

## Elysium Healthcare No.2 Limited

# Farmfield

### Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



# Summary of findings

## Overall summary

Farmfield provides medium secure and low secure service for adult male patients. The provider opened a male acute ward Faygate in July 2020 and another Brockham in January 2021. It now has 80 beds spread over seven wards.

Our rating of this location overall stayed the same. We rated it as requires improvement because:

- The acute wards were overly restrictive for patients; there were lots of rules that patients had to follow that were not individualised to each patient. There was a lack of robust rationale as to why these rules had to apply to everyone.
- Patients on the acute wards told us that they were unhappy about not having keys to their bedrooms
- The quality of the risk assessments was variable across the two acute wards and did not always include all identified risks, nor were they always updated following an incident.
- The quality of care plans was variable across the acute wards and not all patients we spoke with felt involved in their planning their care. Some care plans we reviewed were generic and were not tailored to each individual patient.
- The environment and facilities in the seclusion rooms on the acute wards did not meet the expected standard set out in the Mental Health Act code of practice. Neither seclusion room had clear two-way communication as the intercom did not adequately work.
- Two of the secure wards had two separate locking systems for the ward anti barricade doors, these are doors that open both ways in an emergency. Staff were not able to quickly access and understand which keys fit which locks.
- The forensic wards did not meet the therapeutic needs of the patients in accordance with National Institute for Health and Care Excellence (NICE) guidance, as there was a lack of therapeutic interventions and activities in the evenings and at weekends

However:

- The wards had enough nurses and doctors. Staff assessed and managed risk well. The ward environments were safe and clean. They managed medicines safely and followed good practice with respect to safeguarding.
- The service had put policies, procedure and additional cleaning in place to keep patients safe from Covid-19.
- There was evidence of patients' physical health being monitored and the service employed a nurse who focussed on patients' physical health and there were plans to employ another physical health care nurse.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Most ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- The occupational therapy team had worked hard to provide an adequate level of service in the hospital through a difficult and challenging lockdown period. Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Summary of findings

## Our judgements about each of the main services

### Service

**Acute wards for adults of working age and psychiatric intensive care units**

**Requires Improvement**



### Rating

### Summary of each main service

- The wards were overly restrictive for patients. The entrance and exit route, through two air locks, were not appropriate for patients coming into an acute admission ward. Patients needed to ask staff to be able to access all rooms of the ward, including their bedrooms as they did not have keys to their rooms. Access to the garden was limited on both wards as the door was locked. Staff were able to escort patients into the garden five times a day on Faygate Ward and twice a day on Brockham Ward.
- The quality of the patient risk assessments was variable across the two wards and did not always include identified risks, nor were they always updated following an incident.
- The quality of care plans was variable across the wards and not all patients we spoke to felt involved in their care planning. We found that some patients had generic care plans that were not specific to the patients individual needs.
- The environment and facilities in the seclusion room did not meet the required standard in the Mental Health Act code of practice. Neither seclusion room had clear two-way communication as the intercom did not adequately work and staff were not aware how to use the air conditioning and external lights controls.

However,

- The ward environments were generally clean. Staff managed medicines safely and followed good practice with respect to safeguarding. The service had put policies, procedure and additional cleaning in place to keep patients safe from Covid-19.
- The full range of mental health professionals provided input into each ward and we saw evidence of patients' physical health being monitored and the service employed a nurse who focussed on patients' physical health.

# Summary of findings

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- The service was generally well led and most of the governance processes ensured that ward procedures ran smoothly.

## Forensic inpatient or secure wards

Good



Our rating of this service improved. We rated it as good because:

- The occupational therapy (OT) team had worked hard to provide a level of service through a difficult and challenging lockdown period; however, the hospital was not always meeting the therapeutic needs of the patients in accordance with National Institute for Health and Care Excellence (NICE) guidance. The OT team operated Monday to Friday 9-5 which meant the patients did not have access to a wide range of meaningful and culturally appropriate occupations and activities facilitated by appropriately trained health or social care professionals for seven days per week.
- Some wards had two separate locking systems for the ward barricade doors, staff were not able to quickly access and understand which keys fit which locks. In the event of an emergency staff would not be able to respond as effectively and open the door due to confusion around which key to use.

However:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive

# Summary of findings

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assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
  - Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
  - Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions
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# Summary of findings

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# Summary of this inspection

## Background to Farmfield

Farmfield provides medium secure and low secure service for adult male patients. The provider opened a male acute ward Faygate in July 2020 and another Brockham in January 2021. It now has 80 beds spread over seven wards

- Rusper is a medium secure ward with 10 beds focusing on admission, assessment and treatment.
- Hookwood is a medium secure ward with 10 beds focusing on admission, assessment and treatment.
- Capel is a medium secure ward with 11 beds focusing on admission, assessment and treatment.
- Newdigate 1 is a low secure ward with 11 beds focusing on admission, assessment and treatment.
- Newdigate 2 is a low secure ward with 10 beds focusing on admission, assessment and treatment

At the end of 2020 Farmfield opened two new acute wards, Brockham and Faygate. These two wards were developed with input from Surrey and Borders Partnership NHS Foundation Trust.

The acute wards for working age adults consist of two wards:

- Brockham is a 14 bedded admission ward.
- Faygate is a 14 bedded admission ward

The core services provided at Farmfield are forensic inpatient/secure wards and acute wards for adults of working age.

The hospital had a registered manager in post at the time of inspection.

The forensic inpatient / secure wards were last inspected in January 2018. The hospital was rated as requires improvement overall with a rating of requires improvement in safe and well led, all other domains were found to be good.

In this inspection we found the forensic / secure wards to be overall good with requires improvement in the effective domain.

This was the first time we had inspected the Acute mental health wards and the ratings for those were requires improvement overall with good in the caring and well led domains.

## How we carried out this inspection

The team that inspected the hospital comprised one CQC inspection manager, one Mental Health Act reviewer, five CQC inspectors, two specialist advisors and two experts by experience (both remotely).

Before the inspection visit, we reviewed information that we held about the hospital.

