CareQuality Commission

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?	Good	🟢
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 Hospital provides Forensic medium secure, low secure and acute inpatient services for adult male patients. It has 80 beds over 7 wards.

Forensic services:

- 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 10 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

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

- Brockham is a 14 bedded admission ward.

- Faygate is a 15 bedded admission ward.

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

- We inspected 2 domains which meant for those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

- Staff had not always taken action when they identified items that needed replacing in the emergency bag.

- Staff had not always completed the Drugs Likely for Misuse register.

However:

- Staff had received the training they needed to care for the patients admitted to the hospital.

- Staff received information including a risk assessment of all patients before they were admitted to the hospital and staff completed a risk assessment within 24 hours of a patient being admitted.

- The provider was actively identifying restrictive practice and taking action to remove unnecessary restrictions that had been placed on patients.

- Staff understood how to safeguard patients and took action when someone was at risk of abuse.

Summary of findings

- The provider had an effective governance system in place that identified any issues and managers shared learning with the whole team.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	**Requires Improvement** 🟠	Our rating of this service stayed the same. We rated it as requires improvement because: • Staff had received the training they needed to care for the patients admitted to the hospital. • Staff received a risk assessment of all patients before they were admitted to the hospital and staff completed a risk assessment within 24 hours of a patient being admitted. • The provider was actively identifying restrictive practice and taking action to remove unnecessary restrictions on patients. • Staff understood how to safeguard patients and took action when someone was at risk of abuse. • The provider had an effective governance system in place that identified any issues and managers shared learning with the whole team. However: • Staff had not always taken action when they identified items that needed replacing in the emergency bag. • Staff had not always completed the Drugs Liable for Misuse register.
Forensic inpatient or secure wards	**Good** 🟢	• Our rating of this service stayed the same. We rated it as good because 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 minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. Staff completed comprehensive risk assessments for all patients and regularly reviewed them.

Summary of findings

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and engaged in clinical audit to evaluate the quality of care they provided.
- 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 had good knowledge of their patients.
- 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. Staff were responsive to feedback from patients about their care and the ward environment.
- The service was well-led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Some physical health monitoring equipment had not been checked or maintained in a timely way.

We rated this service as good.

Summary of findings

Contents

Summary of this inspection

Background to Farmfield

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of the service. At our last inspection we rated the provider as requires improvement.

At the previous inspection in July 2021 the provider was found in breach of 5 regulations and issued with requirement notices. We told the provider to make the following improvements:

- The provider must ensure that it maintains a balance between the maintenance 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. Patients must be treated with dignity and respect. Regulation 10 Safe care and treatment.

- The provider must ensure that the acute wards seclusion rooms comply with the Mental Health Code of Practice. The provider must ensure 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 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, Person Centred Care.

- 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 Safe care and treatment.

We found at this inspection the provider had made the improvements we told them to make. We found the provider was identifying restrictive practice and acting to remove them when possible. Patients on the acute wards did not have to go through the secure entrance every time they left or returned to the hospital. The provider had supplied secure lockers for patients to keep their belongings safe. The provider had addressed the issues identified with acute ward seclusion rooms and patient access to outdoor space and fresh air. Staff received a risk assessment on all patients referred to the hospital, and patients admitted to the acute wards had a comprehensive risk assessment completed within 24 hours of admission. There was a full range of therapeutic activities available to patients. The provider had organised the storage of keys on the secure wards so that the correct key could be found without delay.

What people who use the service say

The patients we spoke with on the Acute and PICU wards told us staff were supportive and helpful. They also told us they were involved in planning their care and that the doctors and nurses always discussed treatments with them. For example, if they needed to change medication.

Summary of this inspection

Patients on the forensic wards told us they received good care and felt the staff had helped them move on. Some patients said they found the ward routines helpful and enjoyed taking leave from the hospital. Patients said they were seen regularly by the psychiatrist and had access to advocates and Mental Health Act solicitors as needed. Some patients said when at times they felt intimidated by other patients, this had been dealt with appropriately by staff and said they felt safe on the wards. Patients told us they were complying with their care and treatment with a view to discharge.

Patients knew how to complain and raise concerns about their care with hospital staff, advocacy services and the CQC (Care Quality Commission).

