

# Nottinghamshire Healthcare NHS Foundation Trust

## Forensic inpatient or secure wards

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inspected but not rated 

Are services caring?

Inspected but not rated 

Are services responsive to people's needs?

Inspected but not rated 

Are services well-led?

Inadequate 

# Our findings

## Forensic inpatient or secure wards

**Inadequate** ● ↓

This focused inspection was completed because we received information giving us concerns about the safety and quality of the care within Seacole ward at Wells Road Hospital. At our last inspection we rated the trust overall as requires improvement.

We inspected Seacole ward following an anonymous whistleblowing which identified several concerns in relation to patient care. Seacole ward is a 15 bedded low secure woman's ward. People in secure services have often been in contact with the criminal justice system. These services may be low, medium or high secure, reflecting the different levels of risk that people may present.

We did not inspect other forensic or secure wards as the whistleblowing did not refer to other wards. However, we are monitoring the progress of improvements to services and will re-inspect them as appropriate.

This was a focused inspection. Because of its limited scope, we did not rate each key question at this inspection. You can view previous ratings and reports on our website at [www.cqc.org.uk](http://www.cqc.org.uk). However, as a result of this inspection the rating for this core service will move to Inadequate overall.

We found:

- Staff did not always treat patients with compassion and kindness, respect their privacy and dignity. Patient's told us staff were sometimes rude and were not patient with them. Staff did not regularly involve families and carers in the support and care of their relative. Patients did not have regular one to one session with their named nurse. Patient's physical health was not adequately monitored in line with the trusts policy.
- Governance processes were not robust. Leaders failed to drive adequate improvement from previous internal investigations. Complaints were not logged accurately on the ward's complaint tracker.
- Not all staff felt valued and respected in their role. Staff told us they felt disconnected from the managers from the service and did not feel valued as a team. Staff were not adequately supervised, and the ward did not hold regular team meetings. Staff did not raise concerns as they did not feel listened to.

However

- Staff had access to personal alarms which were tested regularly to keep themselves safe. Patients had access to nurse calls alarms in their bedrooms. The ward environment was clean and well maintained. Leaders had established the number and grade of staff required to safely staff the ward.
- Nursing and health care assistant vacancies were recruited too. Service managers had good oversight of the staffing requirements for the hospital. The ward had implemented a restrictive interventions governance group to review all blanket restrictions to ensure they were minimised.

# Our findings

- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Patients had access to a structured ward-based activity timetable and the occupational therapy team supported patients to develop a personalised activity timetable that was meaningful to them.

## How we carried out the inspection

This was a focused inspection we inspected against the following Key Lines of Enquiry:

- Is it safe?
- Is it effective
- Is it caring?
- Is it responsive?
- Is it well-led?

During the inspection visit, the inspection team:

- inspected one ward, looked at the quality of the ward environment and observed how staff were caring for patients
- reviewed four physical healthcare records
- spoke with four patients who were using the service and three carers
- spoke with the one ward manager and one general manager for the service.
- spoke with 11 other staff members; including doctors, nurses, occupational therapist, assistant occupational therapist, the advocacy manager, health care assistant and the housekeeper.
- looked at four care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

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>.

## What people who use the service say

- We spoke with four patients during the inspection. Three patients told us that staff were not always discreet, respectful or responsive to their needs. One patient told us staff speak about personal information of other patients in front of them and did not always follow confidentiality principles when discussing patient information.
- Patients told us staff did not always treat them with dignity and respect and did not always behave appropriately towards them. Patients told us staff were sometimes rude and were not patient with them.
- However, one patient told us the staff team were like a family, they get stressed, but it is a hard job and they are short staffed.

# Our findings

## Is the service safe?

**Inadequate** ● → ←

During our inspection we became aware of concerns on Seacole ward and found areas of practice which did not meet the legal requirements and have taken action under our enforcement powers. The rating for this service remains the same.