# Summary of this inspection

During the inspection, we looked at the quality of all seven ward environments, observed how staff were caring for patients and spoke with patients who used the hospital.

We looked at electronic and paper copies of care and treatment records of patients and reviewed a range of documents relating to the running of the hospital. We also looked at the medicines management on all wards including medicine charts and associated Mental Health Act 1983 documentation and physical health monitoring following administration of rapid tranquilisation.

We observed multidisciplinary team meetings, community meetings and handovers. We also spoke to the hospital's senior managers, ward managers, doctors, clinical pharmacist, Mental Health Act administrator and other staff members, including members of the multidisciplinary team, nurses and health care assistants.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the provider MUST take is necessary to comply with its legal obligations.

### Action the hospital MUST take to improve:

- The provider must ensure that it maintains a balance between the maintainance of safety and providing a least restrictive environment appropriate to each of its services. The provider must ensure that patients are able to keep their belongings safe, locked away and are able to access them when they need them. The provider must ensure the dignity of patients when using such items as anti-tear clothing. **Service users must be treated with dignity and respect. (Regulation 10 HSCA (RA) Regulations 2014 Safe care and treatment.)**
- The provider must ensure that the acute wards seclusion room comply with the Mental Health Code of Practice. [BK1] The provider must ensure that patients have easy access to fresh air and outside space. **All premises and equipment used by the service provider must be (c) suitable for the purpose for which they are being used and (e) properly maintained. (Regulation 15(1)(c) and (e) Premises and Equipment)**
- The provider must ensure it identifies and manages all risk for patients in the acute wards. **Care and treatment must be provided in a safe way for service users. (Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.)**
- The provider must ensure that the range of therapeutic activities is available to meet patients needs in the secure wards in accordance with guidance from National Institute of Health and Care Excellence. **(Regulation 9, of the Health and Social Care Act 2008 (RA) Regulations 2014).**
- The provider must ensure that it stores keys on the medium and low secure wards safely. so keys can be found easily in the event of an emergency. **(Regulation 12, of the Health and Social Care Act 2008 (RA) Regulations 2014).**

Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve hospitals.

### Action the hospital SHOULD take to improve:

# Summary of this inspection

- The provider should ensure that all patients on both the acute wards have consistent standards of care planning, this should include comprehensive, holistic and personalised care plans and that all patients are involved in the care planning. [BK2]
- The service should ensure that staff in the acute wards have access to, and knowledge of how to operate, the ward thermostats to maintain a comfortable temperature for patients.
- The provider should consider how the senior leadership team at the site communicate important messages effectively to staff to ensure that staff have the opportunity to feedback and raise any concerns.
- The provider should ensure that all staff working on the acute wards have an appropriate induction to enable them to understand how to care for patients.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Forensic inpatient or secure wards	Good	Requires Improvement	Good	Good	Good	Good
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

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

## Are Acute wards for adults of working age and psychiatric intensive care units safe?

Requires Improvement 

We rated it as requires improvement because:

### Safe and clean care environments

**Except for the seclusion rooms, ward areas were clean and well maintained, well-furnished and fit for purpose, although staff were unable to control the temperature of the wards.**

### Safety of the ward layout

- Staff completed and regularly updated thorough environmental risk assessments of all wards areas and removed or reduced any risks they identified. We saw complete, comprehensive ligature risk assessments and there were enough staff to observe patients in all areas.
- The ward only accepted male patients and therefore complied with eliminating mixed sex accommodation guidance.
- Staff had easy access to alarms and patients had easy access to nurse call systems.

### Maintenance, cleanliness and infection control

- Staff made sure cleaning records were up-to-date and the premises were visibly clean, other than some marks on the walls and ceiling of the seclusion facilities. Staff followed infection control policy, including handwashing and it was evident that additional infection control procedures had been introduced in order to manage the spread of Covid 19.
- Staff told us the temperature on both wards and the seclusion facility was uncomfortably high. During the inspection we also found the temperature to be high. Staff on the wards were unable to adjust this and told us there was a problem with the air conditioning system.

### Seclusion room

- We found that the seclusion rooms did not meet the required standards in the code of practice. The seclusion rooms had dirty marks on the walls and ceiling. Neither seclusion room had clear two-way communication as the intercom did not adequately work.
- The seclusion room on Brockham Ward did not have a clock and neither seclusion room had a pillow for patients. Staff were unable to control the air conditioning or dim the lights and the space felt uncomfortably warm.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

- All patients using the seclusion facilities on Brockham Ward were expected to change out of their clothes into tear-proof clothes (these are clothes designed for the safety of patients). This is contrary to the code of practice which states that whether a patient needs such clothing must be individually assessed.

## Clinic room and equipment

- Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

- The service used bank and agency staff who were familiar with the ward and knew the patients well to fill vacancies. The two wards had a total of 10 vacancies out of an establishment of 26 registered nurses and 19 support worker vacancies out of an establishment of 38. Managers told us that ongoing recruitment was happening in order to fill these vacancies. The vacancies were also recorded on the hospital risk register. The ward manager could adjust staffing levels according to the needs of the patients.
- Staff knew which incidents to report and how to report them. Managers debriefed and supported staff after any serious incident. Staff told us that psychology offered debrief opportunities if needed.

## Medical staff

- Staff told us that there was insufficient medical staff employed, with one consultant covering most of the patients across the two wards, this left the medical cover stretched. However the service had identified this gap and had recently appointed a new consultant to work on the acute wards.

## Mandatory training

- Staff had completed and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training.
- The provider told us that when the wards opened the initial staff team received specific training to work on the acute ward. However, staff we spoke with told us that they had been moved from secure wards to work on the acute wards without sufficient training.

## Assessing and managing risk to patients and staff

**Staff mostly assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.**

## Assessment of patient risk

- Staff completed risk assessments for each patient on admission, but risk assessments were inconsistent across the two wards. On Brockham Ward we saw evidence where patients' identified risks were not detailed appropriately in the risk assessment.