How we carried out this inspection

The CQC inspection team consisted of 4 inspectors and 2 specialist advisors. Specialist advisors are senior practitioners with specialist knowledge and experience of working in the core services areas.

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

During the inspection visit, the inspection team:

- Spoke with 3 senior managers.

- Spoke with 3 patients using the service.

- Spoke with 28 staff including ward managers, deputy ward managers, registered nurses, health care assistants and therapy staff.

- Attended the morning hospital safety meeting and patient care planning meetings.

- Reviewed a variety of documentation relating to the running of the hospital.

- Observed care on the wards and were given tours of the ward environment.

- Checked the seclusion rooms.

- Checked the clinic rooms, emergency equipment and medication management and storage.

- Reviewed MHA documentation.

- Checked physical health care records.

You can find further 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.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

Acute Wards for Adults of Working Age

- The provider should consider how they continue auditing emergency bag checks.

- The provider should consider how they audit the drugs liable for misuse register.

Forensic or Secure Wards

- The service should ensure that all physical health monitoring equipment is maintained and checked regularly.

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	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Forensic inpatient or secure wards	Good	Requires Improvement	Good	Good	Good	Good
Overall	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

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

Requires Improvement 🟠

Safe	**Good**	🟢
Effective	**Requires Improvement**	🟠
Caring	**Good**	🟢
Responsive	**Requires Improvement**	🟠
Well-led	**Good**	🟢

Is the service safe?

Good 🟢

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

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas, and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards. The wards were designed in a way staff had a good line of sight across the ward. Staff used observations, CCTV and mirrors to mitigate any blind spots.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were up to date ligature assessments in place that staff reviewed regularly. Staff had access to ligature cutters and knew where they were kept. However, 1 staff member we spoke to was not sure where spare ligature cutters were stored but was immediately told by another member of staff.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff tested all alarms as they were issued with them to ensure they were working. All patient bedrooms we checked had a nurse call button.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Other than general wear and tear the wards were in a good state of repair.

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

Requires Improvement 🟠

Staff made sure cleaning records were up to date. We observed routine cleaning taking place during the inspection. Patients and staff told us they were happy with the standard of cleaning on the wards.

Staff followed the infection control policy, including handwashing. During the inspection there was COVID present on 1 of the wards and the provider was taking the required additional infection control measure to reduce the risk of the infection spreading. For example, wearing face masks on the ward and reducing the number of staff who accessed both wards.

Seclusion room

The Seclusion rooms allowed clear observation and two-way communication. These had a toilet and a clock.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. However, we reviewed the emergency bag on both wards and found that staff on one ward had not acted to replace items when required. For example, haemostatic dressings, dressing that help the blood to clot, had not been replaced and staff had marked the suction machine on one ward as unavailable because the battery had run out. We discussed this with senior managers who told us that when there is an emergency staff respond from each ward and brought the emergency bag with them and therefore all the required equipment would be available to staff. The senior managers also told us they would remind staff of the correct actions to take if they did not have all the equipment listed on the emergency bag checklist and that they would audit the bag checks with ward managers to ensure they were completed correctly.

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 had enough nursing and support staff to keep patients safe.

The service had low and reducing vacancy rates. At the time of our inspection there was a 5% vacancy rate for registered nurses and 23% for health care assistants.

The service had reducing rates of bank and agency nurses. When the wards needed to use bank or agency staff they used people familiar with the service.

The service had reducing rates of bank and agency nursing assistants. Ward managers told us that most shifts would be filled by their own staff and that when they used bank or agency staff it was people who were familiar with the service.

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

Requires Improvement 🟠

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Ward managers told us they could increase the staff team if they needed more staff to support unwell patients or to support patients on escorted leave.

Managers supported staff who needed time off for ill health. Ward managers told us there were policies in place to support staff who needed time off for ill health and they could get support to manage this if required. At the time of the inspection no staff required that support.

Levels of staff sickness were low.

