Good

Oxford Health NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RNU30	Littlemore mental health centre	Glyme, Kennet, Kestrel, Kingfisher, Wenric and Lambourn wards	OX4 4XN
RNU06	Marlborough house	Chaffron and watling wards	MK6 5LD
RNU09	Buckingham health and wellbeing campus	Woodlands ward	HP20 1EG

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

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

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

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for forensic inpatients/ secure wards of good because:

All patients told us that they felt safe. The two mixed gender wards complied with guidance on same sex accommodation. Wards across all sites were clean, had good furnishings and were well maintained. There were enough suitably qualified and trained staff to provide care to a good standard. Staff proactively attempted to reduce restrictive practices such as seclusion and restraint. Patients' risk assessments and plans were robust and we found the service had strong mechanisms in place to report incidents and learn from when things go wrong for example taking time to think through incidents together to establish a root cause.

The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery. All wards had access to a good range of psychological therapy on an individual and group basis. Staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards and the associated Codes of Practice. Multidisciplinary teams were consistently and pro-actively involved in patient care, support and treatment.

We consistently saw respectful, responsive and kind interactions between staff and patients. The majority of patients and relatives we spoke with commented on how caring and compassionate the staff were towards them. We found strong and innovative practices were used across the services to engage and involve patients in their care and treatment. For example, all wards held at least twice weekly morning meetings where patients were invited to feedback on any concerns they may have or suggestions for improving the service. We found a confident and thorough understanding of relational security with all of the staff we interviewed. Relational security is the method staff use to keep wards calm and safe through the knowledge and understanding they have about their patients.

Bed management processes were effective. There was a clear care pathway for patients to move through secure services, into less restrictive environments within the hospitals and on into the community. The forensic community teams functioned well and supported patients on discharge from the wards. The service model supported patients' recovery, comfort and dignity. There was a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week. Work opportunities were available for patients both within the hospitals and in the local community. There were good facilities available at all three sites. The service was responsive to listening to concerns or ideas made by patients and their relatives to improve services. When staff where able to, these ideas were taken on board and implemented to improve service delivery.

Staff had high morale and they felt well supported and engaged with a highly visible and strong leadership team, which included both clinicians and managers. Staff were motivated to work in secure services and described the 'can do' attitude which they were so proud of. Senior managers had controls in place to be confident that the service was provided to a good standard. Governance structures were clear, there were the right meetings in place, good policies and procedures, good documentation and this was consistent across the wards. Staff were familiar with local risk registers and were confident in raising any concerns to their managers for inclusion on the registers. Teams across all three sites had a clear understanding of their duty of candour and were encouraged by their managers to be open and honest with patients.

However:

- At Marlborough House seven out of eight patients, receiving high dosages of antipsychotic medication, had not received a three monthly physical health monitoring check as per the trust's policy.
- Since January 2015, there were 10 occasions when women from Kestrel ward have had to use the seclusion room on the male low secure ward, Wenric. This involved being taken, on foot, in a restraint hold to another building. This meant risks were introduced in safely moving the women across two car park areas from one building to another. This also compromised the privacy and dignity of the women.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- All patients told us that they felt safe.
- The two mixed gender wards complied with guidance on same sex accommodation.
- Wards across all sites were clean, had good furnishings and were well maintained.
- There were enough suitably qualified and trained staff to provide care to a good standard.
- Staff proactively attempted to reduce restrictive practices such as seclusion and restraint.
- Patients' risk assessments and plans were robust and we found the service had strong mechanisms in place to report incidents and learn from when things go wrong, for example, taking time to think through incidents together to establish a root cause.

However:

- Since January 2015, there were 10 occasions when women from Kestrel ward have had to use the seclusion room on the male low secure ward, Wenric. This involved being taken, on foot, in a restraint hold to another building. This meant risks were introduced in safely moving the women across two car park areas from one building to another. This also compromised the privacy and dignity of the women.

Are services effective?

Good

We rated effective as good because:

- The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery.
- All wards had access to a good range of psychological therapy on an individual and group basis.
- Staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards and the associated Codes of Practice.
- Multidisciplinary teams were consistently and pro-actively involved in patient care, support and treatment

However:

Summary of findings

- At Marlborough House seven out of eight patients, receiving high dosages of antipsychotic medication, had not received a three monthly physical health monitoring check as per the trust's policy. The ward manager took immediate action to rectify this when this was raised by members of the inspection team.

Are services caring?

Good

We rated caring as good because:

- We consistently saw respectful, responsive and kind interactions between staff and patients.
- The majority of patients and relatives we spoke with commented on how caring and compassionate the staff were towards them.
- We found strong and innovative practices were used across the services to engage and involve patients in their care and treatment. For example, all wards held at least twice weekly morning meetings where patients were invited to feedback on any concerns they may have or suggestions for improving the service.
- We found a confident and thorough understanding of relational security with all of the staff we interviewed. Relational security is the method staff use to keep wards calm and safe through the knowledge and understanding they have about their patients.

Are services responsive to people's needs?

Outstanding

We rated responsive as outstanding because:

- Bed management processes were robust and effective. There was a clear care pathway for patients to move through secure services, into less restrictive environments within the hospitals and on into the community.
- The forensic community team functioned well and supported patients on discharge from the wards.
- The service model supported patients' recovery, comfort and dignity. There was a varied, strong and recovery orientated programme of therapeutic activities available over seven days, every week.
- Work opportunities were available for patients both within the hospitals and in the local community
- There were good facilities available at all three sites.

Summary of findings

- The service was responsive to listening to concerns or ideas made by patients and their relatives to improve services. When staff where able to, these ideas were taken on board and implemented to improve service delivery.

Are services well-led?

Good

We rated well-led as good because:

- We found staff to have high morale they felt well supported and engaged with a highly visible and strong leadership team, which included both clinicians and managers. Staff were motivated to work in secure services and described the 'can do' attitude which they were so proud of.
- Senior managers had controls in place to be confident that the service was provided to a good standard. These governance structures were clear, well documented, adhered to by all of the wards and reported accurately.
- Staff were familiar with local risk registers and were confident in raising any concerns to their managers for inclusion on the registers.
- Teams across all three sites had a clear understanding of their duty of candour and were encouraged by their managers to be open and honest with patients.