- We were not assured staff protected patients from abuse. Although safeguarding training was mandatory, we were concerned staff did not always report incidents where their peers used offensive and inappropriate language whilst engaging with patients.
- Staff could not be assured that the ligature cutter was safe to use. The ligature cutter log was not always updated after use of the ligature knife. During the inspection the nurse in charge noted there had been a number of recent incidents where the knife was used however the log was not updated since October 2020.
- We saw there were unmitigated blind spots on the ward. For example, when entering the ward area from the clinic room there were blind spots to the left and right.
- Infection prevention and control principles were not always followed. We observed four members of staff during the inspection who were not bare below the elbow. We escalated our concerns to the nurse in charge and no action was taken. The inspection team followed this up before the end of the shift and found the same staff were not bare below the elbow.
- Not all staff including substantive, bank and agency staff had access to the trusts electronic patient record system. However, paper records were available and were securely stored in the office.
- Patients did not have regular one to one sessions with their named nurse. We were told the one to one nursing sessions should be facilitated weekly but staff on the ward acknowledged they did not always have the time to facilitate the sessions due to staffing pressures.
- The ward did not hold regular team meetings. Staff spoken with told us the ward did not routinely share lessons learnt post incidents. Staff confirmed staff and patients did not always receive a debrief following a serious incident. Two staff spoken with told us they felt two recent serious incidents were avoidable and that they did not know what the outcome of the investigations were.

However

- Seacole Ward was clean, well equipped, well furnished, well maintained and fit for purpose. Staff completed regular risk assessments of the care environment including a ligature risk assessment. All staff had access to personal alarms which were tested regularly. Patients had nursing call alarms in their bedroom which was monitored by staff.
- At the time of inspection, the hospital had established the whole-time equivalent band and skill mix required to safely staff the ward and had recruited to the posts. There was adequate medical provision to provide medical support day and night.

# Our findings

- All patients had a personalised risk assessment which was updated regularly. We saw patients on the ward had personal distress signature books however, these were not always complete in full. The workbook included examples of the patients triggers, de-escalation techniques of their preference and managing challenging behaviour. The ward manager had oversight of the use of restrictive interventions of the ward. For example, the number of seclusions, restraint used and long-term segregation.
- Staff followed The National Institute for Health and Care Excellence guidance when administering rapid tranquilisation included physical health monitoring. Staff recorded safeguarding concerns in patients risk assessments and care plans.

## Is the service effective?

### Inspected but not rated



- Staff failed to ensure patients had good access to physical health monitoring in line with the providers policy. We reviewed four out of 10 national early warning scales patient records and found none of the patients had weekly physical health observations completed in line with the trusts policy. Staff had not monitored a patient's physical health who had high blood pressure and was overweight since 18 November 2020. Staff had not adhered to a diabetic patient's blood glucose monitoring as per the patients care plan. Staff failed to provide the correct enhanced physical health monitoring for a patient who was Covid 19 positive in line with national guidance. The patient's base line physical health was last recorded 15 December 2020.
- Leaders failed to ensure staff had access to adequate supervision. Six staff spoken with told us they did not regularly receive supervision. We reviewed 12 months of supervision records and found 10 out of the 12 months supervision compliance was below 75%.

However

- Staff developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented. They included specific safety and security arrangements.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They supported patients to live healthier lives.

## Is the service caring?

### Inspected but not rated



- Staff did not always treat patients with compassion and kindness and did not always respect patients' privacy and dignity. We observed staff who were on enhanced observation open a patient's bedroom door without knocking first or announcing themselves. We saw staff use chairs to sit outside patients' bedrooms with their doors propped open whilst they were on constant observation. This meant the patients did not have privacy in their bedrooms and people walking past could see straight in. Patient's told us staff were sometimes rude and were not patient with them.

# Our findings

- Staff used inappropriate language whilst engaging with patients. Seven staff we spoke with told us they have observed their peers using offensive language whilst engaging with patients. Three patients told us that staff were not always discreet, respectful or responsive to their needs. One patient told us staff speak about personal information of other patients.
- Ward staff did not update carers regularly. Two carers told us they communication between them and the ward was poor.