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

## Management of patient risk

- Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Use of restrictive interventions

- The acute wards were in a building adjacent to a secure inpatient hospital. Access to both acute wards was via the secure hospital entrance and two air locks, this felt overly restrictive for patients entering an acute admission ward. It was also time consuming for staff to accompany patients to and from the entrance for leave. The hospital told us that there were plans to create a separate entrance for the acute wards, which would allow a less restrictive and easier way to access the wards. The hospital also had plans to reduce the size of the perimeter fence to be more appropriate for an acute admission ward. These plans were progressing with the oversight of the senior leadership team
- The acute wards did not provide the least restrictive environment for patients and some restrictions were not individually assessed. Patients did not have access to keys to their rooms or lockable storage they could access. All internal doors were locked, including access to the patient telephone. Access to the garden was restricted to allocated times on both wards.
- We saw evidence of restrictive practice being monitored on Faygate Ward. The hospital told us that the hospital wide monthly reducing restrictive practice meetings had been paused due to Covid 19 but that these have now been restarted.
- Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

## Safeguarding

### **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

- The Clinical Services Manager is the hospital safeguarding Lead and there are currently nine staff across the hospital trained to Safeguarding Level four.
- Staff understood how to protect patients from abuse and the hospital worked well with other agencies to do so. Staff had face to face training in safeguarding adults and children in their induction and then used e-learning modules to ensure they were up to date. 92% of staff were up to date with safeguarding training level one and 100% of staff were up to date with safeguarding training level two.
- Ninety four percent of the staff had also completed training in Prevent, which is training designed to support vulnerable people from engaging in any threat from terrorism

## Staff access to essential information

### **Staff had easy access to clinical information but they did not always maintain high quality clinical records**

- The quality of the clinical records was variable across the two wards. Patients' electronic notes were not always comprehensive or holistic and at times were generic. Care plans on Brockham Ward did not show patients involvements or specific needs and risks identified.

## Medicines management

### **The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

- We reviewed all twelve patients' medicines records and saw that staff followed the correct procedure and practices for prescribing and administering medicine. The service had a clinic room that had the equipment that you would expect for this type of service.
- The hospital used an external pharmacy company to audit and advise the clinicians and the clinical governance team on the safe management of medication. Any interventions advised by the pharmacist were communicated with the nursing staff and the prescriber both in written and electronic format. The pharmacist checked that staff had acted on advice given and fed back to the senior management team.
- Room temperatures and fridge temperatures were recorded and audited regularly. The clinic rooms all had labelled containers for the safe disposal of medications which was signed for securely by two nurses.
- The hospital had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence (NICE)

## Reporting incidents and learning from when things go wrong

**Staff recognised incidents and reported them appropriately. Managers investigated incidents, but not all staff felt that the managers shared the lessons learned.**

## Are Acute wards for adults of working age and psychiatric intensive care units effective?

Requires Improvement 

We rated it as requires improvement because:

### Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. However, care plans did not always reflect patients' assessed needs and on occasion were generic, rather than personalised, holistic and recovery-oriented.**

- Care plans were variable across the two wards. Some of the care plans on Brockham Ward did not always reflect patients' assessed needs and were generic. Audits of care plans were only carried out on Faygate Ward. Some patients we spoke to told us that they did not feel involved in their care planning, and some did not know they had a care plan.

### Best practice in treatment and care

**Staff provided a range of treatment and care for patients, but this was not always based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

- Staff delivered an occupational therapy activity program Monday to Friday during the day, but this was not in line with National Institute for Health and Care Excellence (NICE) guidelines which recommend meaningful and culturally appropriate activities seven days a week and not limited to 9am to 5pm. However, staff told us that this was under review. Some patients felt that there was enough to do, whilst others did not.
- Patients were not able to use the gym in the main hospital building but there were plans in place to get fitness equipment for the patients to use on the acute wards.
- Staff provided a range of care and treatment suitable for the patients in the service. Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service had access to a full range of specialists to meet the needs of the patients on the ward.

## Skilled staff to deliver care

**The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

- Staff identified patients' physical health needs and recorded them in their care plans. The service benefitted from a physical health nurse, and we saw evidence of good physical health monitoring. Staff made sure patients had access to physical health care, including specialists as required, including the dietician. Had access to dietitian and physical health care nurse. Staff met patients' dietary needs and accommodated allergies.
- Patients told us that escorted leave was not always facilitated and that when staff were busy it would be difficult to take them to the entrance. All patient leave is planned and outcome recorded on the patient's electronic record and all cancelled leave was captured on this. In reviewing the cancelled leave report for both acute wards for the three months prior to the time of the CQC inspection no planned leave was cancelled. Access to grounds and community leave was interrupted due to a covid-19 'outbreak' and reinstated at the hospital on 1st April 2021.
- Staff from the forensic wards had been brought over to work on the acute wards when they opened. The provider told us that when the wards first opened, managers implemented a specialist induction programme in order to support staff with the move from forensic wards to acute. However, staff did not feel that they were offered sufficient acute specific training.
- Managers supported medical staff through regular, constructive clinical supervision of their work.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

- Staff held regular multidisciplinary meetings to discuss patients and improve their care.
- The hospital had a contract with an NHS trust to contract out all the beds on Faygate ward and worked closely with this trust to manage the beds and environment, through regular calls and meetings. At the time of inspection Brockham ward had a contract with and NHS Trust for four commissioned beds and the remaining beds were accessed on a spot purchase basis
- The service had recently employed a discharge coordinator to assist with liaising with patients' external teams and contacts.

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

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

- Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Informal patients knew that they could leave the ward freely, but we did not see any information or posters on the wards informing them of this.
- Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. Patients had easy access to information about independent mental health advocacy. Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity, however in some of the records we reviewed on Brockham ward, capacity to consent to treatment was not always completed on admission**

- Staff supported patients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and staff on Faygate recorded capacity clearly for patients who might have impaired mental capacity. Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards
- We found the recording of capacity to consent to treatment on Brockham Ward was not always completed on admission.

## Are Acute wards for adults of working age and psychiatric intensive care units caring?

Good 

We rated it as good because:

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

- Staff were discreet, respectful, and responsive when caring for patients. Staff were warm, showed a genuine interest in patients' wellbeing and respected patients' privacy and dignity. Staff used effective de-escalation skills to manage conflict well and confidently. Patients told us that staff were kind and involved their relatives in their care.
- Staff supported patients to understand and manage their own care treatment or condition. Some patients we spoke to felt staff involved them in the care planning process. Most patients told us that they had not received copies of their care plans.