Summary of findings

Information about the service

The forensic inpatient/secure wards provided by Oxford health NHS Foundation Trust are part of the trust's adult services directorate.

The Littlemore Mental Health Centre in Oxford has two male medium secure wards and two female low secure wards, and one mixed gender pre-discharge ward which is not locked. Kennet is a medium secure male acute/ admission ward with 15 beds; Kestrel is a low secure female acute/admission ward with 10 beds. Glyme is a male rehabilitation, medium secure ward with 17 beds and Kingfisher is a female low secure ward with 16 beds. Lambourn is the pre-discharge ward with 11 male beds and four female beds. The wards are in four separate buildings on the Littlemore hospital site. One building houses Kestrel and Kingfisher wards and another building houses Glyme and Kennet wards. Both Wenric and Lambourn wards were standalone units in separate buildings.

Marlborough house in Milton Keynes has two medium secure wards for men, Chaffron an eight bedded rehabilitation ward and Watling a 20 bedded admission ward.

Buckingham health and wellbeing campus in Aylesbury has Woodlands ward, which is a standalone 20 bedded mixed gender, low secure ward.

We have inspected the forensic services provided by Oxford Health NHS Foundation Trust once in 2013. At the time of the last inspection, the service was fully compliant in meeting the essential standards inspected. In addition, our Mental Health Act reviewers have also carried out reviews looking specifically at adherence to the Mental Health Act Code of Practice on all wards except Chaffron, Kennet and Kestrel wards within the last 18 months.

Our inspection team

The inspection team was led by:

Chair: Professor Jonathan Warren

Head of Inspection: Natasha Sloman, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

Team Leader: Serena Allen, Inspection Manager, Care Quality Commission

The team that inspected the forensic/ secure inpatient wards consisted of eleven people:

Two inspectors, two nurses (both with experience of secure, high secure and forensic services), two Mental Health Act reviewers (on 1 October), two consultant forensic psychiatrists, one inspection assistant, one pharmacist (on 30 September) and one expert by experience. (An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.)

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited nine of the wards at the three hospital sites and looked at the quality of the ward environment and saw how staff were caring for patients.
- Spoke with 50 patients either individually or in small groups.
- Spoke with three relatives.
- Looked at 31 treatment records of patients and 110 medication records.
- Carried out a specific check of the medication management on four wards.
- Spoke with the managers for each of the wards and in addition spoke with 43 staff members; including doctors, nurses, occupational therapists, psychologists and social workers, pharmacists, ancillary staff and support workers.
- Spoke with two external health and social care professionals.
- Interviewed the senior management team with responsibility for these services.
- Held focus groups for nurses, occupational therapists and social workers.
- Attended and observed five multi-disciplinary clinical meetings.
- Attended and saw six therapeutic patient groups.
- Carried out a detailed and specific check of the Mental Health Act on two wards and
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

The vast majority of patients and relatives we spoke with were positive and complimentary about their experience of care and treatment across the forensic inpatient and secure services. They told us that they found staff to be caring, kind, professional, supportive and recovery focussed. Patients told us that they were actively involved in looking at choices for and making decisions about their care and treatment. Patients commented on the effectiveness of the treatment they were receiving and the availability of psychological therapy to support their recovery. In many cases this had enabled patients to move through the secure care pathway into less restrictive environments either within the hospitals or into the community.

Good practice

- Members of the Royal College of Psychiatrists' quality network for forensic mental health services. (For both medium and low secure services).
- Patients had access to AptEd unit based qualifications which included subjects like maths, IT, English, nutrition and sports subjects. Ceremonies were held to celebrate patients' achievements in education. AptEd is an innovative and responsive national awarding organisation, regulated by Ofqual to develop and offer national qualifications. The AptEd qualifications portfolio covers a wide range of skills areas and sectors and is suitable for a variety of providers including schools, colleges, private training providers, hospitals and voluntary organisations.
- Family members were offered carers assessments and we saw that the availability of these were advertised on the ward areas. The service had set up a number of initiatives to improve carer involvement. They had

Summary of findings

held several carer evenings where a substantial amount of carers attended. Carers had been consulted regarding the recovery clinical model. Carers were invited to have a tour of the wards to encourage more involvement and better communication. Occupational therapy staff told us that the service have started to use 'skype' technology to help friends and families have face to face contact with patients via the internet.

- All 15 patients on Lambourn ward were in the process of moving out of secure services into community placements.
- Patients on Glyme ward told us they were trialling using their own mobile phones. If the trial went well, they told us that other wards across the secure inpatient wards would be able to have mobiles too. This showed us that the trust was trying to embrace practicing least restrictive practices.
- Staff and patients told us about the employment skills scheme, known as 'TESS'. This supported patients in getting involved in real work opportunities and developing skills and qualifications in preparation for leaving hospital. Each ward on all three sites had access to these work schemes.
- The café and shop on the Littlemore site. We were told that patients were offered work experience and placement opportunities in the café and the shop. We spoke to some patients who had done this and without exception, they told us how positive the experience had been. We saw that the shop and café encouraged involvement of patients in every aspect of the business, which was run by a mental health charity called "Restore". Patients told us they felt a great sense of achievement and pride about engaging in productive work. The opportunity to work had boosted their confidence and provided a lot of enjoyment. Restore managed a community shop and café nearby and their staff told us that patients progressed to working in the community facility. This was used exclusively by the general public and was a successful enterprise.

Areas for improvement

Action the provider MUST take to improve

Action the provider SHOULD take to improve:

- The provider should review the use of the Wenric ward seclusion room by women and review the method of transportation for patients from Kestrel ward to Wenric ward.
- The provider should ensure that the Wenric ward seclusion room meets all of the standards laid out in the Mental Health Act Code of Practice.
- The provider should ensure that patients receiving high doses of anti-psychotic medication receive three monthly physical health monitoring as per the trust's policy.
- The provider should report and track cancellations of planned escorted leave that has been agreed and scheduled with the patient. This will include whether the leave is cancelled due to staffing pressures or due to the risk assessment of the patient leaving the unit.