However

- One patient told us the staff team were like a family, the staff do get stressed, but it is a hard job and they are short staffed.
- Staff involved patients in care planning and risk assessment and ensured that patients had easy access to independent advocates.

## Is the service responsive?

**Inspected but not rated**



- We were not assured the ward recorded all concerns or complaints accurately. We reviewed the ward's complaint tracker and found evidence two complaints which staff were aware of were not recorded accurately on the complaints log.

However

- Patients spoken with told us they knew how to raise a concern or a complaint.

## Is the service well-led?

**Inadequate**



During our inspection we became aware of concerns on Seacole ward and found areas of practice which did not meet the legal requirements and have taken action under our enforcement powers. Owing to this, the rating for the well-led domain has gone down to inadequate.

- The ward had developed a closed culture. We were not assured that staff who witnessed unprofessional and inappropriate language consistently escalated this behaviour to the ward leaders. Seven out of 11 staff spoken with told us they have observed members of staff using offensive language whilst engaging with patients. Two out of four spoken with patients confirmed staff used offensive language when engaging with them. One member of staff told us they had witnessed unkind care but did not give examples of this.
- Leaders failed to adequately implement recommendations detailed in the recovery plan which was developed in March 2020. The recovery plan was the outcome of an internal whistleblowing raised in November 2019 concerning. We found similar concerns during this inspection. For example, lack of supervision provision and the culture on the ward was highlighted as an area of improvement. We found evidence this had not improved. Our findings from the other key questions demonstrated that governance processes did not operate effectively at ward level and that improvements were not managed well.

# Our findings

- Not all staff felt respected, supported and valued by leaders of the ward. They reported that there was a division amongst ward staff and leaders. Staff told us they did not raise concerns as they felt leaders did not listen to their views.
- Not all staff had a good understanding of the whistleblowing process or the freedom to speak up process. There was a lack of information promoting these services on the ward areas.

However

- Ward teams had access to ward performance information. Ward performance was monitored by completing regular audits and the outcomes were monitored to make improvements.
- The service had a contingency plan in place for specific adverse events.

# Our findings

## Areas for improvement

Forensic inpatient or secure wards:

The trust **MUST** ensure that

- All staff who are supporting patients **MUST** have up to date physical intervention training for their own safety.
- The trust **MUST** ensure lessons learnt are shared with staff following incidents
- The staffing team **MUST** treat all patients with dignity and respect at all times and **MUST** not use inappropriate language whilst communicating with patients.
- Staff **MUST** review all actions from community meetings and take appropriate action and provide patients with an update at the start of each meeting.
- All complaints **MUST** be recorded accurately on the wards complaint tracker to ensure all complaints are investigated adequately.
- Ward staff **MUST** be provided with adequate training regarding the whistleblowing process and the freedom to speak up guardian.
- The culture on the ward **MUST** be reviewed to ensure patient care is of a high quality.
- Leaders **MUST** ensure all staff are provided with regular, good quality one to one supervision.
- Leaders **MUST** make better improvements and ensure the recovery plan is monitored regularly.
- The ward **MUST** complete a specific line of sight audit and take action where blind spots are identified.
- Staff **MUST** ensure the Ligature knife usage log is kept up to date.
- All patients **MUST** be offered regular one to one named nursing sessions.

**The trust SHOULD ensure that**

- The ward **SHOULD** complete a specific line of sight audit and take action where blind spots are identified.
- The trust **SHOULD** ensure they prioritise staff training as part of their restoration and recovery planning.
- All staff **SHOULD** have access to the patient electronic database if required to ensure they have the right information to do their job well.
- The trust **SHOULD** record when staff and patient are offered a debrief following incidents.
- All patients **MUST** be offered regular one to one named nursing sessions.



# Our inspection team

The team that inspected the service comprised a CQC lead inspector, and two other CQC inspectors. The inspection team was overseen by an inspection manager.

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	S29A Warning Notice