Managers accurately calculated and reviewed the required number and grade of nurses, nursing assistants and healthcare assistants for each shift. At the time of the inspection both wards had 2 registered nurses and 4 health care support workers on a day shift and 2 registered nurses and 3 support workers on a night shift.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse. Patients we spoke to told us they had regular contact with their care team and could speak to them when they needed to.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. Doctors were available during the day and there was an on-call system during out of hours. Staff told us that Doctors were available when they needed them.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. At the time of the inspection overall compliance with mandatory training was at 93%.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could identify if staff needed to complete training and would remind staff in team meetings, supervision and by email when needed.

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

Requires Improvement ●

Assessing and managing risk to patients and staff

Staff 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. The ward staff participated in the provider's restrictive interventions reduction programme.**

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff would request a risk assessment as soon as a patient was referred to the service and would complete their own risk assessment on the electronic notes system on admission or within 24 hours.

Staff used a recognised risk assessment tool. Staff used the tool embedded in the electronic notes system and could use other specific risk assessment tools if needed.

We reviewed 7 care records and saw that all patients had an up-to-date risk assessment that had been completed on admission and updated regularly.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce these risks. We saw in the patient records we reviewed that any identified risks had plans in place to help the patient and staff manage this.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff told us how they had responded to changing risks. For example, staff had found that contraband items were being brought into the hospital via takeaway meals, so they had agreed new search procedures for takeaway meals and agreed a list of trusted takeaway providers.

Staff followed procedures to minimise risks where they could not easily observe patients. We saw that staff were present on all ward areas and were engaging with the patients. We spoke with 3 patients that wanted to speak with us and they all said they received support from the staff team.

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

Use of restrictive interventions

Levels of restrictive interventions were low and reducing.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. There were monthly reducing restrictive practice meetings which allowed staff to identify and remove restrictive practices on the wards. For example, staff had arranged for patients with unrestricted access to the ward gardens to have a fob so they could access it without asking staff.

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

Requires Improvement ●

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 was a monthly meeting to review physical interventions but due to the low number of incidents there were currently no identified actions recorded in the minutes.

Staff understood the Mental Capacity Act definition of restraint and worked within its principles.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. Staff only used rapid tranquilisation as a last resort, we saw records that showed staff had consider the use of oral given 'when required' (PRN) medication and had prepared to administer it but had then deescalated the situation so had disposed of the medication.

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 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.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. All staff we spoke with told us they received safeguarding training during their induction and that it was refreshed yearly.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff we spoke with, told us they knew what to report as safeguarding and gave us examples of issues they would report. For example, behaviour that may challenge between patients. There was a safeguarding lead for the hospital and each ward had a safeguarding champion.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. Children did not visit the ward directly. Instead, the hospital encouraged visits with children to take place in the community and had visiting areas off the wards to facilitate visits that included children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us they had good links with the local authority safeguarding team. There were flow charts displayed in the office which explained what staff needed to do it they suspected a safeguarding concern. Staff told us they could get advice from the safeguarding lead, and they would make referrals for the ward. Staff were able to make referrals directly to the local authority if they wanted to.

Managers took part in serious case reviews and made changes based on the outcomes. In the 3 months prior to the inspection there had been no incidents that required a serious case review.

Staff access to essential information

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

Requires Improvement ●

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

Patient notes were comprehensive, and all staff could access them easily. Staff told us there were no issues accessing the electronic notes system on the ward.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Patient records were kept on an electronic record system that needed a password to access.

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.

Staff followed systems and processes to prescribe and administer medicines safely. The provider had a contract with a pharmacy company who completed weekly audits of the medicines at the hospital and any actions needed were then reported to the ward manager to address.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We attended 3 patients' MDT meeting and saw medicine had been discussed with the patients.

Most of the medication records we reviewed were accurate and up to date. Records of administration were accurate and stock levels were correct. However, during the inspection we found 2 examples where staff had not followed procedures relating to the completion of the drugs liable for misuse (DLM) register. We saw an example where DLM was administered by a single staff, and we saw that staff had used stock medication for one patient but changed the medication total of tablets left on patient's individual records. We brought this to the attention of staff at the time and they were able to assure us that both incidents would have been identified on the weekly medication audit and that both stocks of medicine were correct.

