour.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the ceiling alarm indicator light system is fixed immediately and that response arrangements to the ward are sufficient.
- The provider should ensure that it continues with its ligature reduction programme to ensure it meets national good practice for a low secure environment.
- The provider should ensure that patients have adequate access to outside space on the ward and that the patient garden is secure and well maintained.

Cornwall 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
Bowman Ward	Bodmin Community Hospital

Mental Health Act responsibilities

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

- All nursing staff had completed some face to face training in the MHA. Qualified nurses also completed a MHA e-learning course.
- Staff documented medicines given to patients detained under the MHA on the appropriate forms and consent to treatment was obtained where appropriate.
- MHA paperwork was available on the electronic care record and appeared in order. We viewed documentation for the Ministry of Justice and found this to be in order and accessible.
- Risk assessments and contingency plans for leave section 17 leave were in place
- Patients had their rights explained to them on admission and every 28 days thereafter. The MHA administration was responsive and effective.
- Patients could self-refer to the independent mental health advocate (IMHA) or would be referred by the ward if they lacked capacity to do this themselves.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were required to complete training in the Mental Capacity Act (MCA). Eighty seven percent of staff had completed this.
- There were no Deprivation of Liberty Safeguard (DoLS) applications made to the Local Authority between 1 June 2016 and 31 May 2017 for this core service.

Detailed findings

- There was a policy on MCA including DoLs, which staff were aware of and were able to refer to.
- Assessments of capacity had been carried out when indicated; these were decision specific and of a good standard.
- Capacity issues were discussed by the multidisciplinary team (MDT). The consultant psychiatrist and social worker took a lead in assessing complex issues such as finances and appointeeship.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- The ward areas were clean and had good furnishings that were well maintained. Records confirmed that cleaning was regular and took place as scheduled. Patients confirmed that the ward was clean.
- The ward layout did not allow staff to observe all parts of ward. To help reduce the level of potentially harmful events that may occur (for example, acts of aggression and or self-harm) staff undertook observations of patients to be aware of where patients were. CCTV had also been installed to assist with areas that were not visible to staff.
- There were numerous ligature points in patient bedrooms and communal areas. These included taps, bedroom door handles and shower controls in ensuite bathrooms. Ligature points are anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature risks had been identified by staff and this was reflected in a ligature risk assessment completed in December 2016. Where patients were at increased risk of ligature and harm, this had been identified in their risk assessments and care plans. If staff assessed a patient to be at an increased risk of harm to self, then the frequency of observation by staff would be increased in response to this risk. There had been no ligature incidents on the ward in the year before inspection. Since our last inspection, the fixed curtain rails on the ward had been replaced in all areas.
- The ligature assessment for the ward was reviewed at the trust's annual ligature meeting in December 2016. A Quality Network for Forensic Mental Health Services peer review visit to the ward undertaken in March 2017 recommended that the service ensure that problematic ligature fixtures were removed or replaced. An action plan had been developed and improvements were being made accordingly.
- The ward was located in a hospital building that had been financed via a private finance initiative who acted as the landlords. This meant that maintenance of the building was the responsibility of the landlord. The trust had been experiencing difficulty in getting the landlord to undertake maintenance in a timely manner and despite every effort by the trust the garden and anti-climb rollers on the roof had not been well maintained. The trust was actively working to address this issue and was looking at replacement options for the anti-climb rollers on the roof. The garden could not be used unless there was two members of staff to escort patients. Patients had access to a very small internal courtyard, approximately the size of a bedroom, which was also a smoking area.
- The ward manager and a trust project manager who held a lead role with environmental work did a walk round a monthly basis to discuss progress on any works.
- To enter the ward there were two sets of locked double doors but these did not act as an air lock. There was no reception. Instead, staff signed visitors in and then took them onto the ward. They issued visitors with alarms if appropriate. When patients returned from unescorted leave, staff undertook basic searches in this area between the two locked doors if required. The area had frosted window panels, offering some privacy for this. The entrance door to the family room was also located between the double doors. The ward manager had requested changes be made to make this an airlock area and although approval had been given for the work to be carried out it was unclear when this would happen.
- There was a fully equipped clinic room with accessible resuscitation equipment available. Staff regularly checked the equipment and emergency drugs and records confirmed this.
- A complete refurbishment of the seclusion room was planned although no date had been set for this. Seclusion was used very infrequently but if it was needed it would usually take place in the de-escalation area. The de-escalation area was of a good size.
- One member of staff acted as the infection control lead for the ward and staff adhered to infection control principles such as using colour coded mops.

