Four Seasons (Granby One) Limited

The Huntercombe Hospital East Yorkshire

Quality 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 given to us by people who use the services, the public and other organisations, and other information gathered by CQC, including information from our 'Intelligent Monitoring' system where available.

Summary of findings

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Summary of findings

Overall summary

Overall we found that The Huntercombe Hospital East Yorkshire was safe, effective, caring, responsive and well led.

Patients and staff told us they felt safe in the hospital, there were good care plans, risk assessments and outcome tools being used and patients were fully involved in their care. We found that discharge planning started at the point of admission.

Overall patients spoken with gave positive feedback regarding staff saying they could approach them with any issues they had, and that staff treated them with respect.

All staff groups felt supported by managers and they had access to supervision sessions both group and individual and other peer to peer support.

Staffs understanding of the organisations vision and values were mixed, however clinical governance systems were in place which assisted the provider to monitor and improve the quality of care.

But we also found:

- Staffs' compliance with mandatory training was poor in some areas, but plans were in place to address this.
- It was not clear how best interests were assessed and recorded and who was involved in determining the patients' best interests if they lacked capacity to make decisions in these areas.
- Patients stated that they often felt bored and did not enjoy the activities and there wasn't as much choice as they would have liked.
- We were told that de-briefing occurs after all incidents including episodes of seclusion. However some staff felt that this process was not as robust as it once had been and support could be better for staff following incidents
- As at November 2014, the overall staff sickness among permanent staff was reported as 7.4%, of which three quarters were nursing and care staff.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service provided at Huntercombe East Yorkshire was safe because

- The ward areas were all clean with a reasonable standard of furnishings.
- All wards had fully equipped clinic rooms, with resuscitation equipment stored in the main ward offices.
- We looked at duty rosters and these showed that staffing numbers met the standard levels requested.
- Medical cover was always available 24 hours a day
- All patients were assessed prior to admission and a full risk assessment process occurred on admission.
- There were five serious safeguarding concerns in the last 12 months and these were dealt with appropriately.

But we also found

- That de-briefing occurs after all incidents including episodes of seclusion. However some staff felt that this process was not as robust as it once had been and support could be better for staff following incidents.

Are services effective?

The service provided at Huntercombe East Yorkshire was effective because

- Records showed physical examinations had taken place and physical health problems were monitored. All patients had access to a GP for ongoing monitoring of these conditions.
- We reviewed the written care plans and were satisfied that staff were fully involving patients in the planning of their care.
- Patients were offered a range of psychological therapies.
- Surveys and audits measured the quality and effectiveness of systems.
- A GP was contracted to undertake physical healthcare treatment for the patients.
- Overall, systems and processes were in place to protect the rights of patients, detained under the MHA

But we also found

- Patients stated that they often felt bored and did not enjoy the activities and there wasn't as much choice as they would have liked.

Summary of findings

- Staff's compliance to mandatory training was poor in some areas.
- It was not clear how best interests were assessed and recorded and who was involved in determining the patients' best interests if they lacked capacity to make decisions in these areas.

Are services caring?

The service provided at Huntercombe East Yorkshire were caring because

- Overall patients we spoke with gave positive feedback regarding staff saying they could approach them with any issues they had and that staff treated them with respect.
- The provider was able to cater for specialist or religious food choices.
- We reviewed the written care plans and were satisfied that staff were fully involving patients in the planning of their care.
- Detained patients had access to an independent mental health act advocate (IMHA) and could make direct contact with them.

Are services responsive to people's needs?

The service provided at Huntercombe East Yorkshire were responsive because

- We were told that discharge planning starts at the point of admission and was discussed in MDT meetings.
- There have been no delayed discharges in the last six months.
- All wards were gender specific and complied with same sex accommodation guidelines.
- Patients knew how to complain and forms were available for them to do so. This process is described to be much better now than previously and patients and their carers receive appropriate and timely feedback from their complaints.
- Posters about the complaints procedure where visible on the wards and we were told that a copy of this procedure is included in the admission packs.
- All care was individualised and risk managed

Are services well-led?