Staff stored and managed all medicines and prescribing documents safely. All medicine were stored in the treatment room and in a locked cupboard.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. We reviewed medication records and saw that the appropriate checks were in place to identify and monitor any high dose prescribing. There was very limited use of as required medication to control behaviour and staff saw it as a last resort.

Staff followed NICE guidance and reviewed the effects of each patient's medicines on their physical health. All patients had regular physical health observations recorded to identify any changes to their health, this included blood pressure, temperature, and pulse.

Track record on safety

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

Requires Improvement 🟠

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service 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 service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service encouraged staff to report all incidents. The provider had monthly meetings to review all incidents to look for any trends and themes.

Staff raised concerns and reported incidents and near misses in line with the provider's policy.

Staff understood the duty of candour. They were open, transparent and gave patients and families a full explanation when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff's feedback confirmed this. The service also held weekly reflective practice sessions for staff to discuss incidents that have occurred and review how they can improve the care they offer to patients.

Managers investigated incidents thoroughly. Where appropriate patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers provided feedback to staff via team meetings, supervision sessions and emails.

There was evidence that changes had been made as a result of feedback. For example, the provider had introduced random staff searches after a staff member had been dismissed for bringing contraband items on to the ward for patients.

Is the service effective?

Requires Improvement 🟠

We did not inspect the effective domain at this inspection.

Is the service caring?

Good 🟢

We did not inspect the caring domain at this inspection.

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

Requires Improvement 🟠

Is the service responsive?

Requires Improvement 🟠

We did not inspect the responsive domain at this inspection.

Is the service well-led?

Good 🟢

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff we spoke with told us senior leaders were visible across the service and attended the ward community meetings on a regular basis.

Patients were aware of who the senior managers were and told us they visited the wards.

Vision and strategy

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

Staff we spoke with understood the vision of the service they worked in and said the teams worked to achieved this. They told us they focussed on improving people's lives and ensuring they were discharged as soon as it was safe for the patient.

The provider was reviewing the model of care used on the acute wards to improve outcomes for patients.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff told us that managers were supportive of staff and took action if they raised concerns with them.

Staff reported that Farmfield was a good place to work and that staff teams worked well with each other, and all members of the team showed respect to each other. There had been no reports of bullying reported at the hospital.

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

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There were good governance processes in place. There were hospital wide meetings each morning to discuss incidents and the needs of each ward for the day and week ahead. The acute service also had a daily meeting to review their needs in greater detail.

There were separate monthly meetings to review areas including physical interventions, hospital risk register, security, incidents and health and safety. These meetings fed into a monthly governance meeting that also reviewed the service against its key performance indicators, which included areas such as care plans and risk assessments. We reviewed documentation around these areas which showed when managers identified issues, they ensured action was taken to address them.

Management of risk, issues and performance

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

Managers ensured teams had access to the information needed to keep patients safe and were aware of any lessons learnt that could improve care.

Staff told us they knew how to report risk appropriately. Ward managers knew when to escalate risk to more a senior manager. Ward managers could add items to the hospital's risk register.

The provider had a comprehensive governance structure in place to support the management of risk.

Staff were encouraged to review themselves against the relational risk wheel. The relational risk wheel is a tool used to identify different relationships patients have and identify any risk within them and how staff can help mitigate these risks.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to enough computers to access the information they need quickly to ensure they could do their work effectively. They could update records easily and there were no unnecessary delays in giving staff access to the secure records system.

Ward managers and the lead nurse were able to access the data they needed to support them in their roles. For example, performance data about the wards.

Engagement

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

Requires Improvement ●

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 service participated actively in the work of the local transforming care partnership.

We observed 3 multidisciplinary meetings and saw that appropriate staff from other health care providers were invited to these meeting and were told they regularly attended. Actions were agreed for both sets of staff and reviewed at each meeting.

Ward managers told us they had good relationships with other health care providers and the local authority, and they worked together to address issues. For example, delayed discharges and safeguarding incidents.

Learning, continuous improvement and innovation

There was leadership development training available to managers at all levels which included local e-learning and external courses at a local university.

The acute wards had recently started the 'Safe Ward' programme, which is a model used to improve the safety of staff and patients on the ward.

Faygate ward had started a quality improvement (QI) project around breakfast aimed at reducing patients' dependence on staff to serve breakfast and allow patients to be more independent.