Good

Are services safe?

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

- The ward did not have fire evacuation drills. Managers explained this was as it was not possible to isolate the alarm on the site to just the ward. However, they undertook 'desk-top' evacuations with staff. There was an up-to-date fire risk assessment.
- A member of the nursing team acted as the health and safety lead for the ward, and completed an annual health and safety audit covering issues such as the general physical environment, food hygiene and fire. The audit was last done in August 2017 and was reported to the ward manager. The security nurse on duty undertook a security check twice daily.
- There was a good sense of relational security and this was observed in the interactions between staff and patients and through the level of knowledge that staff had about the patients on the ward. Patients and carers told us that the ward felt safe.
- Staff carried personal alarms and nurse call systems were present in the rooms. Staff checked alarms on each shift. If staff sounded their alarm, it was a local alarm for the ward only. Staff aimed to contain and de-escalate situations without bringing in staff from other wards. All staff working on the ward were trained in management of violence and aggression (MAV).
- There were problems with the ceiling alarm indicator light system as a light would sometimes go on to indicate the wrong room that staff should attend. Staff did not rely on this to identify the room the problem was in and instead would look on the panel in the office and alert the others where to go. If a response was required from the other mental health wards on the site then staff used a walkie-talkie, or rang reception to alert them. Staff had reported the problem with the ceiling alarm light indicators, although it had not been dealt with at the time of the inspection.

Safe staffing

- There were 32 staff allocated to work on Bowman ward. This included the ward manager, charge nurse, seven staff nurses (this was due to increase to eight), 18 health care assistants (band 3), the ward secretary and wider multi-disciplinary team. At the time of the inspection, there was one nurse vacancy with interviews booked.,One health care assistant post was filled at less than its full time hours.
- Nursing staff worked a two-shift system of long days and night shifts. On a day shift, the staffing establishment was for two nurses and four health care assistants. On a night shift the establishment was for one nurse and three healthcare assistants.
- Staff sickness and turnover was relatively low. This core service had an average sickness rate of 4% against the trust average of 5.7%. There had been four members of staff leave in the previous year.

When additional staffing was required, the ward generally used its own staff or a core group of bank staff. In the 12 months prior to 31 May 2017, 18 qualified nursing shifts (1.4%) had not been filled by bank or agency staff and 23 (0.9%) of healthcare assistant posts had not been filled by bank or agency staff.

- The ward manager was able to adjust staffing levels if it was clinically appropriate due to an increase in clinical risk or enhanced patient observation levels.
- Staff and patients told us that they had regular one to one time together. Escorted leave was rarely cancelled due to lack of available staff.
- There were two doctors employed on the ward, a locum consultant psychiatrist for four days a week and an associate specialist doctor for two days a week. Doctors were present on the ward on both days we visited. The doctors on call for the hospital provided out of hours cover.
- The trust provided a comprehensive range of mandatory training for this core service. Courses included management of violence and aggression (MAV), clinical risk management, safeguarding adults and children, and physical health observations. As at 31 May 2017, 88% of staff had completed the mandatory training against the trust target of 85%. The courses with completion rates of less than 75% were moving and handling practical, MAV inpatient refresher and airway management. Staff sometimes experienced limited availability on mandatory training courses such as MAV or basic life support, which could add delays in doing this. A new system for recording staff attendance on training did not always record this accurately.
- All nursing staff had completed some face to face training in the Mental Health Act (MHA). Qualified nurses also completed a MHA e-learning course. The staff induction pack introduced staff to the section 17 leave protocol.

Good

Are services safe?