The service provided at Huntercombe East Yorkshire were well led because

- Staff's understanding of the organisations vision and values were mixed.
- Team briefs occur monthly and information is cascaded to staff.

Summary of findings

- Staff had access to supervision sessions both group and individual and other professionals such as the psychologists, social workers and doctors all received peer to peer support.

But we also found

- Nursing staff showed low compliance with mandatory training. Over all at 70% which was below the providers 85% target. The provider had an action plan in place to mitigate these low figures.
- As at November 2014, the overall staff sickness among permanent staff was reported as 7.4%, of which three quarters were nursing and care staff.

Summary of findings

What we found about each of the main services at this location

Acute wards for adults of working age and psychiatric intensive care units	
Forensic inpatient/secure wards	
Long stay/rehabilitation mental health wards for working-age adults	
Child and adolescent mental health wards	
Wards for older people with mental health problems	
Wards for people with learning disabilities or autism	
Community-based mental health services for adults of working age	
Mental health crisis services and health-based places of safety	
Specialist eating disorders services	
Perinatal services	
Specialist community mental health services for children and young people	
Community-based mental health services for older people	
Community mental health services for people with learning disabilities or autism	
Services for people with acquired brain injury	
IAPT services	
Specialist psychological therapy services	
Services for people with psychosexual disorders	
Outpatient services (for people of all ages)	
Substance misuse services	
Substance misuse/detoxification	
ECT clinics	

Summary of findings

Psychosurgery services	
Tier 3 personality disorder services	
Liaison psychiatry services	

Summary of findings

What people who use the location say

Most people who spoke to us told us that staff were caring and that they felt safe.

We spoke to people who used services on an individual basis and we were able to view patient community meeting minutes and also speak to patient advocates.

Some patients told us that activities were good and varied. However some told us that they were bored and didn't like the activities.

Most people said they felt involved in their care and had a good relationship with the multi-disciplinary team.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that compliance to mandatory training for all staff groups is improved on.
- The provider should ensure that the company's vision and values are embedded in the staff team.
- The provider should review the patients' activity day time schedules to ensure occupation.
- The provider should ensure that best interest assessments/meetings are recorded.

The Huntercombe Hospital East Yorkshire

Detailed findings

Services we looked at:
Forensic inpatient/secure wards

Our inspection team

Our inspection team was led by:

Our inspection team was led by:

Team Leader: Patti Boden, Inspection manager, Care Quality Commission (CQC).

The inspection team consisted of:

- An expert by experience (and their supporter); the expert by experience who was part of the team was a person who had experience of using mental health services
- 2 mental health inspectors from the CQC
- 2 Mental Health Act reviewers
- 3 specialist advisors; a consultant psychiatrist and two mental health nurses.

Background to The Huntercombe Hospital East Yorkshire

The Huntercombe Hospital East Yorkshire is situated mid-way between York and Hull

Care was provided to patients in one of the hospital's three wards:

- Ackroyd ward: an eight bedded, low secure unit for men.
- Burkhill ward: a seven bedded, low secure unit for women.
- Burton ward: an eight bedded, medium secure unit for men.

All were detained under the Mental Health Act.

Services provided are autistic spectrum conditions, learning disabilities, adult mental health medium secure and adult mental health low secure.

The Care Quality Commission (CQC) has inspected the hospital on previous occasions and found concerns. In September 2013, the hospital was found to be non-compliant in relation to five care regulations. We found the hospital's non-compliance in relation to the assessment and monitoring of its service was having a major impact on patients. We found the hospital's non-compliance in relation to meeting care/welfare needs, safeguarding, people from abuse, medicines management and the suitability of premises were having a moderate impact on patients. Regulatory action was taken by the CQC in order to protect patients.