### Involvement in care

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

## Involvement of patients

- Patients could give feedback on the service and their treatment and staff supported them to do this. Brockham Ward had a weekly community meeting. Faygate Ward were in the process of restarting this.
- Staff made sure patients could access advocacy services. Two advocates visited the wards each week. The advocates would ring the wards weekly to find out if there had been new admissions or discharges.

## Involvement of families and carers

- Staff supported, informed and involved families or carers. Staff told us that they had regular contact with families and carers. Staff actively sought patient consent to share information with relatives before sharing information. Patients told us that their families and carers were involved in their care. The service used video calling during Covid-19 pandemic restrictions, when visiting was not allowed.

## Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Requires Improvement 

We rated it as requires improvement because:

### Access and discharge

**Staff managed beds well. A bed was available when needed. Staff told us that some patients' discharge was delayed due to non-clinical reasons.**

### Bed management

- Staff managed beds well. Faygate Ward had a contract with an NHS trust which commissioned all 14 of their beds. Brockham Ward had a total of 14 beds. Referrals for Brockham Ward beds came from a variety of providers and commissioned on an ad hoc basis.
- Managers and staff worked to make sure they did not discharge patients before they were ready.
- When patients went on leave there was always a bed available when they returned. The days we inspected two patients were on community leave and their beds were available for when they returned.
- Staff did not move or discharge patients at night or very early in the morning. We observed two patients being discharged, one from Brockham Ward and one from Faygate Ward. Both discharges were facilitated during the day. A discharge co-ordinator had been newly appointed to help facilitate the discharge process and liaise with external bodies. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

### Discharge and transfers of care

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

- The hospital records that we reviewed showed that there were no formal delayed discharge patients on either ward. However, on Faygate ward, staff told us that there were patients at the time of the inspection who were considered delayed discharges. They told us that this was a result of no onward placements for patients to go to. Staff told us that this was something that they were regularly discussing with the commissioning trust.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity; however, patients did not have keys to their rooms. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks at any time.**

- Patients did not have their own keys for their bedrooms. All the bedroom doors were self-locking and needed a staff member to unlock the door, if the patient wanted access to their room. Patients told us that they felt the ward was too restrictive and they were unhappy with not having a key to their bedroom. Patients did not have lockable storage in their room, that they could access. Each patient had a lockable space under their bed but this required staff to access. Patients also had a small locker in the laundry room on each ward, that contained high risk items. These were only accessed by the ward staff.
- The service had quiet areas and a room where patients could meet with visitors in private. Patients could meet with visitors in rooms located at the reception of the hospital. However, the quiet room and de-escalation room on both wards were behind a locked door.
- The payphone room was locked at all times and had no chair.
- Although the service had outside spaces, patients on Faygate Ward were unable to access it outside of five permitted times, due to an ongoing maintenance issue from the start of the year. Patients on Brockham Ward could only access space in two permitted time slots. We were told by staff that the doors to the garden space were locked and patients could only access the space with two members of staff. The building did not comply with the Disability Discrimination Act. This meant that the service could not accommodate anyone with a disability. The service was aware of this and had plans in place to put this right.
- Patients on each ward had access to a multifaith room.
- Patients could make their own hot drinks whenever they wanted. Patients had access to an occupational therapy led patient shop for snacks every Thursday. Patients could ask staff for snacks throughout the day. The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients told us that they were given choices for food.

## Meeting the needs of all people who use the service

**The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

- Managers made sure staff and patients could get help from interpreters or signers when needed. Staff told us that they could access translation services when needed. On Brockham Ward, staff requested a tablet to use online translation services for the everyday needs of patients whose first language was not English.
- Patients could make phone calls in private. Patients also had access to their own mobile phones.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

# Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement 

- Patients knew how to complain or raise concerns. Information was provided to patients in their welcome pack upon arrival. Staff knew how to handle complaint sensitively.

## Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good 

We rated it as good because:

### Leadership

- The hospital had continued to experience a considerable amount of change since the last CQC inspection in 2018. In the last 6 months there had been a new hospital director appointed and the construction and opening of two new acute wards. The feedback from the majority of staff was that the appointment of a new hospital director had been positive and they felt he brought with him the opportunity for continued development of the hospital.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed although and staff we spoke to felt they were visible on the wards.
- The service had enough nursing and medical staff who received basic training to keep patients safe from avoidable harm.. Staff understood how to protect patients from abuse. Managers investigated incidents and shared lessons learned with the staff teams.

### Culture

- Most staff we spoke to felt respected, supported and valued within their teams. Staff spoke about there being different cultures across the two wards, with Faygate's processes more embedded having opened before Brockham Ward. Staff told us they could raise any concerns without fear but did not always feel that they were able to make changes.
- We saw some disconnect between the senior management and the ward team around decisions taken. Some staff expressed concerns about how recent staff moves were communicated to them and this had had a negative impact on some staff morale.

### Governance

- Our findings from the other key questions demonstrated that governance processes operated at ward level were mostly effective. However, processes were more embedded on Faygate Ward.
- Leaders had the skills, knowledge and experience to perform their roles and staff were positive about the arrival of the new hospital director.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities, such as the quality network for forensic hospitals.
- Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the hospital participated actively in the work of the local transforming care partnership.

### Management of risk, issues and performance

# Acute wards for adults of working age and psychiatric intensive care units






Requires Improvement 

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Various audits were in place at ward level. Incidents, safeguarding and complaints were appropriately logged and investigated.
- The service had an electronic risk register which identified the high level risks such as staffing and management of Covid-19.

## **Information management**

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

# Forensic inpatient or secure wards

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

## Are Forensic inpatient or secure wards safe?

Our rating of safe improved. We rated it as good.