Oxford Health NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Glyme, Kennet, Kestrel, Kingfisher, Wenric and Lambourn wards	Littlemore mental health centre
Chaffron and Watling wards	Marlborough house
Woodlands ward	Buckingham health and wellbeing campus

Mental Health Act responsibilities

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

- We checked some of the files of detained patients on all of the wards and carried out a specific Mental Health Act review on Kennet and Chaffron wards to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act Code of Practice and in most cases this was correct.
- The trust could demonstrate that there was a process in place to ensure that the operation of the Mental Health Act met the standards in the Code of practice.
- Rights under section 132 were discussed with patients and if a patient did not understand, they were repeated.
- We found evidence that capacity to consent to treatment was assessed appropriately but it was not always clearly recorded.
- On all wards outstanding actions required from previous Mental Health Act monitoring visits had been implemented. For example, all care plans had been updated recently. At this visit there was a notable improvement in the quality of the plans, which had all been written to show that patients were jointly responsible with staff for the actions in the plan.
- Conditions and authorisation for leave were set out using a standardised system.
- Across forensic inpatients wards, patients requested and negotiated their leave requests with both staff and their fellow patients. This was done in either community

meetings as a standing agenda item or by writing on a form on a notice board. Patients filled out their own leave records. This meant that patients had some control and responsibility over their leave arrangements and were able to develop negotiating skills with one another and staff.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and over 75% of staff were up to date with refresher courses.
- There were no current Dols applications. The wards had not made any applications under the Deprivation of Liberty Safeguards. However, none of the patients we met and whose notes we reviewed would have required such an application.

Good

Are services safe?

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

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

Our findings

Safe and clean ward environment

- The physical and procedural security at all three hospital sites was provided to a consistently good standard. Staff applied clear operational policies and procedures effectively which ensured the safety of patients, visitors and staff. There were comprehensive and effective procedures, which enabled staff to establish and maintain clear professional boundaries.
- Each of the hospital sites had a single main entrance to enter and exit the wards with a single airlock operated by a reception area. An airlock is an additional locked room or reception area to pass through before gaining access or exit to or from the wards. This strengthened security in and out of the wards. All wards were situated within a secure perimeter fence. The height of the fences depended on whether the ward was designated either a medium, low or unlocked forensic ward. All of the sites met the standards laid out for secure services by the Royal College of Psychiatrists and the Department of Health.
- The layouts of the wards enabled staff to observe the majority of the ward areas. Where observation was restricted, we saw that risk mitigation plans were in place. For example closed circuit television was used and monitored in all communal areas and staff presence was used in any identified blind spots such as the garden areas.
- All wards had ligature risk assessments, which detailed specific actions to mitigate the risks identified. For example staff supervised the use of laundry rooms or kitchens. Risk assessments were carried out on a yearly basis and reviewed when new risks had been highlighted.
- All wards, except Lambourn and Woodlands were gender specific. Both of these wards had separate male and female sleeping, lounge and bathing facilities. This complied with guidance on same-gender accommodation.
- In all wards, emergency equipment was stored in well-equipped clinical rooms or in the ward offices. Automated external defibrillators and anaphylaxis packs were in place. All emergency equipment was checked at least weekly to ensure it was fit for purpose and could be used effectively in an emergency.
- On the Littlemore site three of the wards had seclusion rooms. The seclusion rooms on Kestrel and Kennet wards met the environmental standards laid out in the Mental Health Act 1983 Code of Practice. This meant they had good lines of observation, access to two way communication and a visible clock. The third seclusion room on Wenric ward had some problems with clear lines of observation, had no two way communication and had a window with no blind, making the external reception room visible to anyone passing in the communal corridor. Work had been commissioned to install CCTV and an intercom to the Wenric seclusion room. This work had already been requested and discussed between the service and the estates department prior to the CQC visit. Staff told us that if a patient was using the Wenric ward seclusion room at least two staff members were present throughout to both observe and communicate with the patient. Staff told us that patients from Wenric ward rarely used the room however; we were told that it had been used 10 times in the preceding 10 months by women from Kestrel ward, twice in the preceding six months. These occasions were only if the Kestrel ward seclusion room was already in use. There was a seclusion room on the Woodlands ward in Aylesbury which was rarely used and this was of the required standard. The fifth seclusion room was on Watling ward at the Milton Keynes site and whilst the room itself was of the required standard it was poorly positioned, next to a communal day area and had steps leading down to the room, which presented a risk of tripping.
- We were concerned that women needing to use the Wenric ward seclusion room had to be taken in a restraint hold from Kestrel ward and through two car park areas to reach Wenric ward. We discussed with the provider whether a secure form of transport could be used to lessen the risk of harm to either staff or the

patient en route. In addition passing through public areas of the Littlemore hospital site whilst in a restraint hold compromised the privacy and dignity of the patients involved.

- All wards were well maintained and clean throughout. Furniture, fixtures and fittings were provided to a good standard. Staff conducted regular audits of infection control and prevention and staff hand hygiene to ensure that patients, visitors and staff were protected against the risks of infection. We spoke to staff on Woodlands ward about some areas of the ward which were not clean. Staff took immediate action to clean the identified areas.
- The staff carried out a range of environmental and health and safety audits and risk assessments, including checks on standards of cleanliness.
- Alarms were available in each room on the wards and all staff carried alarms. Staff told us that alarms were responded to in a timely manner.
- We saw evidence, through meeting minutes that all wards participated in regular health and safety meetings.

Safe Staffing

Key Staffing Indicators

- Across forensic services, the establishment figure for qualified nurses and nursing assistants was 275 posts. Numbers of staff on each shift was different on each ward, reflecting the different nature of the wards and all staff we spoke to agreed that there were sufficient staff on each ward. There was an average vacancy factor of 11.5% across the wards with Chaffron ward having no vacancies and the highest vacancies being on Kestrel ward of 20%. This compared to a trust vacancy factor of 13.5%. On Kestrel ward, 75% of Band 5 nurse posts were vacant. The ward manager told us that six agency staff had been appointed to longer term contracts to ensure the ward had sufficient qualified nurses who were familiar with the ward, patients and other staff. The average sickness rate was 4.3%, compared to the trust average of 3.5%. The staff turnover rate was 14.5%, compared to a trust average of 13%.
- Managers showed us the forensic service line recruitment and retention action plan, which laid out the ongoing recruitment process, which had been introduced to ensure vacancy levels decreased. We saw that the forensic service line had a staff retention strategy, which encouraged engagement with staff and listed several retention initiatives. We looked at the action plan, which laid out initiatives to recruit and retain staff, particularly band five qualified nurses. Initiatives included a rolling open recruitment programme, open days and securing newly qualified nurses by taking student nurses on placements during their training.
- Most staff we spoke to said there were sufficient staff to delivery care to a good standard.
- We found that over 75% of all staff had updated mandatory training refresher courses recorded. This did however fall short of the trust target of 95%.
- We saw that arrangements were in place, to provide high calibre and effective business support for clinical staff. This support enabled clinical staff to have time released to be able to prioritise the care and treatment of their patients. For example, a new staff roster system had been introduced and administrative staff were managing the system to ensure adequate numbers of suitable staff were available on each shift.
- Forensic services had a comprehensive and thorough workforce plan, which described the workforce strategies required to ensure successful delivery of services in an effective way whilst maintaining the highest of standards of care.
- Ward managers told us that senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required. For example we saw that an additional matron post and a ward manager post had been introduced into the forensic services to strengthen the nursing leadership team.
- Staff and patients told us it was not always possible to escort patients on leave at the time they required. We were told staff kept cancellations of escorted leave to an absolute minimum. We noted this was not routinely recorded or tracked across the service to allow managers to have an overview of the severity of the problem. Incidents of cancelled escorted leave were recorded in patients' care records.