Detailed findings

In February 2014 the CQC re-inspected the hospital. This re-inspection was to follow up on the regulatory action taken following the September 2013 inspection and to ensure that the quality and standards of care had improved. the inspection checked that

- Patients would have their medicines at the times they need them, and in a safe way.
- Staff provided patients and those acting on their behalf, with information about the medicine being prescribed.
- Patients are sure that their comments and complaints are listened to and acted on effectively.
- Patients know that they will not be discriminated against for making a complaint.
- Personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well-being are maintained and held securely where require.

It was found that further regulatory actions were needed at this time, to improve standards.

Why we carried out this inspection

We inspected this hospital as part of our in-depth hospital inspection programme. We chose this hospital because they represented the variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. Using this model, <insert name> was considered to be a <insert risk level> service.

How we carried out this inspection

We carried out this inspection between 24 - 26 November 2014. Our inspection was announced.

In order to carry out our inspection, we:

- Met and interviewed managers of the hospital regarding the service they provided
- Toured Ackroyd, Burkhill, and Burton wards
- Held focus groups. Focus groups consisted of nurses and support workers, then one for allied health professionals including assistant psychologist, two consultant clinical psychologists, and a social worker. These groups were held to discuss staff's experiences and views regarding the service and care provided
- Interviewed 23 nursing staff.
- Interviewed 9 patients.
- Observed how patients were cared for on the wards.
- Reviewed a random sample of patient care records across all three wards.
- Reviewed the medication records of all patients.
- Looked at the Mental Health Act (MHA) documentation of patients and reviewed the systems and processes which the service had in place in respect of those who were detained under the MHA.

Before visiting, we reviewed a range of information which we hold about the service and we asked other organisations to share what they knew. Throughout the inspection we also asked the service to provide us with a range of additional information, records and documents.

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

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

Is the service safe?

Our findings

Safe and clean ward environment

The ward areas of Ackroyd, Burkill and Burton were all clean with a reasonable standard of furnishings.

There were no obvious ligature points and all furnishings and fixtures such as windows and window fasteners were anti ligature. There were up to date ligature and environmental risk assessments and all wards had a ligature knife available.

All wards had fully equipped clinic rooms, with resuscitation equipment stored in the main ward offices. This equipment was in date and was checked regularly. The checking sheet was available for us to view. However different forms were being used on all three wards. These were different forms to the one contained in the local procedure. This was raised with the management team and rectified immediately.

Fridge temperatures were monitored and recorded and there was a clear protocol in place of what staff should do should these temperatures be out of safe range.

The seclusion rooms allowed clear observations to be undertaken, except on Burkhill ward where there was a small blind spot. However because there were two windows for the seclusion room patients could be viewed from the other window. These seclusion rooms enabled two- way communication, had toilets, shower facilities and a clock to orientate the patient to time of day. These met the standards as set out in the Mental Health Act code of practice.

Safe staffing

The provider estimated the number and grade of nurses using a recognised tool developed by Keith Hurst. The management then developed a "staffing ladder" based on patient numbers, patient dependency and acuity of patients.

We viewed the overall staffing numbers for the wards which were updated and available for ward managers on a daily basis. We saw there were sufficient staff to meet patient needs during our visit. We looked at duty rosters and these showed us staffing numbers were within agreed numbers. We could see that agency staff had not been used except on a rare occasion in the last 12 months. Bank staff were also rarely used on two of the three wards. We had some whistleblowing information prior to the inspection which suggested that there were never enough staff on duty. However this did not match with the information showed to us whilst on inspection. The information shown to us was also linked to the electronic pay system so needed to be accurate to ensure staff were paid correctly.

Managers felt that they could request extra staff if patients' needs were high, but they felt that they did not always get these staff due to availability.

Medical cover was always available 24 hours a day. This was provided by two consultant psychiatrists. The provider had also engaged a local GP for some sessions a week to provide accessible physical health care. Both consultant psychiatrists however could write private prescriptions should there be an immediate need for physical health medication, for example antibiotics, which could then be collected from a local pharmacy.