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

Assessing and managing risk to patients and staff

- We reviewed six patient records on the day of our inspection. All had comprehensive up to date risk assessments. Staff carried out an assessment prior to the patient's admission, this information formed the basis of the initial risk assessment. During the admission, the team could all record risk indicators of different levels relating to a patient's behaviour, which staff collated in graph form in a central document. These were used to inform multi-disciplinary care reviews and there were collaborative discussions with patients about their risk.
- Staff completed a specialist risk of violence risk assessment – HCR20 for every patient within the first 3 months of their admission. Staff reviewed these as part of the CPA process. Other specialist risk assessments that staff could complete were the STORM suicide risk assessment and management tool and a risk of sexual offending tool.
- Some restrictions applied to all patients on the ward. These included patients not being able to have smart phones on the ward due to video recording and the garden staff keeping the garden locked most of the time. Staff explained to patients the rationale for these, which related to maintaining the security of the environment. The manager was exploring measures to reduce these restrictions.
- There were no informal patients on the day of our inspection although there was information clearly displayed about the rights of informal patients. A patient could be on the ward for a brief period as an informal patient in exceptional circumstances such as whilst arrangements were being made following discharge by a Mental Health Review Tribunal.
- The trust operated a policy of observations of patients and the searching of patients. Records indicated that both policies were being adhered to. Patients who had unescorted leave had property searched on their return and staff also used a metal detector wand.
- Restraint was only used after de-escalation and care plans supported this. There had been five incidents of restraint in the 12 months to 31 May 2017. There had been no incidents of prone restraint in this period.
- There had been no incidents of rapid tranquilisation in the 12 months to 31 May 2017. The manager recalled only one incident of rapid tranquilisation in the four years he had worked at the service. There was a rapid tranquilisation policy in place, this followed NICE guidance.
- There had been five incidents of seclusion in the 12 months prior to 31 May 2017. These had predominantly taken place in the de-escalation area. Staff recorded medical and nursing reviews on the seclusion page of the electronic recording system. Nurses recorded regular reviews. However, medical input into the decision to commence and end seclusion, multidisciplinary (MDT) reviews and a seclusion care plan required by the MHA code of practice were not always clearly indicated in the seclusion recording page.
- Staff were trained in safeguarding and knew how to make a safeguarding alert and whom to contact when necessary. The ward benefitted from a full time social worker on the staff team who took a lead role with safeguarding along with a qualified nurse.
- The ward operated a child visiting policy. All child visits needed approval by the social worker. There was a visitors' entrance to the ward with a dedicated family and child visiting area separated from the main ward. Visits could be supervised by staff if appropriate. There were facilities for telephone and video conferencing for patients whose family were unable to visit.
- There was good medicines management practice on the ward. Medicines, including controlled drugs were stored securely and recorded accurately when prescribed, administered and disposed of. Access to controlled drugs was limited to authorised registered nurses. Unwanted or expired medicines were disposed of safely. Minimum, maximum and actual medicines fridge temperatures were recorded at least once a day. Room temperature was monitored and recorded daily and was within the required range for storing medicines safely. Discharges were planned to ensure that patients had enough medicine available. Medicines and clinical advice were available out of hours from the on-call pharmacist
- Some patients self-administered medicines as part of their rehabilitation, in agreement with their clinical team. Staff risk assessed to make sure this was safe, and observed and assisted patients where necessary.
- The ward's occupational therapist was able to undertake falls assessments for those patients deemed to be at risk of falls. The trust used the Multi-factoral Falls Risk Assessment Tool (MFRAT).

Good

Are services safe?

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

Track record on safety

- In the 12 months to 31 May 2017, the ward had reported three serious incidents, all resulting in no harm to an individual. These all related to absence without leave (AWOL), two from escorted leave and one from unescorted leave.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report. These were reported via an electronic reporting system.
- The ward manager told us that the trust encouraged transparency and staff fedback to patients through the community meeting.
- The manager reported incidents to the monthly service line operational assurance group meeting.
- There had been a serious incident approximately 18 months prior to the inspection when a patient had gone AWOL from the ward garden by climbing out by the roof and fence. There had been improvements in security protocols as a result, such as a regular security briefing for staff.
- Staff received feedback from investigations of incidents both internal and external to the service; this was recorded in team meeting minutes. The team had introduced a book to log patient's incoming post; this was the result of learning from an incident.
- Staff received a de-brief and were offered support after serious incidents this was reflected in team meeting minutes.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- We reviewed six care records; these were comprehensive and assessments were timely. Staff completed the trust's assessment template on the electronic care record on admission and reviewed this as the patient progressed.
- All care records showed that a doctor undertook a physical examination on admission. This was either by the duty doctor or associate specialist if he was available. All records showed ongoing monitoring of physical health problems. Patients had at least an annual health check and health screening for men.
- All six care records contained up to date, personalised and holistic plans of treatment. Staff recorded patients' views in their plan of care plans. Records indicated that staff had given all patients copies of their care plans.
- Staff held clinical records within an electronic system which was secure and accessible to staff.