Forensic inpatient or secure wards

Good 🟢

Safe	**Good**	🟢
Effective	**Requires Improvement**	🟠
Caring	**Good**	🟢
Responsive	**Good**	🟢
Well-led	**Good**	🟢

Is the service safe?

Good 🟢

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

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were ligature risk assessments for all wards, and these included specific details for each area.

There was a ligature heat map for each ward in the ward office which identified risk areas and was accessible for all staff.

Staff had easy access to alarms and patients had easy access to nurse call systems. Each member of staff was issued with an alarm at the start of their shift, and these were regularly checked and tested.

Each patient bedroom had a nurse call alarm, and we checked these worked.

Maintenance, cleanliness and infection control
Ward areas were clean, well maintained, well-furnished and fit for purpose.

We saw staff cleaning the wards and storing cleaning materials safely.

Staff made sure cleaning records were up-to-date and the premises were clean.

Forensic inpatient or secure wards

Good 🟢

Staff followed infection control policy, including handwashing.

Patients and staff said they were satisfied with the cleanliness of the wards.

Seclusion rooms

There were seclusion rooms in the medium secure units MSU wards.

Seclusion rooms allowed clear observation and two-way communication. These had a toilet and a clock.

There was a television and radio available for patients in seclusion.

Clinic room and equipment

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

Weekly clinic room audits were carried out and recorded.

However, we saw those haemostatic dressings, which help control bleeding were not in the emergency bags. We raised this with managers, and they said the dressings had been ordered but there had been a delay due to supply issues.

On the LSU units the defibrillator was stored on Newdigate 1 ward and staff from Newdigate 2 also accessed this in an emergency. Staff said this was highlighted to all staff during resuscitation training and all staff were aware how to access the bags in an emergency.

The physical health care nurse replaced all emergency equipment if used.

We saw some equipment including a blood pressure monitoring machine and blood oxygen level monitor were due to be checked and calibrated in May 2023, but this had not been completed. We raised this with managers, and they took immediate action to rectify this.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. Each of the wards had a safe staffing matrix which was planned with rotas in advance. Managers discussed staffing across the wards at the daily hospital meeting.

The service had been reducing its vacancy rates and recent recruitment had taken place.

The service had also worked towards reducing rates of bank and agency nursing assistants. The service was now offering sponsorship for international health care assistants which had proved successful.

Forensic inpatient or secure wards

The service had reducing rates of bank and agency nurses. Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Managers checked the competencies of bank and agency staff including safe and supportive observation training. We spoke with bank staff on duty, and they said they had received appropriate training and induction for their role.

The service had low and reducing turnover rates.

Managers supported staff who needed time off for ill health.

Levels of sickness were low and reducing.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Additional staff could be allocated to wards to facilitate special leave and hospital appointments to which the patient needed to be escorted.

The ward manager could adjust staffing levels according to the needs of the patients and the acuity of the ward.

Additional staff could also be allocated if patients were in the seclusion rooms.

Patients told us they had regular one to one sessions with their primary nurse and had a nurse allocated to them each shift.

Patients rarely had their escorted leave or activities cancelled. Patients and staff planned their leave together on each ward at a morning meeting led by a patient champion. Patients with escorted leave worked out times to leave the ward and negotiated according to staff availability.

The service had enough staff on each shift to carry out any physical interventions safely.

All staff we spoke to were trained to carry out restraint and management of violence and aggression.

There was a response team of staff identified that would attend any incidents when alarms were activated across the wards. All ward managers on duty would also attend as part of the response team to offer additional leadership support.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor able to go to the ward quickly in an emergency. Out of hours doctor cover was provided by an agency.

All the secure service patients were registered with a local general practitioner who visited the service one day per week to deal with any physical health concerns.

The consultant psychiatrists also provide on call cover.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

The overall completion rate was 93% which met the target set by the service.

The mandatory training programme was comprehensive and enabled staff to meet the needs of patients.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff we spoke with were up to date with their training and knew when their refresher sessions were due. Training was discussed at regular supervision and team meetings.