Staff and patients told us that escorted section 17 leave is sometimes cancelled despite being planned into their weekly timetable. A senior support worker told us that she had been proactive in organising section 17 leave for patients, including plans and booking vehicles. This was stopped some months ago by the management team, but had been asked to recommence this duty in the last week.

Assessing and managing risk to patients and staff

All patients were assessed prior to admission and a full risk assessment process occurred on admission.

A patient observation policy was available and we saw good use of this on inspection. Searching patients was undertaken on an as and when required basis dependant on risk. There was a list of all security and risk items on the wards. These were included in the nursing handover procedure and were signed for every day. Batteries were also included in these checks. There was a list of contraband items that staff and visitors had to adhere to on entering the secure area.

There had been 73 episodes of restraint. This was only used rarely on Ackroyd ward there had been one episode in the last 6 months. We were told that restraint was only used after de-escalation had failed. Prone restraint was always as a last resort and all occurrences of this were recorded on the "datix" electronic incident recording system. There

Is the service safe?

were 73 incidents of restraint in the last six months and of these 8 episodes involved the use of prone restraint. The provider uses MAYBO training (conflict management training) as their physical intervention training provider.

7 of the 8 prone restraint episodes resulted in rapid tranquilisation (RT) in the last six months. There was an up to date rapid tranquilisation policy and staff we spoke to were familiar with the process. We were told that physical health is always monitored when undertaking RT and we were able to see this in the care records. One of the senior staff nurses had done some research and training looking at injection sites for RT.

The seclusion policy was available and was in date and used appropriately. This followed best practice. Records we saw show that seclusion was not used often with six episodes in the last six months. There was also one episode of long term segregation in the last 6 months and this patient had now been moved to a different placement.

Staff were familiar with the safeguarding process. However only 46% of staff received training which was provided as both a face to face event and as an e learning module. Staff told us that they would be confident to make such a safeguarding referral. We found a "safeguarding" flow chart was pinned to the walls in the main ward office.

There were five serious safeguarding concerns in the last 12 months and these were dealt with appropriately.

The practices surrounding medicines management were good. Huntercombe East Yorkshire had a contract with Ashtons and they visited the site every week. Orders were submitted electronically. If however medication was needed in between these visits this could be ordered by the two consultant psychiatrists on private prescriptions.

We checked all medication charts, these were legible and lawful and there were good recording processes in place for administration of routine medication and PRN medication. All patients had a PRN care plan in place.

There was a destruction of controlled drugs protocol in place and staff were able to describe this process and how such drugs could be destroyed.

Patients are asked to retire to their rooms at 23.30 on weekdays and 01.00 at weekends, we were

informed that there was a degree of flexibility within this.

Patients could make themselves a drink when required and also no restrictions on the times when the patients could smoke.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and the process to follow. The provider used the "datix" electronic system and all staff were trained to input data post incident. We were told that de-briefing occurs after all incidents including episodes of seclusion. However some staff felt that this process was not as robust as it once had been and support could be better for staff following incidents.

Managers told us that incidents are discussed at local governance meetings and staff meetings to ensure that learning takes place after incidents.

Is the service effective?

Our findings

Assessment of needs and planning of care

We looked at a sample of care plans on all of the wards. Records were regularly reviewed, personalised and orientated towards recovery or management of ongoing conditions. Some of these were in relation to physical healthcare.

Records showed physical examinations had taken place and physical health problems were monitored. All patients had access to a GP for ongoing monitoring of these conditions.

We saw evidence of comprehensive, individualised care plans written so patients could understand their care plan. We noted that a range of assessment tools were available to assess the patients' needs and risks. We saw evidence of patients writing about their own needs and the support they needed.