Best practice in treatment and care

- We reviewed medication charts. Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. Care records showed that staff discussed prescribing at multi-disciplinary team meetings with the pharmacist on a weekly basis. Staff monitored patients at higher risk of side effects from taking high dose antipsychotic medicines for physical symptoms and side effects. Patients' physical health was monitored on a regular basis and when new medicines were being considered
- There was a range of individual psychological therapies available for patients. A clinical psychologist worked full time on the ward. The psychologist had begun acting as an approved clinician for patients' care. In addition, an assistant psychologist was due to start on the ward shortly after the inspection. Their role was to expand the group options available for patients such as drug and alcohol and emotional coping groups.
- There was good access to physical healthcare for patients. The ward's associate specialist doctor was from a GP background. A physical health nurse who worked on the site was able to visit and advise staff and patients. Staff asked patients if they wanted to access the dentist. They could go to the dental or general hospital in an emergency.
- If patients were identified as having nutrition or hydration needs then staff were able to seek advice on appropriate monitoring.
- Staff used recognised rating scales such as Health of the Nation Outcome Scales (HONOS) to aid with treatment planning.
- The charge nurse under took a random quality of recording audit of four care records per month. The trust's quality lead did audits of incidents. The health and safety lead did a monthly environmental audit.

Skilled staff to deliver care

- There was a full range of mental health disciplines and workers providing input to the ward. This included an occupational therapist, social inclusion worker, clinical psychologist, social worker and the community forensic team. Most of these professionals were based on the ward providing direct access to these services. There was weekly input from a pharmacist and technician.
- Staff were experienced in forensic healthcare. There was a locum forensic psychiatrist in post. There was a mixture of experienced and newer health care assistants. All new starters completed the two-week trust induction. Bowman ward would then deliver a local induction to new starters, including bank and agency staff that orientated staff to the ward. There was a comprehensive induction folder for all staff working on the ward for the first time.
- All staff were up-to-date with an appraisal and there was a monthly team meeting. There was a supervision structure based around shift patterns. The trust was not able to provide supervision figures for this core service; however, staff confirmed that they had regular supervision.
- Staff performance issues were addressed promptly and effectively. Supervisors initially addressed issues in supervision, with staff having the opportunity to address issues prior to consideration of capability procedures.
- There was a central development fund to help staff access specialist training. However, the trust's new system was presenting challenges, as it was not always accurately recording which staff had attended training.

Multi-disciplinary and inter-agency team work

Are services effective?

Good

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

- There was a daily multidisciplinary (MDT) handover meeting at 9am for half an hour to feedback and discuss issues regarding all the patients such as any risk issues. All MDT staff attended including the ward manager and a senior operational manager.
- There was a weekly ward round. The team reviewed six of the twelve patients per ward round, so patients were reviewed fortnightly in this setting. We observed a ward round and saw effective and collaborative discussions. The meeting was inclusive of the patients who were able to contribute to their own plan of care with a range of professionals. There was an Independent Mental Health Advocate (IMHA) attending for two patients.
- There were good links with the community forensic team who were involved with those patients subject to forensic sections of the Mental Health Act (MHA). This team had an inpatient coordinator who liaised throughout the admission.
- There were good links with local housing agencies and providers. The ward also had good links with the local college who helped facilitate a gardening and photography group.

Adherence to the MHA and the MHA Code of Practice

- All nursing staff had completed some face to face training in the MHA. Qualified nurses also completed a MHA e-learning course.
- The hospital's MHA office and admitting nurse reviewed MHA records prior to a patient's arrival for admission to ensure as far as possible that the paperwork was in order.
- We reviewed six care records and the MHA paperwork was available on the electronic care record and appeared in order. We viewed documentation for the Ministry of Justice and found this to be in order and accessible.
- Staff documented medicines for patients detained under the Mental Health Act on the appropriate forms and consent to treatment obtained where appropriate. One medicine had been prescribed for a patient that was not detailed on their MHA certificate of second opinion form. This had been identified by the MHA office after one dose had been administered. The consultant explained to the patient why they could not administer that medicine in that situation and were waiting for second opinion appointed doctor (SOAD) approval.
- The trust had a standard form to record section 17 leave. Records showed risk assessments and contingency planning for leave. Staff attached the patient's risk management plan to leave records to enable bank staff to be aware of risk management prior to escorting a patient on leave. The ward kept patient photographs on file in the event of AWOL.
- Patients had their rights explained to them by staff on admission and every 28 days thereafter. The MHA office undertook audits of section 17 leave and rights. Correspondence and reminders from the MHA office to prompt staff regarding renewals and compliance with the MHA showed that the administration was responsive and effective.
- Patients could self-refer to the IMHA or would be referred by the ward if they lacked capacity to do this themselves.