Good

Are services safe?

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

- The majority of patients were offered and received a one-to-one session with a member of staff at least twice every week. Staff and patients told us that this would often happen every day.
- We saw evidence that the forensic, secure wards had access to a wider multidisciplinary team, which included occupational therapists, psychologists, activity co-ordinators, social workers, other therapists and pharmacists.
- Medical staff told us that there were adequate numbers of doctors available over a 24 hour period, seven days each week who were available to respond quickly on the wards in an emergency.

Assessing and managing risks to patients and staff

- We looked at 31 electronic care records across all of the wards in all locations, including many records of patients detained under the Mental Health Act. We found a comprehensive risk assessment in place for all patients on admission. We saw that all patients, where they had wanted to, and, had consented to, had been actively involved in the risk assessment process.
- Risk formulations were good and used structured professional judgement risk assessment schemes, which all staff we spoke to had been trained to use. We saw evidence that a structured decision support guide, called HCR-20 was used to assess risk factors for violent behaviour. Risk information was reviewed regularly and documented in the electronic care record system. Reviews of risk were part of the multidisciplinary care review process. The risk assessment process followed recommended good practice by the Department of Health for implementation in forensic and secure setting.
- The principles of safer care and improvement methodology had been implemented throughout the forensic service. This was an initiative set up across several mental health organisations in the South of England to address areas of heightened risk and to bring about improvements with safety on inpatient wards. All wards had developed a project aim from a number of project areas which included improving nutrition, medication management, reducing risk associated with community leave and reducing violence and aggression and serious self-harm. Staff told us that Watling ward had reduced episodes of violence and aggression by 50% through the implementation of an initiative, called, 'do not say no', where by staff try not to say "no" to patients unnecessarily. This had led to an improvement in the relationships between staff and patients and in turn had seen a safer environment. Woodlands had significantly reduced medication errors by instigating strict boundaries, which ensured the dispensing nurse was not interrupted. Lambourn ward had successfully implemented self-catering for all patients using their shopping budget to support a healthy balanced diet.
- We found that any blanket restrictions on the medium and low secure wards, such as contraband items and locked doors to access and exit the ward doors were justified and clear notices were in place for patients explaining why these restrictions were being used. All of the wards across forensic services had negotiated less restrictive environments for their patients. Patients were individually risk assessed to be able to prepare their own meals and develop skills to enable a successful discharge into the community, we saw that many patients were self-catering and had access to kitchen areas. All patients had their own keys to access their bedrooms. On Glyme ward a pilot project was underway for patients to have access to a mobile phone and use of laptops would be piloted next. Patients told us that they appreciated efforts made by staff to reduce restrictive practices.
- Forensic wards had implemented a full no smoking policy in March 2015. We received no adverse comments from patients about the implementation of the ban. Patients told us they had been well prepared and that if they wished to smoke they used their leave for this purpose.
- Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.
- Relational security was practiced to a high standard across all wards, staff actively promoted de-escalation techniques to avoid restraints and seclusion where possible. We saw evidence that all staff were trained in promoting safer and therapeutic services. If attempts to prevent or de-escalate a violent incident failed, staff

Good

Are services safe?

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

used the restrictive interventions policy and practices. This policy covered the use of seclusion, time out, observations, rapid tranquillisation, search of possessions, use of hand cuffs, use of tracker devices and the management of access to and exit from inpatient areas.

- There were 81 incidents of seclusion, over the preceding six months, 30 on Kestrel ward, 21 on Kennet ward, 15 on Kingfisher ward, 10 on Watling ward, three on Woodlands ward and two on Wenric ward. There were no incidents of seclusion on Lambourn, Glyme or Chaffron wards. There were 260 incidents of restraint across seven wards, 127 on Kestrel ward, 97 on Kingfisher ward, 16 on Kennet ward, 12 on Watling ward, five on Woodlands ward, two on Wenric ward and one on Lambourn ward. There were no incidents of restraint on Glyme or Chaffron wards. Of the total restraint incidents, 43 resulted in patients being restrained in the prone position and 18 of the prone restraints involved rapid tranquilisation. Where prone restraint was used, patients were repositioned into a safer alternative restraint hold as soon as possible. This was in keeping with the Positive and Proactive Care guidance issued by the Department of Health in 2014. The highest level of both seclusion and restraint incidents occurred on Kestrel ward, the female medium secure admission ward.
- We looked at the seclusion policy and tracked five patients, who had been secluded and looked at their care records in detail. We found the records of seclusion were detailed and appropriate, adhering to the providers' seclusion policy and associated protocols. The identified interventions were appropriate in order to meet the patient's needs at the time of the seclusion periods.
- We looked in detail at the care records of one patient who was subject to long term segregation. We interviewed this patient and attended a multi-professional meeting about this patient. The risk behaviours of the patient were discussed and their current presenting problems. Staff discussed the patient's response to current offers of interventions and treatment and these were reviewed. The care plans generated were individualised, psychologically minded and recovery orientated alongside ensuring safety of the patient, fellow patients and staff.
- We saw that some patients had been hand cuffed prior to going out of the hospital for appointments at, for example general hospitals or court. We looked at the trust's policy in relation to the use of mechanical restraints or soft cuff usage and found that they were comprehensive and detailed. We tracked the care records for three patients who had been hand cuffed and found that the identified interventions were appropriate in order to meet the patient's needs at the time. We examined the records which detailed the use of the hand cuffs and found them contemporaneous, detailed and appropriately completed to a good standard. We saw that decision-making processes regarding interventions involved the multi-disciplinary team and that risk assessments had been reviewed and updated accordingly. Hand cuffs were only used when necessary and in line with the Code of Practice of the Mental Health Act 1983. The use of hand cuffs was subject to regular audits.
- Eight 'buddy' tracker devices were available for a minority of patients to use whilst on unescorted leave. The ankle bracelet allowed the hospital to track a patient's movements whilst they were on unescorted community leave. At the time of our inspection only three tracker devices were in use, all at the request of the multi-agency public protection arrangements group (MAPPA). MAPPA is the name given to arrangements in England for the multi-agency management of offenders who pose a serious risk of harm to the public. MAPPA is coordinated and supported nationally by the public protection unit within the national offender management service. The use of the tracker device was clearly detailed in the trust's restrictive interventions policy.
- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding adults at risk from abuse and were aware of the trust's safeguarding policy.
- Our pharmacy inspector checked the management of medicines on Lambourn, Wenric and Kestrel wards and found some minor concerns, for example on Wenric ward the duration of use for as required medication was not written on the medication charts.