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 had the skills to develop and implement good positive behaviour support plans and 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. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Patients referred to the service had a risk assessment as part of the referral process before they were accepted for admission.

Junior doctors and the consultant psychiatrist completed a baseline risk assessment for every patient on admission.

A recognised specialist risk assessment tool was also used to assess risk by the psychology team.

Risk assessments were reviewed after every incident and care plans updated appropriately.

Patients Section 17 leave from hospital was also dependent on their risk assessment.

Patients with increasing risk could be moved to other wards, for example from LSU to MSU or external providers.

Escalation processes were in place for increased risk and patient pathways were discussed with the ministry of justice for detained patients.

We reviewed the care records for a patient who had recently been moved to a high secure unit and staff explained their part in the process.

Management of patient risk

Forensic inpatient or secure wards

Staff knew about risks to each patient and acted to prevent or reduce these risks. We reviewed sample of patients' risk assessments, and they were comprehensive and regularly updated. Risks identified included self-harm, public protection, violence and aggression, self- neglect, and physical health problems.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. For example, staff were always in communal ward areas and were aware of each patient's whereabouts on the ward.

Laundry rooms and kitchens were open for patients and their use was facilitated by staff.

Staff carried out searches of patients and their rooms if any risk was identified and also on a random basis as per the providers policy. The service had a portable full body metal detector and used sniffer dogs to help search for illicit substances.

Use of restrictive interventions

Levels of restrictive interventions were low and reducing.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

The service took part in 2 monthly reducing restrictive practice audit and practice meetings. The multi-disciplinary teams considered ward based audits and shared good practice to improve consistency across the wards. For example, patients on Newdigate 1 identified that getting parcels from reception was frustrating as collection times were limited. Managers arranged to have twice daily parcel collections.

Patients on the low secure units LSU wards were able to have use of smart phones following individual risk assessments for their use.

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.

Staff understood the Mental Capacity Act definition of restraint and worked within its principles.

Staff followed NICE guidance when using rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. A quality improvement project was being carried out by the reducing restrictive practice programme. This was an example of good practice and involved the regional expert by experience exploring the use of therapeutic activities in seclusion. An expert by experience is a person who has personal experience of using or caring for someone who uses a mental health service. For example, we saw some board games available for patients in seclusion.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation. We saw evidence of a safeguarding referral being made for a patient who was previously in extended seclusion. This included evidence of their access to a MHA solicitor and advocacy services.

Forensic inpatient or secure wards

Good 🟢

The wards participated in a quality improvement programme called safe wards. This focused on positive communication with patients using language which clearly explained any restrictions in place in an honest and transparent way.

Patients said they valued this approach and felt respected by staff even if they were not able to have their requests met.

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.

Staff received training on how to recognise and report abuse, appropriate for their role.

There was an allocated safeguarding lead who was a social worker. They made the safeguarding referrals on behalf of the team.

All staff we spoke with knew how to make referrals and how to contact the safeguarding lead.

Safeguarding was discussed every day at the morning hospital meeting and was part of each patient's multi-disciplinary team review on the wards.

The service had an annual safeguarding assurance tool completed as part of the corporate clinical audit schedule and fed into site level clinical governance.

Safeguarding reviews were carried out on a quarterly basis.

The service had a monthly safeguarding meeting with the local authority. Minutes from last meeting recorded in March 2023 include a patient in extended seclusion and outlined their care and safeguards put in place.

Staff were kept up to date with their safeguarding training.

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

The service had a joint working protocol with the local police which clearly outlined how to report and record incidents and how the police will respond. This included responding to incidents of hate crime and racist abuse.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive, and all staff could access them easily. Staff made sure patient notes were up to date, comprehensive and reflected any recent incidents and risk assessment reviews.

Forensic inpatient or secure wards

Electronic logins were available for all staff and were arranged for agency staff in advance of their shifts. The safe and supportive observation had been recorded as paper copies, and these were easily accessible to staff and stored securely.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely via electronic systems and locked in the office.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed 8 patients prescription charts and found appropriate prescribing and safeguards in place.

The wards used an external pharmacy provider to supply and manage medicine.

Some patients had mental health act documentation relating to their medicines and this was all completed accurately and reviewed regularly.