Good practice in applying the MCA

- The trust required all staff to complete training in the Mental Capacity Act (MCA). 87% of staff had completed this.
- There were no Deprivation of Liberty Safeguard (DoLS) applications made to the Local Authority between 1 June 2016 and 31 May 2017 for this core service.
- There was a policy on MCA including DoLS, which staff were aware of and were able to refer to.
- In all six care records that we reviewed, assessments of capacity had been carried out when indicated, these were decision specific and of a good standard.
- The MDT discussed capacity issues. The consultant psychiatrist and social worker took a lead in assessing complex issues such as finances and appointeeship.

Good

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

- Patients and carers spoke positively about how staff treated them.
- Staff had a good understanding and knowledge of individual needs of patients. Staff treated patients with respect.

The involvement of people in the care they receive

- Patients told us that the admission process had orientated them to the ward. Some had the opportunity to visit prior to their admission. Most patients told us that staff had given them information about the service. Patients were being involved in the design of the patient welcome pack.
- Patients were involved in the planning of their care and treatment. Patients were encouraged to engage with advocacy services.
- Staff took carers' views and concerns into consideration and responded to them. Staff invited carers to attend ward rounds, and gave them a copy of care plan reviews if appropriate. Carers confirmed they had attended care meetings.
- Staff sought feedback through patient surveys and the community meeting and a member of staff to take a lead role for this. There were regular visits from the chaplaincy and advocate who fed back patient views. Community meetings were happening regularly.
- Patients had been involved in developing crisis/ contingency plans regarding how they wanted staff and others to treat them when they became unwell.

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

- Bed occupancy for Bowman ward ranged from an average of 96% to 100% during 1 April 2016 and 31 March 2017.
- The trust's forensic inpatient service participated in a southwest forensic network. The network had an overview of every Cornish patient in secure services outside of Cornwall. It aimed to enable Cornish male patients requiring low secure forensic services to remain or return to their home area as part of their care pathway.
- The ward held a regular referrals meeting. If the service assessed and accepted a patient but there was no bed, then the patient would be offered the next available low secure bed in the southwest network, or the patient may choose to remain in their existing hospital.
- There were no delayed discharges. The trust reported an average length of patient stay for six of the 12 months to March 2017. This was on average 359 days for five months provided, although a lower figure of 185 days was provided for one of the six months; January 2017. The multidisciplinary team (MDT) and social worker had good links with housing providers for discharge planning. Most patients were discharged to care homes or to a supported tenancy in a flat according to their needs. Discharge planning was ongoing throughout a patients stay on the ward so staff were aware of when one patient would be discharged and when a bed would become available.
- Staff kept patients' beds available for them whilst they were on community leave until discharge from the ward. Staff always planned discharges.
- The service was able to refer a patient to medium secure services should their risks become too great to manage. Extra staff could be used as needed whilst waiting for a bed in medium secure service.
- Staff held planning meetings to consider a patient's section 117 MHA aftercare needs. The service was able to offer outreach from the ward to support a community discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care. There was a fully functional clinic room to examine patients. There were well-equipped activity and therapy rooms available for 1:1 interactions, a lounge, multi-faith room, games room, gym and dining room.
- There were quiet areas on the ward and a comfortable family room separated from the main ward corridor with a separate entrance where patients could meet visitors.
- Patients were able to make a phone call in private.
- Access to outside space was limited, as the ward kept the garden locked for most of the day due to security concerns. The internal smoking courtyard was a very small area and not big enough to allow someone to walk around for exercise. The majority of patients had some form of leave to the hospital grounds or community.
- There had been ongoing problems with the quality of the food. The ward manager had tried to address these issues with the PFI provider who had revised the menu. The ward was monitoring the issues but patients told us that they found the food bland. Patients were able to have sessions cooking in the occupational therapy (OT) kitchen and there was a shared meal prepared by patients at the weekend.
- Patients had been able to make hot drinks and snacks 24 hours a day, however open access had become under staff supervision due to patient needs and risks at the time of the inspection.
- Patient's bedrooms were personalised with pictures of families and other personal items and all of the bedrooms were en suite. Patients had access to a locked drawer in their bedrooms.
- Patients engaged in activities on the ward and went out on leave for community activities. Activities included walking, swimming, surfing, snorkelling and contact with horses. Staff also facilitated activities at the weekend.