Good

Are services safe?

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

- Patients were provided with information about their medicines. We observed this in a discussion in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information.
- For any patients wanting to see children from their family we found that processes and protocols had been put in place to accommodate this. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. Separate and secure family rooms were available away from the ward areas.

Track record on safety

- The 14 recent incidents reported from the forensic service included those of self-harm behaviour, weaknesses with ward window restrictors, access to contraband and violent incidents, both between patients and towards staff.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents on the trust's electronic recording system. All incidents were reviewed by the ward manager and forwarded to the clinical governance department and management team. The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to these.
- Staff told us that de-brief sessions were routinely held for both patients and staff following an incident. Staff spoke about the importance of the duty of candour and the need to be open and honest when things go wrong.
- All incidents were investigated and themes looked at in the monthly forensic service clinical governance meetings. Staff told us that they had learnt lessons from incidents such as reviewing risk assessment guidance to take better account of patients' self-harming behaviour and fitting stronger window restrictors to prevent dismantling or tampering.
- We looked at a series of serious incident briefings, called 'risk notes' sent weekly to all wards in the forensic service line with details of incidents and learning identified with associated action plans.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. However, seven out of eight patients at Marlborough house on high dose anti-psychotic medication had not received a physical health check every three months in keeping with the trust's policy.
- Care plans were in the main personalised, holistic and recovery focussed. All wards used the care programme approach as the overarching method for planning and evaluating care and treatment. Arrangements for the assessment of patients' mental health, physical health and social care needs were in place and carried out. Care Coordinators were appointed to ensure a link was made between hospital and community services. Regular reviews and monitoring of patients' needs were made against the care plans and changes made as and when necessary.
- We saw that some wards used a recovery tool called, "my shared pathway." Other wards used another recovery tool called "the recovery star". Both of the approaches focussed on a patient's strengths and goals. Staff told us that the forensic services were planning to use just one of these approaches and they agreed that having two could present some confusion for both patients and staff. We spoke to patients about the care planning process and most agreed that their plans were recovery orientated and that they were encouraged to be fully involved in planning and evaluating care and treatment.
- We saw many examples of staff applying an individualised approach to patients. All of the clinical meetings we attended discussed the patients as individuals with unique needs. For example at the time of our inspection, there was only one female patient on Lambourn ward, the pre-discharge ward. We spoke with this patient and tracked her care plan. She told us that she was progressing well and had a number of adjustments made by staff to ensure she felt safe and well supported on the ward. For example, there was always a female staff member on every shift and she had been given a personal alarm to use at any point should her safety feel compromised. She had her own keys to get in and out of the ward and she had her own entrance door into the female area of the ward which was locked at all times.
- Our psychiatrist checked medication management on both wards at Marlborough House. Seven out of eight patients receiving high dosages of antipsychotic medication had not received a three monthly physical health monitoring check as per the trust's policy. We raised this with both the pharmacist and ward manager who undertook to carry out the physical health checks as soon as possible.

Best practice in treatment and care

- Patients had access to a variety of psychological therapies either on a one to one basis or in a group setting. Psychologists, occupational therapists and activity therapists were part of the multi-disciplinary team and were actively involved as part of their treatment. Every inpatient has access to a full psychological assessment, formulation and intervention. Assessments we looked at detailed patient's individual need. There were no waiting lists for patients to access psychology.
- Patients had access to attend a wide variety of groups, including those based on emotional and interpersonal wellbeing, addressing offending behaviour, substance misuse and family based interventions. Groups addressed anger management, relapse prevention, assertiveness training, anxiety management and hearing voices groups.
- Patients had access to AptEd unit based qualifications which included subjects like maths, IT, English, nutrition and sports subjects. Ceremonies were held to celebrate patients' achievements in education. AptEd is an innovative and responsive national awarding organisation, regulated by Ofqual to develop and offer national qualifications. The AptEd qualifications portfolio covers a wide range of skills areas and sectors and is suitable for a variety of providers including schools, colleges, private training providers, hospitals and voluntary organisations.

Are services effective?

Good

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- In addition to psychiatrists working as part of the multidisciplinary teams, general practitioners visited the hospital regularly every week. Care plans were available for those patients with an identified risk associated with physical health.
- All patients were assessed using the Health of the Nation Outcome Scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions.
- Staff participated in a wide range of clinical audit to monitor the effectiveness of services provided. We saw that all staff participated in weekly reflective practice sessions to evaluate the effectiveness of their interventions. For example, a full service review of the female secure care pathway and model of care had been carried out in with the full involvement of patients and key stakeholders. Other audits carried out included a range of good medication management, infection control, physical health and working with patients with a personality disorder.
- We saw that a forensic clinical governance meeting was held monthly and incorporated feedback and discussion, which included the effectiveness of clinical interventions, patient safety and patient experience. We saw from the minutes of the meeting that all wards were represented
- Areas of best practice discussed at the clinical governance meeting included person centred care planning, assessing and managing risk, good medication management and psychological approaches to managing violence and aggression. All of these areas had associated audits, which identified areas of best practice and other areas to work on to further improve the quality of service provision.
- Regular audits scrutinised adherence to the forensic service CQUIN framework (commissioning for quality and innovation). The areas covered included, risk assessments, carer involvement, pre-admission formulations, quality dashboards, physical health monitoring for patients with psychosis and delayed discharges from secure care.