Best practice in treatment and care

Patients were offered a range of psychological therapies, including dialectical behavioural therapy, eye movement desensitisation and reprocessing, sex offender treatment and relapse prevention which are adapted for learning disability patients. These are all recognised by the National Institute for Health and Care Excellence (NICE).

A GP was contracted to provide physical healthcare treatment to the patients.

All patients had a HCR-20 risk assessment completed which is 20 probing questions about historical, clinical and risk management of the patient being evaluated for violence.

We saw from patients' records that the provider used the my shared pathway approach, which is a recovery and outcomes based approach to the planning and delivery of care.

Patients were encouraged to participate in working through either the "life" star or the "spectrum" star recovery outcome tool, patients also had a health action plan in their care records.

There were systems in place to ensure an effective service. Surveys and audits measured the quality and effectiveness of systems that were in place to enhance patient care. The most recent audits undertaken in September 2014 included suicide prevention, care plan audit, management of the Mental Health Act, seclusion, serious incident requiring investigation and serious untoward incidents.

Skilled staff to deliver care

There was a full multidisciplinary team working on the wards, including consultant psychiatrists, psychologist, social worker and patient activities manager.

Staff had access to mandatory training. Training was offered either by face to face training or elearning. We viewed the course contents and training certificates for a sample of staff. Some of the data supplied to us showed high compliance in five areas. These were fire and safety 93%, immediate life support 92%, COSHH (control of substances hazardous to health) 89%, basic life support 88% and infection control 85%. Mental Capacity Act showed low compliance at 58% and Mental Health Act at 50%. The average overall compliance rate of nursing staff was 70%, which is well below their 85% target. The training department had an action plan in place to improve this completion rate. This involved staff logging into the modules from their home and completing them. There were some staff who informed us that it was expected that they should complete this without payment. However this was clarified by the human resources/training department and staff will be paid for their time completing training.

Staff had access to individual supervision as well as weekly group supervision run by the psychologist. The latter is undertaken with protected time and staff cover from other areas. Other professionals such as the psychologist have external and internal supervision and others received peer to peer supervision with appropriate professionals. The two responsible clinicians also have sessions towards their CPD and they felt that as there are over 50 doctors within the provider, they can access support as and when required.

Multi-disciplinary and inter-agency team work

We were unable to observe a multi-disciplinary team meeting or a handover. However we were told that these were well structured, effective and ensured relevant information was handed over including security items. Patients MDT meetings occur weekly and patients are fully discussed within the MDT process. Typically the meetings

included the responsible clinician, activity manager, social worker, advocate, ward nurse and the patient. Local commissioners from the clinical commissioning groups also attend the MDT meetings when required.

The working ethos between the allied health professionals and management was good, they reported as a multi-disciplinary team that they felt respected and supported.

Adherence to the MHA and the MHA Code of Practice

Overall, systems and processes were in place to ensure the care and treatment of patients, detained under the MHA. These were carried out in line with the MHA and the MHA code of practice such as:

- Some patients being given, and using, leave under section 17 MHA.
- Any conditions which had been attached to a patient's leave were brief and clear.
- Nursing staff carried out assessments before patients went out on leave to make sure they were well enough for it to take place.
- Records were in place which showed that the rights, which are given to patients who are detained under the MHA, were explained to patients. Records showed that patients were reminded of these rights on a regular basis.
- Detained patients had access to an Independent Mental Health Act Advocate (IMHA) and would make direct contact with an IMHA. There was also access to an Independent Mental Capacity Advocate. Both kinds of advocacy were provided under contract by an independent advocacy service.
- The seclusion rooms were compliant with the requirements of the MHA code of practice.
- Records and reviews in relation to patients who had been cared for in seclusion were in order.
- The legal documents, which have to be in place to give mental health treatment (known as 'T forms') were completed.