**Most wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

### Safe and clean care environments

#### Safety of the ward layout

- Staff completed and updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. This was done on a daily basis by ward staff and entered into a ward daily safety log.
- Staff could observe patients in all parts of the wards. This was done using a combination of CCTV in the garden areas and convex mirrors and staff observations in the ward areas.
- The ward complied with guidance and there was no mixed sex accommodation. The Hospital was an all-male site.
- Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. This was well documented in a comprehensive ligature audit which had been completed by facility staff in conjunction with the ward staff.
- Staff had easy access to alarms and patients had easy access to nurse call systems. The staff operated a system of getting their keys and alarms from the main reception whenever they entered the building. It was observed that the alarm system for each ward sounded alarms across the whole hospital site which was reported by the patients on all wards to be quite disturbing. If an alarm was sounded on Newdigate 1 all wards had an alarm in their patient area.
- Newdigate 1 and 2 had two separate locks for the unit barricade doors, staff were not able to quickly access and understand which keys fit which locks. In the event of an emergency staff would not be able to respond as effectively and open the door due to confusion around which key to use. The key storage across both low secure wards was poor, key storage boxes were chaotic and keys were not labelled and in any order within the key press on the wards. This meant that if a key was required in an emergency it could not easily be found
- One area of Newdigate 2 was found to have an open sewer pipe entering a locked meeting room that was not safe for patients or staff to use. Patients and staff told us this had been like this for 12 months, which meant that maintenance issues were not always addressed in a timely manner. At the time of the inspection the CQC team were informed that works had been underway to create a seclusion suite on Newdigate 2 ward and that the installation of a drain was required as part of this works, but that on further review the decision was taken to cancel this work and reinstate the

# Forensic inpatient or secure wards

room to general ward use. The work to reinstate had been planned but unfortunately delayed due covid-19 restrictions and 2 covid-19 'outbreaks' at the hospital in the year prior to the CQC inspection but contractors were on site before and at the time of the inspection competing this work, this required that the main sewage drain be disconnected temporarily in the ward before it could be reconnected and concreted in and again this was explained at the time of inspection and the work was completed as planned the same week with photographic evidence provided.

## Maintenance, cleanliness and infection control

- Ward areas were clean, well maintained, well-furnished and fit for purpose. We saw new kitchen areas on the wards which were well appointed and suitable for patients to cook in when risk assessments had been completed with the occupational therapy team.
- Staff made sure cleaning records were up-to-date and the premises were clean.
- Staff followed infection control policy, including handwashing. Staff used equipment and control measures to protect the patients and themselves from infection.
- We found that the provider had in place protocols and procedures to keep people safe from Covid 19. This included clearly identified doffing and donning areas and freely available masks as per government guidance. All staff underwent regular testing to minimise the risk of spreading Covid-19.

## Seclusion room

- Rusper and Hookwood wards were the only wards which had seclusion facilities. The rooms allowed good levels of patient observation and had a two-way communication system for patients to speak with nursing staff. Patients on other secure wards requiring seclusion were transferred to these facilities by staff.

## Clinic room and equipment

- Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.
- Staff checked, maintained, and cleaned equipment.
- The location of the emergency grab bags, oxygen and defibrillators were signposted, centrally located on the wards and easily accessible. Staff we spoke with all told us where they could find it if needed.

## Safe staffing

**The hospital had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

- The hospital had enough nursing and support staff to keep patients safe. During the unannounced inspection we observed sufficient numbers of staff across all wards. Staff worked 12 hour shifts and the number of staff was calculated using a staffing ladder which factored in the needs of the patients. Staff were aware of shifts where staffing numbers had been low during the Covid-19 crisis due to staff sickness. Managers told us that sometimes, staffing numbers were affected due to staff sickness, injury or agency staff cancelling shifts. They told us that they would always try and get cover from another agency or bank staff and the wards would always be supported by the ward manager and members of the multidisciplinary team working on the wards when needed. Staffing levels were reviewed by the senior managers daily at the hospital wide senior management meeting, and where wards had additional staff, they could be used to support wards who needed help. This supported patients to use their leave from the wards when required.

# Forensic inpatient or secure wards

- The hospital had taken significant steps to fill nursing vacancies using overseas nurses and carried out an offsite induction and on site induction to support their transition when they started working at Farmfield
- Managers limited their use of bank and agency staff and requested staff familiar with the hospital.
- Managers with support from the HR team, made sure all bank and agency staff had an induction and understood the hospital before starting their shift.
- The ward managers could adjust staffing levels according to the needs of the patients.
- Patients had weekly one to one session with their named nurse, and more as and when required. The hospital was auditing this in a monthly “primary nurse session analysis document” and had reached 100% across completion in 4 out of 5 wards during March and April.
- The hospital had enough staff on each shift to carry out any physical interventions safely. In addition, each ward had an allocated response member of staff who remained on the ward and was identified as a responder in the event of an emergency on another ward.

## Medical staff

- The hospital had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There were 2.6 whole time equivalent consultants carrying caseloads across the wards and one full time junior doctor to 52 patients. The junior doctor took the lead of monitoring the physical health of the patients with the support of the full time physical health nurse.
- The out of hours cover was provided by a private company called “Pertemps” who supplied doctors known to the hospital who were based on the site out of hours and could call on the support of second tier consultant on call or manager on call if required.
- The hospital also employed a GP on a hospital level agreement to visit the site weekly and hold a GP practice with support of the physical healthcare nurse to meet the needs of the patients.

## Mandatory training

- Staff had completed and kept up-to-date with their mandatory training. Mandatory and statutory training figures were running at 93.9% across the whole hospital site.
- The mandatory training programme was comprehensive and met the needs of patients and staff. There were also additional training courses available in working with people with a learning disability and understanding autism that were available should the patient mix require that additional level of knowledge and understanding.
- Managers monitored mandatory training and alerted staff when they needed to update their training. There was an HR manager based on site who reviewed all staff completion of training and highlighted when staff required to attend so rotas could be looked at to allow staff to attend.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients’ recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.**

## Assessment of patient risk

- Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Records contained up-to-date risk assessments and management plans which were comprehensive. Risk information was discussed during each shift-to-shift handover, at daily multidisciplinary team meetings and as part of the wider hospital daily ‘senior management team’ meeting.