Skilled staff to deliver care

- The staff on all of the wards came from a variety of professional backgrounds, including medical, nursing, psychology, occupational therapy, social work and pharmacy and all professionals were fully integrated into the team.
- Staff received appropriate training, supervision and professional development.
- Psychologists and occupational therapists were involved in the support and training of other staff groups. They also ran reflective practice groups for wards, helping teams with care planning and in how to understand their patients. They also provided formal training and supervision.
- All staff we spoke to said they received individual and group supervision on a regular basis, at least once every month as well as an annual appraisal. We looked at the supervision records to confirm this. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the wards.
- All wards had a regular team meeting and all staff described morale as very good with their team managers being highly visible, approachable and supportive. Staff were very positive about the additional matron and ward manager posts recently introduced. They said this significantly strengthened the local leadership team.
- All wards had multidisciplinary team away days and examples of the topics looked at by teams included reviewing the clinical model of service delivery and joint risk assessing with patients.
- Senior managers told us they were performance managing a small number of capability issues at the time of our inspection.

Multi-disciplinary and inter-agency work

- We found fully integrated and adequately staffed multidisciplinary teams throughout the forensic services. Regular and fully inclusive team meetings took place. We observed care reviews and clinical hand over meetings on most wards, found these to be highly effective, and involved the whole team.

Are services effective?

Good

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

- We saw that all members of the multidisciplinary team were given space and time to feedback and add to discussions in meetings. We noted that everyone's contribution was valued equally.
- We saw inter-agency working taking place, with a particularly good example of primary care services. The general practitioner we spoke with commented on the excellent working relationship he had with the forensic inpatient wards and described them as particularly responsive to patients' needs.

Adherence to Mental Health Act 1983 and the Code of Practice

- We checked some of the files of detained patients on all of the wards and carried out a specific Mental Health Act review on Kennet and Chaffron wards to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act Code of Practice and in most cases this was correct. Detention papers were available for review with the exception of those for one patient. This patient had been admitted only three days before, and it is likely that the documents were in the process of being uploaded to the electronic system. Nevertheless the ward was unable to demonstrate that this patient was lawfully detained.
- The trust could demonstrate that there was a process in place to ensure that the operation of the Mental Health Act met the standards in the Code of practice. Weekly ward audits of Mental Health Act 1983 paperwork had been introduced and this enabled staff to ensure that the requirements of the Act were being met.
- Rights under section 132 were discussed with patients and if a patient did not understand they were repeated. We also found evidence that the conversation was repeated after changes in treatment. However on one ward we heard that if there were no changes to trigger a repeat discussion, it could be as long as one year between conversations with the patient about their rights. In line with the trust's protocol it is practice in the service for rights to be re-presented after key events, such as section renewal, managers' hearings, tribunal hearings and consent to treatment. If none of these apply then every six months is the expectation.
- We found evidence that capacity to consent to treatment was being assessed appropriately but it was not always clearly recorded. On Kennet and Chaffron wards, we found minor inconsistencies between the medication authorisations and the medication charts.
- Care plans on all wards were holistic and up to date, and patients' views were recorded. The care plans on one ward showed detailed evidence of joint planning with the patient, and joint responsibility for the actions in the plans. Similarly, the ward systems all demonstrated patient involvement, including the development of local policies.
- On both Kennet and Chaffron wards outstanding actions required from previous Mental Health Act monitoring visits had all been implemented. For example all care plans had been updated recently. At this visit there was a notable improvement in the quality of the plans, which had all been written to show that patients were jointly responsible with staff for the actions in the plan. One of the three plans reviewed showed good recording of the patient's views, but the other two were less clear. We discussed this with the matron who reported that the work on improving recording of patients' views was continuing. We saw clear links between the risk assessments and care plans.
- Conditions and authorisation for leave were set out using a standardised system. The operational leave folder was in good order with the exception of one expired leave form, which the nurse in charge removed immediately. Conditions of Section 17 leave were being recorded and reviews of risk carried out prior to leave. Capacity and consent was being assessed and recorded on admission and within the first three months prior to the statutory requirement. This was felt to be good practice and in line with the Mental Health Act 1983 accompanying Code of Practice.
- Across forensic inpatients wards, patients requested and negotiated their leave requests both with staff and their fellow patients. This was done in either community meetings as a standing agenda item or by writing on a form on a notice board. Patients filled out their own leave records. This meant that patients had some control and responsibility over their leave arrangements and were able to develop negotiating skills with one another and staff.

Are services effective?

Good

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

- One patient was receiving a medication which was not authorised on his T3 certificate. The matron contacted the consultant immediately to resolve this issue.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that over 75% of staff were up to date with refresher courses.
- There were no current Dols applications.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- The majority of the patients we spoke with were complimentary about the staff providing the service on all of the wards, even when restrictions in relation to their care and treatment were in place. Patients were supported consistently by professional, kind and respectful staff.
- We saw that staff showed patience and gave encouragement when supporting patients. We observed this consistently on all of the wards we visited and at all times. We saw one example when patients were encouraged to join in a charity event organised jointly between patients and staff. The staff were respectful and appreciative of the efforts made by patients and the event was a great success.
- Despite the complex, and, at times challenging needs of the patients using the service, the atmosphere on all of the wards was very calm and relaxed.
- We saw staff were calm and not rushed in their work so their time with patients was meaningful. We saw that staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff, on any of the wards ask a patient to wait for anything, after approaching staff. Staff told us about the initiative on Watling ward, which encouraged staff to try to reduce the amount of times they said "no" to patients.
- During our inspection we saw a lot of positive interaction between staff and patients on the wards. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- We saw a number of swift interactions where staff saw that patients were becoming agitated, distressed or overly stimulated, particularly with visitors on the wards. We saw staff immediately attend to their patients in a kind and gentle manner. We saw that patients were appreciative of the boundaried relationships they had with staff. We saw that this was particularly the case during the morning meetings held on each ward between staff and patients.
- We received many commendations by both patients and relatives about individual staff on all of the wards. Comments about them included them being particularly kind and perceptive.
- Staff we spoke to were able to describe their approach to patients and the model of care practiced across all of the secure wards. They spoke about enabling patients to take responsibility for their care pathways. Staff spoke about how they were, "psychologically minded" whilst dealing with patients and at all times. Staff gave many examples of their strong understanding of and implementation of respectful relational security. They were able to describe situations were de-escalation techniques and a respectful approach had been successful and had promoted reduced usage of restraint and seclusion.