Meeting the needs of all people who use the service

- The ward was accessible for wheelchair users.
- There was information displayed on patients' rights; and how to complain. There were leaflets available via the trust intranet in different languages and formats. Staff could arrange access to interpreters if required.
- Patients could speak to the pharmacist or pharmacy technicians about their medicines and leaflets were available in different formats (e.g. large print, easy read) and languages.

Are services responsive to people's needs?

Good

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

- There was a spirituality team located within the trust. The chaplain visited the ward weekly. Patients could make requests for visits from representatives of a range of religious faiths.

Listening to and learning from concerns and complaint

- There had been no formal complaints with the patient advice and liaison service (PALS) for this core service in the twelve months prior to inspection.
- Three patients told us that they had made complaints, and that had been resolved by the ward. An example given was a patient having belongings going missing. Other patients except for one told us that they knew how to complain.
- The manager told us that he or another manager would investigate any complaint and he would provide feedback to the patient or staff member.

Are services well-led?

Good

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

Our findings

Vision and values

- Staff knew of the organisation's values of respect, empowerment, compassion and high standards. The low secure inpatient service had also formulated its own when the ward was set up, these reflected the trust's core values, and were patient centred and recovery focused.

Good governance

- Staff received mandatory training, although there were some problems with accessing spaces promptly on some core mandatory training such as refresher courses for management of aggression and violence (MAV) training.
- Staff received regular supervision and annual appraisals. There was enough staff on the wards to provide good quality care to patients but no extra staff had been made available to allow the garden to be opened more frequently.
- Staff reported incidents via the trust's reporting system. Staff followed safeguarding, Mental Health Act (MHA) and Mental Capacity Act (MCA) procedures.
- The ward manager had sufficient authority to respond to clinical demands and full time administration support was in place and effective. However, the private finance initiative (PFI) provider did always not carry out maintenance work in a timely manner, which affected aspects of patient care such as access to fresh air due to closure of the garden.
- Staff were able to add items to the trust's risk register but the ward did not have its own risk register. Some risks, such as the garden security, had not been added to the risk register by staff.
- The ward manager reported to an operational manager and assistant director for this service line. The ward manager reported to an operational assurance group.
- The ward had met performance targets set by NHS England, and received a quarterly dashboard report from the trust.
- The trust was a partner in the southwest forensic clinical network. The trust was part of a pilot site for NHS England's new model of forensic care. The organisations in the southwest network actively sought to enable patients to return to the southwest.

Leadership, morale and staff engagement

- Staff reported that senior managers and directors were visible and regularly came to the ward. The ward manager had been permanently appointed to the role after a period of acting in the role and was very motivated.
- Sickness and absence rates were low. Staff knew how to use the whistle-blowing policy.
- Staff felt able to raise concerns without fear of victimisation and said that the ward manager was supportive and helpful.
- The ward manager was keen to provide career development opportunities for all staff including health care assistants who might not train as nurses. He had enabled them to undertake lead roles on the ward. The manager had a non-hierarchical approach to team management and was keen to empower staff and to encourage feedback.
- Staff enjoyed their work. Morale was high and staff described close and supportive working relationships in the multidisciplinary team (MDT).

Commitment to quality improvement and innovation

- The ward participated in the Quality Network for Forensic Low Secure Services. This was a peer review network, which rated services against the Royal College of Psychiatrists Standard for Secure Care. The ward had a peer review visit in March 2017. This identified a range of areas of good practice such as a non-hierarchical culture, a well-functioning team, high staff retention and relational security.
- The ward had developed an action plan to address some of the areas for improvement highlighted in the review. These related to the physical environment of the ward.