# Forensic inpatient or secure wards

- Staff used a recognised risk assessment tool such as the HCR-20 and the START (short term assessment of risk and treatability) this meant that clinical teams were able to identify and respond to changes in risk.

## Management of patient risk

- Staff knew about any risks to each patient and acted to prevent or reduce risks.
- Staff identified and responded to any changes in risks to, or posed by, patients. Staff had a good working knowledge of the risks the patients presented on a daily basis and were able to describe basic techniques to help to identify and de-escalate people when required.
- Staff followed procedures to minimise risks where they could not easily observe patients across the wards, such as intermittent observations and enhanced observations when required.
- Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. We saw random room searches being carried out as per Elysium policy and organised and planned in advance.

## Use of restrictive interventions

- Levels of restrictive interventions were appropriate for the safe support of the patient group. Monthly restrictive practice (RRP) audits were suspended during the Covid-19 pandemic and the hospital were following organisation wide Covid-19 operational procedures. With the easing of restrictions the hospital were updating all individual ward based RRP audits and these were planned to be submitted to the monthly RRP meeting in May 2021. Patients had individual risk assessments detailing how to manage clinical risks.
- Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. The majority of the patients we spoke with, told us that they have not experienced any restraints while at the hospital. Data from the hospital confirmed that for the 52 patients in the secure wards, use of restraint was rare.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. Staff used the MEWS system of physical health monitoring to monitor and score patient's health status post rapid tranquilisation. However rapid tranquilisation was used rarely on only two occasions recorded across the hospital in the 3 months prior to the inspection.
- When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

## Safeguarding

**Staff understood how to protect patients from abuse and the hospital worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

- Staff understood how to protect patients from abuse and the hospital worked well with other agencies to do so. Staff had face to face training in safeguarding adults and children in their induction and then used e-learning modules to ensure they were up to date. 92% of staff were up to date with safeguarding training level one and 100% of staff were up to date with safeguarding training level 2.
- Ninety four percent of the staff had also completed training in Prevent, which is training designed to support vulnerable people from engaging in any threat from terrorism
- Staff knew how to make a safeguarding referral and who to inform if they had concerns. The hospital had a nominated safeguarding lead who took the lead in supporting staff through the safeguarding reporting process. Safeguardings were regularly reviewed and discussed in clinical governance meetings and also in a separate meeting with the local authority and police if necessary. Safeguarding issues on the wards were handed over in the daily handover book and escalated to the safeguarding lead as and when required.

# Forensic inpatient or secure wards

## Staff access to essential information

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

- Although most clinical notes were stored electronically the hospital used a combination of electronic and paper records to record daily observations and physical healthcare monitoring, staff made sure they were up-to-date and complete.
- Records were stored securely on the wards and remained in the office or the clinic room.

## Medicines management

**The hospital used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The hospital used an external pharmacy company to audit and advise the clinicians and the clinical governance team on the safe management of medication. Any interventions advised by the pharmacist were communicated with the nursing staff and the prescriber both in written and electronic format. The pharmacist checked that staff had acted on advice given and fed back to the senior management team.
- Room temperatures and fridge temperatures were recorded and audited regularly. The clinic rooms all had labelled containers for the safe disposal of medications which was signed for securely by two nurses.
- The hospital had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

## Track record on safety

**The hospital had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The hospital managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider hospital. When things went wrong, staff apologised and gave patients honest information and suitable support.**

- Staff raised concerns and reported incidents and near misses in line with provider policy. Staff felt able to report incidents through the electronic system and these were reviewed by the ward managers with the guidance of the lead nurse. Levels of incidents across the hospital site were reviewed in the clinical governance meeting and bulletins were sent out via email to all staff when appropriate.
- Managers with the support of the psychology team debriefed and supported staff after any serious incident.
- Managers investigated incidents and shared lessons learned from the hospital site and from other Elysium sites during their staff monthly staff meetings.

## Are Forensic inpatient or secure wards effective?

Requires Improvement 

Our rating of effective went down. We rated it as requires improvement.

# Forensic inpatient or secure wards

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. They included specific safety and security arrangements and a positive behavioural support plan.**

- Staff completed a comprehensive mental health assessment and physical health assessment of each patient either on admission or soon after.
- Staff developed a comprehensive personalised, holistic and recovery-orientated care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed.

## Best practice in treatment and care

**Staff ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.**

- Staff identified patients' physical health needs and recorded them in their care plans. We found evidence of comprehensive escalation plans for physical health conditions and saw that physical health audits were taking place. The GP ran a clinic at the hospital and we saw evidence that their input was actioned by the physical health care nurse with the support of the ward staff.
- Staff made sure patients had access to physical health care, including dentists and physiotherapy as required.
- The hospital met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. All food was prepared and cooked on the hospital site and the patients were complimentary about the quality and the size of the food portions available.
- Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The hospital had supported the patients to develop an exercise DVD during lockdown which the company had marketed and produced. The patients had access to a gym on site but this was restricted to certain times for certain wards due to the requirement for the equipment to be safely cleaned between uses.
- Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These scales were also recorded by the physical health care nurse on the electronic system.

## Skilled staff to deliver care

**The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

- The hospital had access to a full range of specialists to meet the needs of the patients on the ward. In addition to a high compliment of qualified nurses, the multidisciplinary team on all wards included a consultant psychiatrist, junior doctor, access to a psychologist, and large occupational therapy team. The wards were further supported by a locum social worker who supported across the hospital.
- Although the Occupational Therapy (OT) team had worked hard to provide a level of service through a difficult and challenging lockdown period, the hospital did not meet the occupational therapy needs of the patients in accordance with National Institute for Health and Care Excellence (NICE) guidance. The patients did not have access to a sufficiently wide range of meaningful and culturally appropriate occupations and activities facilitated by appropriately

# Forensic inpatient or secure wards

trained health or social care professionals, for seven days per week, OT activities were restricted to 9am to 5pm Monday to Friday. All of the patients we interviewed felt the OT that was offered was “ok” in particular the educational elements of the timetable and the gym sessions but felt there was little structured activity in the evenings and weekends[BK1] [WJ2]

- Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Each new member of staff had a full two week induction to the hospital before they started work, this included the completion of the majority of their statutory training and training in the management of violence and aggression
- Managers supported staff through regular, constructive appraisals of their work. Information provided by the hospital showed that at the time of the inspection 79% of staff across the hospital had received an appraisal, the numbers were low as a lot of support workers were new to the hospital and therefore not worked for a full year.
- Managers supported non-medical staff through regular, constructive clinical supervision of their work.
- Managers supported medical staff through regular, constructive clinical supervision of their work. Information provided by the hospital showed that at the time of the inspection 98% of the staff had had supervision in the previous 3 months. This meant that the hospital was meeting their supervision policy
- Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff reported team meetings followed a set agenda, were recorded and a copy was available on the ward. Staff meetings included discussions about ward audits, governance, incidents, lessons learnt, training and complaints and compliments.
- Managers, with the support of the HR manager, identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This included specific training in security and conflict resolution

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant hospitals outside the organisation and engaged with them early on in the patient’s admission to plan discharge.**

- Each day the hospital had a site wide multidisciplinary handover meeting where all accidents, safeguardings and incidents were reviewed and actions allocated. In this meeting staffing resources and skill mix were also reviewed to ensure the hospital was effectively staffed.
- Clinical teams held regular multidisciplinary meetings to discuss patients and improve their care. We reviewed nine sets of multidisciplinary meeting notes and could see they followed a set agenda and gave every discipline the opportunity to feed into the patients care. The patient also had the opportunity to be seen and give their representation about their care plans and feedback into the process. In this meeting there is a clear projected discharge date for the patient to work towards.
- Ward teams had effective working relationships with external teams and organisations. This included the visiting GP, commissioners, case managers and local authority safeguarding team. Virtual meetings had been arranged during the lockdown periods of the Covid-19 pandemic and attendance had been stable or improved.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients’ rights to them.**

## Forensic inpatient or secure wards

- Information the hospital provided showed that 94% of staff had received training on the Mental Health Act and the Mental Health Act Code of Practice and staff could describe the Code of Practice guiding principles suitable to their level of knowledge and experience.
- Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.
- Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We found evidence of this happening stored alongside the medication cards.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice from a Mental Health Act administrator who also provided regular training to staff. Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.
- Patients had easy access to information about independent mental health advocacy and advocates names and pictures were clearly displayed in the wards. The visits had been virtual during the lockdown period but had now re-started and patients knew when the advocate was visiting.
- We found on three occasions that out of date treatment forms had been filed alongside the in date treatment forms with the medication cards. This meant there could have been confusion from the nurses administering medication when checking it met the treatment forms. Staff we spoke with were aware which were in date and removed the out of date forms during the inspection.

### Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

- There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff told us they could get advice from the Mental Health Act administrator if needed. Staff received training in the Mental Capacity Act. At the time of the inspection, 88% of hospital staff were up to date with their training, this had been flagged by the training lead as an area of focus in the next round of training dates.

## Are Forensic inpatient or secure wards caring?

Our rating of caring stayed the same. We rated it as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

- Staff were discreet, respectful, and responsive when caring for patients. It was clear from our observations of the patient interactions that the staff knew the patients well and were supportive in enabling the patients in a positive and non-judgemental manner. We observed staff giving patients help, emotional support and advice when they needed it.
- Patients said staff treated them well and behaved kindly. Patients felt that the staff had their best interests at heart and were trying to progress them to discharge

## Forensic inpatient or secure wards

- Staff understood and respected the individual needs of each patient and these were reflected in how their care was delivered. Patients told us staff always tried to adapt to their individual food and diet needs when required.
- Staff followed policy to keep patient information confidential.

### Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

### Involvement of patients

- Staff introduced patients to the ward and the hospitals as part of their admission. We were told by patients that they had a ward induction when they first arrived, were given a ward handbook and had the opportunity to meet the patients and the staff.
- Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).
- Staff involved patients in decisions about the hospital, when appropriate. All six patients we spoke to were aware of the community meeting and the patient's forum and felt it was a positive way to express their concerns in a group format. This meant patients could give feedback on the hospital and their treatment and staff supported them to do this.
- Patients were of who their mental health advocate was and how to access them, the pictures of the advocates were up around the wards and the patients felt their input was helpful in their care.
- The sets of care plans we reviewed indicated that consideration had been made to involve the families and carers when it was appropriate to do so and with the patient's consent.
- The hospital had not been holding family conference events due to the restrictions under the Covid-19 lockdown but intended to start again as soon as was possible with the government guidance.

### Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

- Staff informed and involved families and carers appropriately. A patient told us that the ward staff had arranged for them to video conference with their family when they were unable to visit due to the lockdown restrictions.

## Are Forensic inpatient or secure wards responsive?

Our rating of responsive stayed the same. We rated it as good.

### Access and discharge

Staff planned and managed discharge well. They liaised well with hospitals that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient hospital or to prison. As a result, discharge was rarely delayed for other than clinical reasons.

### Bed management

# Forensic inpatient or secure wards

The ward based clinical teams regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. This was done in a formal way in the monthly ward reviews and recorded in the patient clinical notes.

Assessments were triaged in a formal referrals meeting held weekly. The consultant psychiatrist, lead nurse, ward managers and the consultant psychiatrist assessed all referrals. At the time of inspection, all wards were taking planned admissions into the low and medium secure wards.

Managers and staff worked to make sure they did not discharge patients before they were ready. Discharge dates were reviewed at every monthly clinical review and highlighted to the senior management team if a discharge were to become delayed. At the time of the inspection there were no delayed discharges.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons or it was in the best interest of the patient. This was normally done to progress patients from medium secure to low secure or protect patients in the event of a safeguarding event.

Staff did not move or discharge patients at night or very early in the morning.