The involvement of people in the care they receive

- Patients received an introductory handbook on admission to the wards. The handbook welcomed patients and gave detailed information about health needs, the multidisciplinary team, care and treatment options, medication and physical health needs. Patients spoke positively about the handbook.
- Staff told us that all patients were involved in developing pre admission care plans. They said that this encouraged patients' involvement in their care from the outset.
- There was evidence of patient involvement in the care records we looked at, although, where patients did not want to participate this was not always recorded. We also saw that all patients reviewed their care plan at least once every two weeks with the multidisciplinary care team and at least once each month with a member of the ward nursing team. Patients were able to describe their care plans to us and told us that they had been involved in their development.
- During our inspection we were asked to join a number of multidisciplinary care review meetings on a number of the wards where the views and wishes of the patients were discussed with them. Options for treatment and therapy were given to the patients to consider at all of the meetings.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- We saw evidence of regular audits carried out to ensure all wards were adhering to a person centred approach when care planning with patients.
- The patient handbook included information on both the trust's patient advice and liaison and local advocacy services available.
- Family members were offered carers assessments and we saw that the availability of these were advertised on the ward areas. The service had set up a number of initiatives to improve carer involvement. They had held several carer evenings where a substantial amount of carers attended. Carers had been consulted regarding the recovery clinical model. Carers were invited to have a tour of the wards to encourage more involvement and better communication. Occupational therapy staff told us that the service have started to use 'skype' technology to help friends and families have face to face contact with patients via the internet.
- We attended a number of community meetings on the wards where staff and patients met to discuss routines for the day and to raise anything they wanted to about the wards either positive or negative. On one ward, patients negotiated escorted leave slots depending on what they had planned for the day. This showed us that staff enabled patients to be in control of decisions about their daily schedules and with the day to day running of the wards.
- Each ward across forensic services had well established patients' councils. We looked at the ward specific patients' council meeting minutes and the minutes of the overarching forensic service patients' council meeting. We spoke to patient council representatives who told us about some of the improvements they had brought about. For example, the patients' council had been actively involved in the preparatory stages of the forensic services smoke free environment. The patients' council worked with staff to challenge restrictive practices and blanket restrictions such as mobile phone usage and access to cable television. The patients' council monitored staff shortages and any knock on effect to cancelled leave. This showed us that patients were encouraged to give feedback on the service they received and managers made changes where possible.
- Patients had suggested that an athletics event be held. In September the forensic service held their annual athletics event at the 'Roger Bannister' athletic track, part of Oxford University. A number of track and field events were held throughout the day with participation from patients and staff from across the service. Patients suggested a 'mic' night for patients and staff and money was raised for the local children's hospital and many patients showcased their work.

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Access, discharge and bed management

- When we inspected forensic services, Watling and Kingfisher wards had two vacant beds each. Managers told us that the trust had temporarily reduced the number of female beds by two to enable the wards to deal safely and more effectively with the highly complex presentations of some of the patients at that time. A similar procedure was in place for managing fluctuations in clinical acuity and associated risks within the community of patients on Watling ward. Bed occupancy ranged from the lowest of 92% on Lambourn ward through to 100% on Glyme ward. This gave the forensic inpatient and secure wards an average bed day occupancy of 96%. Forensic services were commissioned to meet full capacity and were staffed in order to achieve this.
- A bed management and referrals meeting, attended by key clinical and managerial staff, oversaw the entire forensic inpatient and secure care pathway and was held weekly. The bed management meeting monitored and tracked appropriate bed usage and identified any pressures on the system. We looked at records which showed us that patients had moved successfully through and out of the wards. We spoke to patients who were either on rehabilitation wards or the pre-discharge wards. We spoke to two patients who had been inpatients on the forensic wards, who were now living close to the Littlemore hospital in supported housing. The patients were working at the onsite shop, run by a local mental health charity. The patients commented on the recovery approach used by the service and how this has enabled them to gain the skills and necessary recovery to be able to live in their own flats. Staff told us that 16 patients had been successfully discharged from secure services in the preceding six month period.
- All patients accepted for transition into, through or from the forensic inpatient care pathway had been assessed and sent a written plan of what their current needs (and possible future needs) were and how these needs would be met. Patients assessed as requiring forensic and secure health services were able to receive appropriate care and treatment in the correct environment and in a timely manner.
- We saw that a team of specialist forensic health and social care specialists ran the forensic community team, which supported patients on discharge from the inpatient wards. The team was well established and fully integrated and consisted of both health and social care staff.
- Many of the patients were on the wards for a long period however; patients told us that they had a sense of moving through the system. Some told us about the process for transferring to a new placement and that they had been well supported by staff. Consideration of moving on was also reflected in their care records with discharge care plans. At the time of our inspection for example, two of the eight patients on Chaffron ward were being gradually introduced to their new placements. All 15 patients on Lambourn ward were in the process of moving out of secure services into community placements.
- The bed management meeting monitored all actual and potential inpatient delayed discharges. Resources were deployed to assist in discharging patients in a timely manner to suit clinical need. For example, the supported housing charity, which worked closely with the trust, could prioritise available homes in the community.

The ward optimises recovery, comfort and dignity

- All nine wards across the three sites had a full range of rooms and equipment available including spaces for therapeutic activities and treatment, both on and off the wards. For example, the largest of the sites, Littlemore hospital had an extensive range of workshops & gym facilities.
- The reception areas for patients, visitors and staff were welcoming. They had comfortable furniture, lockers for storing personal belongings, cold water to drink, bathroom facilities and a variety of relevant leaflets and information.
- There were quiet rooms available where patients could meet visitors.
- Patients were able to make a telephone call in private. Patients on Glyme ward told us they were trialling using their own mobile phones. If the trial went well, they told

Are services responsive to people's needs?

Outstanding ☆

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

us that other wards across the secure inpatient wards would be able to have mobiles too. This showed us that the trust was trying to embrace practicing least restrictive practices.