We did however find that

- The detention papers for two patients were not available for inspection in the patients' records on Burton Ward.
- Section 61 reviews of treatment reports were not available for inspection in the patients' records on Burton Ward.
- One patient who had been transferred from another hospital was being treated under the authority of a T3. We could find no record of the treating clinician's assessment of the patient's capacity to consent or refuse treatment following transfer.
- It was not clear from the Section 17 forms we reviewed that patients or others who may be involved in section 17 leave had been given a copy of the authorisation.

Good practice in applying the MCA

In the files we examined patients' capacity to consent to treatment, consent to searches and capacity to manage finances were recorded on a mental capacity assessment form. It was not clear how best interests were assessed and recorded and who was involved in determining the patient's best interests if they lacked capacity to make decisions in these areas.

Is the service caring?

Our findings

Kindness, dignity, respect and support

Overall patients we spoke with gave positive feedback regarding staff saying they could approach them with any issues they had and that staff treated them with respect. Examples of what patients told us included “since I’ve been here, the staff have been really friendly and help me” “feels like the staff do allow me to be involved in decisions about care such as personal health”.

Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner. However a small number of patients told us that they did not always feel respected by staff.

The involvement of people in the care they receive

We reviewed the written care plans and were satisfied that staff were fully involving patients in the planning of their care

The staff told us that community meetings were held weekly and records were kept of these meetings. We were able to inspect the records of these meetings. In the main these seemed to show that there were opportunities for patient feedback. We noted that the main points of the meeting were recorded in brief.

We reviewed the written care plans and were satisfied that staff were fully involving patients in the planning of their care. We saw evidence of comprehensive, individualised care plans written so that patients could understand their care plan. We noted that a range of assessment tools were available to assess the patients’ needs and risks. We saw evidence of patients writing about their own needs and the support they needed.

Detained patients had access to an independent mental health act advocate and could make direct contact with them. There was also access to an independent mental capacity advocate. Both kinds of advocacy were provided under contract by an independent advocacy service.

Is the service responsive?

Our findings

Access, discharge and bed management

All wards accepted referrals from around the country. There used to be 90 beds. However more recently they had been reduced to 23. Whilst there are 23 beds only 18 were occupied at the time of our inspection.

We were told that discharge planning starts at the point of admission and was discussed in MDT meetings.

There had been no delayed discharges in the last six months.

The ward optimises recovery, comfort and dignity

All wards had a full range of rooms. There was a television lounge, recreational areas, a dining room, a fitness room, a multi-faith room, an activities of daily living (ADL) kitchen, a computer room with four computers and some meeting room space. Some patients also had ensuite toilets and were allowed items such an electronic games in their bed space.

On the low secure unit patients were allowed access to a mobile phone to make private calls.

Patients were allowed supervised access to outside spaces and if allowed section 17 leave they can access the social centre near the entrance to the hospital.

All wards were gender specific and complied with same sex accommodation guidelines.

We saw a number of examples of information for patients posted around the ward. We did however have to lean in or stand very close to read the information. We were concerned that the size of the text and pictograms were too small for some patients to read.

We heard mixed views about the food quality and portion size, some saying “good choice of food” and another saying “there isn’t enough choice”. On patient told us “I go to a food group and tell people and the kitchen what the patients don’t like”.

Patients were able to personalise their bedrooms.

Meeting the needs of all people who use the service

Language interpreters were available when required for patients.

Advocacy was also available.

There were choices of food available for patients which met dietary and religious requirements.

There was a full programme of activities that patients could access and we could see that patients had individual timetables. Sessions included maths, pottery, fitness and occupational therapy. There was also a fitness instructor and an activities coordinator. However on speaking to some of the patients they stated that often felt bored and did not enjoy the activities and there wasn’t as much choice as they would have liked.

Staff had a good understanding of cultural and religious needs of the patient population. All staff undertook diversity training and there was a lead for this within the human resources department. There was a multi-faith room available and a priest could visit if required.