We saw some patients had high levels of anti-psychotic medication prescribed and appropriate good practice was followed, and National Institute for Health and Care (NICE) guidelines were in place.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We saw evidence of patients being involved in decisions about their medication.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. As required or PRN medications were rarely used and when they were used the reasons were clearly documented and patient response recorded.

Staff reviewed the effects of each patient's medicines on their physical health according to national institute for health and care NICE guidance.

Patients had their physical health checked with regular monitoring by staff. All patients were offered regular checks using the National Early Warning Signs (NEWS2) tool to proactively check physical observations.

Forensic inpatient or secure wards

Some patients declined physical health monitoring, and this was recorded in their notes. Staff could carry out some physical observations without patient contact such as breathing rate and level of consciousness and these were recorded appropriately.

Some patients had specialist monitoring in place for medicines they were prescribed including regular blood tests for Clozapine and Lithium.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong.

The service 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 service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Incidents were recorded using a recognised electronic tool. Incidents were discussed at daily hospital meetings and appropriate actions taken before these had been signed off by managers.

Staff knew what incidents to report and how to report them. In May 2023 there 57 incidents across all 3 medium secure unit (MSU) wards. The main category theme was violence and aggression. Incidents were recorded according to level of severity and the levels were 1 to 3. Most incidents recorded were level 1 no harm incidents or level 2 low harm incidents.

There were 5 level 3 moderate harm incidents recorded where seclusion was used to reduce the potential of others being harmed by the level of behaviour from the patients involved.

Staff learning from incidents included patient management plans being discussed with the multidisciplinary team (MDT) to manage patients' behaviour and support patients and staff.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with trust policy. The service worked with the local police to ensure appropriate and timely incident reporting of any potential criminal investigations.

The service had not had any recent events on any wards.

Serious incidents had previously occurred, and the patient involved had been moved to a high secure service. Learning from the management of these incidents was clearly documented and shared with staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong.

Managers debriefed and supported staff after any serious incident. Psychologists offered debrief following any incidents and regular reflective practice sessions were also available for staff.

Forensic inpatient or secure wards

Good 🟢

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made because of feedback. For example, staff now carry a mobile handset to enable communication with the emergency services following a medical emergency incident.

Is the service effective?

Requires Improvement 🟠

We did not inspect the responsive domain at this inspection.

Is the service caring?

Good 🟢

We did not inspect the caring domain at this inspection.

Is the service responsive?

Good 🟢

We did not inspect the responsive domain at this inspection.

Is the service well-led?

Good 🟢

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff and patients knew who the leaders were and said they were often on the wards. Staff described an open-door environment with leaders and where informal discussions were encouraged.

Forensic inpatient or secure wards

Ward managers had offices based on the wards and did regular ward walk abouts to address any issues early and speak with patients and staff.

Vision and strategy

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

Staff said they shared the vision and goals for the service.

Staff were passionate about providing safe care and working positively with the patients to provide good outcomes.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff said they enjoyed working at the service and were passionate and dedicated.

We saw evidence of staff working positively with patients and showing kindness and compassion.

Leaders told us some international staff had faced racist abuse from patients on the wards. This was addressed by the local Surrey Police officers attending community meetings and offering education to patients and advice to staff.

This collaborative approach worked well, and consequences of racist abuse and behaviour were clearly outlined 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 risk were managed well.

Ward based audits and practice were regularly reviewed and fed into clinical governance at local and regional level.

There were clear pathways for sharing information and accountability between managers and senior leaders.

Management of risk, issues and performance

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

Risk and incident review meetings were held regularly, and learning shared across the teams.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Forensic inpatient or secure wards

Engagement

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 service participated actively in the work of the local transforming care partnership**.**

The service was part of the Surrey and Sussex secure services collaborative.

This collaborative provided gatekeeping assessments for patients referred to the services**.**

Learning, continuous improvement and innovation

Quality improvement projects were in place across the service including reducing restrictive practice initiatives.

A series of audits including clinical practice, prescribing, safeguarding and security were conducted across the wards.

The service had been accredited by The Royal College of Psychiatrists accreditation for secure services.

Staff were encouraged and supported to undertake further learning including leadership training.