- There was direct access to garden areas on all of the wards, which was used under staff supervision. Patients on each ward decided collectively when access times should be set and they regularly reviewed this. All sites had planned for and implemented a complete no smoking policy from March 2015.
- The feedback we received on the quality and range of food was good across all sites. Snacks and beverages were available over a 24 hour period and patients had access to hot beverages although permissible temperatures were graded through the secure pathway. Lambourn and Chaffron wards were completely self-catering and patients told us how pleased they were to be able to shop, budget and cook for themselves. There was a facility, individually assessed, for patients to cook their own food on all other wards.
- Patients were able to store their possessions securely in their bedrooms. All patients had access to their bedrooms at any time and communal areas of the ward with their own keys.
- Daily and weekly activities were advertised and available on all of the wards. There was a good range of activities and groups available to patients on all of the wards. The activities were varied, recovery focussed and aimed to motivate patients. We saw that the activities programme covered the weekend periods. Groups ranged from those addressing activities of daily living, creative groups, vocational opportunities, leisure activities, health and fitness and psychological work. Occupational therapy was available on a full time basis across all wards and a variety of therapy sessions were available on all wards. We saw they operated a model, which focussed on a holistic, person centred, and recovery based approach.
- Patients on the women's wards were excited to tell us about their contact with dogs. They said they had pets as therapy dog visit the wards regularly. In addition, the women had embarked on a dog walking service and had developed a rota to organise walking schedules for the dogs of trust staff and local residents who were unable to walk their dogs, for example due to health restrictions. Women told us that this initiative had helped them feel motivated to achieve goals in their recovery and feel an increase of their sense of their worth and value.
- Patients invited us to join them in a number of therapeutic activities, which we did. We joined patients in a music group, art group and gym group. Patients told us how valuable they found these groups. They said that their creative and interpersonal skills were improved because of both their attendance at the groups as well as the positive interactions they had with their fellow patients and staff.
- Staff and patients told us about the employment skills scheme, known as 'TESS'. This supported patients in getting involved in real work opportunities and developing skills and qualifications in preparation for leaving hospital. Each ward on all three sites had access to these work schemes.
- A group of patients at the Littlemore site worked all year around in onsite allotments and produced fresh vegetables that were on sale throughout the summer in the hospital's reception areas and the Restore café and shop. The Marlborough house site patients ran an onsite shop. The Woodlands ward ran a car wash open to the public and staff visiting the White leaf centre. Patients and staff spoke with us about the various schemes. They told us the work provided an opportunity to demonstrate responsibility and commitment and develop organisational skills. Patients said they valued working as a team with staff, and developed their interpersonal skills when working with other patients.
- We visited the café and shop on the Littlemore site. We were told that patients were offered work experience and placement opportunities in the café and the shop. We spoke to some patients who had done this and without exception, they told us how positive the experience had been. We saw that the shop and café encouraged involvement of patients in every aspect of the business, which was run by a mental health charity called "Restore". Patients told us they felt a great sense of achievement and pride about engaging in productive work. The opportunity to work had boosted their confidence and provided a lot of enjoyment. Restore

Are services responsive to people's needs?

Outstanding ☆

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

managed a community shop and café nearby and their staff told us that patients progressed to working in the community facility. This was used exclusively by the general public and was a successful enterprise.

Meeting the needs of all people who use the service

- Disability accessible rooms were available across the secure pathway.
- The staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards and in the patients' handbook. Local faith representatives visited people on the wards, held services of worship on site and could be contacted to request a visit.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
- We saw up to date and relevant information on the wards detailing information, which included: information on mental health problems and available treatment options. There was also information on local services, for example on benefits advice, help-lines, legal advice, advocacy services and how to raise a concern or make a complaint.
- A choice of meals was available across all three sites. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to eat appropriate meals.

Listening to and learning from concerns and complaints

- Copies of the complaints process were displayed in the wards and in the ward information handbooks.
- We saw that each ward had at least a weekly community meeting where patients were encouraged to raise any concerns that they had.
- Patients told us that their suggestions for improvements to services were taken on board and gave examples such as the mobile phone trial on Glyme ward.
- Staff were able to describe the complaints process confidently and how they would handle any complaints.
- Staff met regularly with the clinical governance team to discuss learning from complaints. This was being used to inform a programme of improvements, including the need for staff to prioritise patients' privacy and dignity and to uphold the recovery approach whilst maintaining safety.

Are services well-led?

Good

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

Our findings

Vision and values:

- The trust's vision, values and strategies for the service were evident and on display in all of the wards. Staff on the wards considered they understood the vision and direction of the trust. Staff at every level felt very much a part of the forensic service and were able to discuss the philosophy of the service line and the recovery approach used. Staff were very enthusiastic to be working for forensic services and everyone we spoke with was able to describe the strengths of this service as well as point out areas requiring improvement.
- The ward managers had regular contact with the matrons and senior management team. The senior management and clinical team were highly visible and we were told by all staff that they often visited the ward.

Good governance

- Ward staff had good access to strong governance systems that enabled them to monitor and manage the wards effectively and provide information to senior staff in the trust and in a timely manner. Staff showed us the forensic service line performance management framework and we saw that data was collected regularly. This was presented in a dashboard format, monthly and we saw that a performance meeting was held to scrutinise the dashboards. Where performance did not meet the expected standard, action plans were put in place. Managers could compare their performance with that of other wards and this provided a further incentive for improvement.
- All ward managers told us that they were encouraged by their managers to operate autonomously in managing their wards and received good support from their managers.
- All ward managers we spoke with were familiar with and actively participated in the formulation of the forensic service line risk register, which we viewed.

Leadership, morale and staff engagement:

- We found all of the wards were well-led. There was evidence of clear leadership at a local level. The ward managers were visible on the ward during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- All of the ward staff we spoke to were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice. Staff were confident in describing their responsibilities under their duty of candour.
- Staff told us that staff morale was good.
- All wards took time out to attend multi-disciplinary away days.
- At the time of our inspection there were no grievance procedures being pursued within the ward, and there were no allegations of bullying or harassment.
- Staff were aware of the whistleblowing process if they needed to use it.

Commitment to quality improvement and innovation

- Members of the Royal College of Psychiatrists quality network for forensic mental health services. (Both medium and low secure)