## Discharge and transfers of care

- Managers and the senior management team monitored the number of delayed discharges. The hospital had no delayed discharges in the past year.
- Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. This was done by careful planning and a period of visits to the new hospitals including overnight stays when it was decided to be clinically beneficial. Staff supported patients when they were referred or transferred between hospitals.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could access hot drinks and snacks at any time.**

- Each patient had their own bedroom, which they could personalise. Within the bedroom's patients had a secure place to store personal possessions.
- The hospital had quiet areas on the wards and rooms available in the airlock reception area where patients could meet with visitors in private.
- Patients could make phone calls in private and most patients had their own mobile phones on the ward after it had been clinically risk assessed and safe for them to do so.
- The wards had an outside space that patients could access with staff support.
- Patients could make their own hot drinks and snacks and were not dependent on staff.
- The hospital offered a variety of good quality food. Patients were able to select their food on a daily basis and were offered a healthy seasonal menu which was cooked fresh on site every day. Patients were happy with the variety and quality of foods offered and were complementary to the cooks.

# Forensic inpatient or secure wards

## **Patients' engagement with the wider community**

### **Staff supported patients with activities outside the hospital, such as work, education and family relationships.**

- The clinical teams made sure patients had access to opportunities for education and work, and supported patients when it was clinically appropriate to do so. These opportunities had reduced in the last 12 months due to restrictions related to the Covid -19 pandemic but the Occupational Therapy (OT) team had plan to reintroduce these opportunities when it was safe to do so.
- Staff helped patients to stay in contact with families and carers, supporting patients with home visits when they were safely risk assessed to do so.
- Staff encouraged patients to develop and maintain relationships both in the hospital and the wider community.

## **Meeting the needs of all people who use the hospital**

### **The hospital met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

- The hospital could support and make adjustments for disabled people and those with communication needs or other specific needs.
- Staff made sure patients could access information on treatment, local hospital, their rights and how to complain. There was information about how to complain to the hospital director, the CQC and the Mental Health Act Commission available across the wards on the notice boards to enable patients to access a route to complain when they required.
- Managers made sure staff and patients could get help from interpreters or signers when needed.
- The hospital provided a variety of food to meet the dietary and cultural needs of individual patients. The menus we saw on the wards clearly identified the calorific content of the portions and whether they had been cooked in the way suitable to the needs of different religious groups
- Patients had access to spiritual, religious and cultural support.

## **Listening to and learning from concerns and complaints**

### **The hospital treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider hospital.**

- Patients knew how to complain or raise concerns, we were told they felt comfortable in approaching the ward staff to complain however two patients felt they had complained and their voice had not always been heard in a way that satisfied them.
- The hospital wards clearly displayed information about how to raise a concern in patient areas.
- The senior management team allocated a member of the senior team to investigate complaints and the complaint response was fed back into the clinical governance structure and identified themes. Staff understood the policy on complaints and knew how to handle them and protected patients who raised concerns or complaints from discrimination and harassment. In the 12 months prior to the inspection the hospital had received 22 complaints, one of which was upheld and nine of which were partially upheld.
- Managers shared the feedback from clinical governance in relation to complaints with staff, and learning was used to improve the hospital.
- The hospital used compliments to learn, celebrate success and improve the quality of care.

# Forensic inpatient or secure wards

## Are Forensic inpatient or secure wards well-led?

Good 

Our rating of well-led improved. We rated it as good.

### Leadership

- The hospital had continued to experience a considerable amount of change since the last CQC inspection in 2018. In the last 6 months there had been a new hospital director appointed and the construction and opening of two new acute wards. The feedback from the majority of staff was that the appointment of a new hospital director had been positive and they felt he brought with him the opportunity for continued development of the hospital.
- The hospital provided safe care. The hospital had enough nursing and medical staff who received basic training to keep patients safe from avoidable harm. Staff assessed and managed risks to patients and themselves well. Staff understood how to protect patients from abuse. Managers investigated incidents and shared lessons learned with the staff teams.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the hospitals they managed and were visible in the hospital and approachable for patients and staff.

### Governance

- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risks were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities, such as the quality network for forensic hospitals.
- Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the hospital participated actively in the work of the local transforming care partnership.

### Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

### Culture

- The majority of the staff we met with felt happy about their work within the hospital and although it felt stressful at times due to the nature of the patients, they felt supported at work. However, from conversations with the staff it became apparent there was a culture within the hospital that some members of the team could not speak up about the behaviour of their colleagues or express concerns about communication from within the organisation relating to organisational change.
- We were made aware of a number of staff moves that had happened to address skill mix across the hospital. Staff felt they had not been involved in these moves and that it had been done to them and not with them. There was some concern expressed that if staff were to make complaints in relation to the behaviour of their peers, it may end up highlighting them as a problematic member of staff. This was addressed immediately with the hospital director and it

# Forensic inpatient or secure wards

was shared that this was something the senior management team had identified, and there were a number of organisational strategies about to be rolled out to support the speaking up and being heard program. There was also be a nominated speaking up guardian within the company to support staff to discuss concerns outside of their immediate line management structure.

## Managing risks, issues and performance

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- There was an appropriate clinical governance structure in place to ensure information and risk was escalated and managed in a timely manner.

## Managing information

- Staff had access to sufficient equipment and information technology in order to do their work. The secure record keeping system was easily available to staff to update patient care records and to review when needed.
- Ward managers and the lead nurse had systems and dashboards in place to support them in their role. This included information on staffing, supervision and appraisals, training and hospital performance data.

## Learning, continuous improvement and innovation

Farmfield was a part of the Royal College of Psychiatry quality network for forensic health hospitals, for both medium and low secure hospitals, and participated in the peer review scheme.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

**The provider did not ensure a balance between maintaining safety and providing the least restrictive environment appropriate to each of its services. The provider did not ensure that patients were able to keep their belongings safe, locked away and were able to access them when they need them. The provider did not ensure the dignity of patients when using such items as anti-tear clothing.**

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not ensure it identified and managed all risks for patients in the acute wards.**

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The provider did not ensure that the range of therapeutic activities was available to meet patients needs in the secure wards in accordance with guidance from National Institute of Health and Care Excellence.**

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not ensure that it stored keys on the medium and low secure wards safely. So keys can be found easily in the event of an emergency.**

### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**The provider did not ensure that the acute wards seclusion room complied with the Mental Health Code of Practice. The provider did not ensure that patients had easy access to fresh air and outside space.**