Listening to and learning from concerns and complaints

Patients were aware of the complaints procedure and how to make a complaint staff also stated that they would help them to get the forms and fill them in if necessary. A previous inspection found that the provider was non-compliant under Outcome 17. It was found that there was not an effective complaints system available and comments and complaints people made were not responded to appropriately. Since this time the hospital had made progress on this issue and we found that there was now an effective system in place to log, acknowledge, respond to and investigate complaints. We were able to see timescales and examples of some of the complaints that had been investigated and how they were shared with the patients and their carers and relatives. We were also able to see how lessons were learnt from such complaints. Posters about the complaints procedure where visible on the wards and we were told that a copy of this procedure was included in the admission packs. In data we received from the provider we could see that 15 formal complaints had been made in the last 12 months. Eight (53%) were upheld, six (40%) were not upheld and one is still currently under investigation. No complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO).

Is the service well-led?

Our findings

Vision and values

Staff's understanding of the organisation's vision and values were mixed. We saw little evidence of the provider's visions and values on the ward areas. Some staff talked about the 6 C's which are the compassion in practice strategy and vision– care, compassion, competence, communication, courage and commitment - which was launched by the Chief Nursing Officer of England in December 2012, rather than the visions and values of the provider . Some felt connected to the organisation and found they were supportive as an employer. However some felt that whilst there were management on site they could approach they didn't really know about the wider organisation or have any contact with senior management.

We saw little evidence of the providers' visions and values on the ward areas and some staff talked about the 6 C's which are the compassion in practice strategy and vision– care, compassion, competence, communication, courage and commitment - which was launched by the Chief Nursing Officer of England in December 2012, rather than the visions and values of the provider and were getting them mixed up.

Team briefs occur monthly and information was cascaded to staff.

Good governance

Quality monitoring systems were effective in identifying areas for improvement in the service. Action plans following the non-compliance at our last visit had been put in place to address our concerns. We could see that these had been monitored and driven forward to ensure progress happened. Actions from these plans were implemented and we were able to see this on the inspection. This helped to ensure continuous service improvement.

Staff undertook mandatory training and the compliance of this was variable, with some really high figures in fire and safety 92%, immediate life support 92%, and some poorer results in Mental Capacity Act at 58% and Mental Health Act at 50%. Nursing staff showed low compliance with mandatory training over all at 69.7% which was below the providers 85% target, the provider had an action plan in place to mitigate these low figures.

Safeguarding training was completed by staff the compliance rate was low 89%. All of the staff were able to describe safeguarding incidents and what they needed to report, they were also confident to do so. Posters with the safeguarding flow chart were visible in the ward areas.

Staff had access to supervision sessions both group and individual and other professionals such as the psychologists, social workers and doctors all received peer to peer support.

Despite the low recorded figures for Mental Health Act training, the hospital had a dedicated member of staff who took on the role and responsibilities of a MHA administrator. This helped to ensure oversight was given throughout the hospital in relation to compliance with the MHA and the MHA code of practice.

Leadership, morale and staff engagement

The number of substantive staff for Huntercombe hospital East Yorkshire, across nursing and non-care staff stood at 84 as at 04 November 2014. 30 staff had left the hospital in the last 12 months.

As at November 2014, the overall staff sickness among permanent staff was reported as 7.4%, of which three quarters were nursing and care staff.

Generally, staff we spoke to on our inspections reported that they felt supported by their immediate line managers and within their staff teams. We did however receive some anonymous whistleblowing information prior to our inspection stating that staff did not feel supported by local management. We discussed this with the senior on-site management team.

We were also made aware that during the summer of 2014, the Huntercombe Group changed its terms and conditions. This had a major impact on some staff employed at the East Yorkshire site. Pay bandings were altered to come into line with the rest of the company and some staff also lost up to eight days' annual leave. Staff understandably were upset by these decisions and it had a major impact on the morale and job satisfaction of staff.

Commitment to quality improvement and innovation

Is the service well-led?

The wards were part of the Quality Network for Forensic Mental Health Services which facilitates quality improvement and change in forensic mental health settings through a supportive network and peer review process.