The Farndon Unit

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated the Farndon Unit as good because:

- We observed positive interactions between staff and patients.
- Staff recorded their analysis of incidents to identify themes and we saw examples of learning from incidents.
- There was an increase in registered nurses.
- The cleanliness of clinical rooms was good and we saw staff checked the emergency equipment regularly.
- Staff reported they were supported well after incidents and had a good debrief.
- Patients had access to physical healthcare appointments and staff monitored their physical healthcare.
- Care plans and risk assessments were up to date and person centred and showed patient involvement.
- We saw evidence that showed all patients had psychology input and were offered additional psychology sessions if needed.
- Most staff had regular supervision and had yearly appraisals.
- Patients were involved in community meetings, ward rounds and morning meetings.
- Patients said the hospital had improved from the last inspection and was less chaotic.
- Patients had access to advocacy.
- Staff morale had improved since the last inspection. Staff said they felt more positive and motivated.

However:

- Staff did not always record a rationale for searches.
- Some staff we spoke to had limited understanding of the Mental Capacity Act.
- Psychology records were difficult to follow and were not consistent where they were kept across the wards.
- Recently appointed staff had not received an induction or plan of supervision.
- Patients had concerns about food choice and not enough healthy options were provided.

Summary of findings

Contents

Good

Location name here

Services we looked at
Forensic inpatient/secure wards

Summary of this inspection

Background to The Farndon Unit

The Farndon Unit is registered with the Care Quality Commission as an independent low secure mental health hospital. The hospital, previously run by Raphael Healthcare Limited (now part of Elysium Healthcare Limited), accommodates up to 48 female patients over the age of 18. The Farndon Unit is able to offer assessment, care and treatment to meet the needs of individual patients with a diagnosis of mental illness, personality disorder and learning disability.

The Farndon Unit is registered with the Care Quality Commission to provide the regulated activities of:

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

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury.

The Farndon Unit consists of a single building built around an internal garden area. The building contains five ward areas; Ward A, Ward B, Ward C, Ward D and Recovery Ward, a low secure rehabilitation/recovery ward.

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

We had previously carried out a responsive inspection of the Farndon Unit in December 2016, a comprehensive inspection in March 2017 and a follow up inspection in July 2017.

The inspection in March 2017 had identified the need for action to make sure the environment was safe and clean. There was also action needed to make sure the systems and processes in place assessed, identified, monitored and reduced risks to the health, safety and welfare of patients and staff. We served two warning notices against regulation 15, safe premises and equipment and regulation 17, good governance. The inspection in March 2017 found the service to be requires improvement overall. When we followed up in July we found the hospital had made improvements and was compliant..

Our inspection team

Team leader: Sarah Bennett

The team that inspected the service comprised nine people on day one and eight people on day two; five CQC inspectors (four on day two), one expert by experience, three specialist advisors who were a registered nurse, occupational therapist and a psychologist.

Why we carried out this inspection

We inspected this service as part of our on going comprehensive mental health inspection programme.

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?

Summary of this inspection

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

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

During the inspection visit, the inspection team:

- Spoke with 26 patients.
- Spoke with a variety of staff including; 24 ward staff, housekeeper, hospitality and estates manager, registered manager, occupational therapists and assistants, social workers and five ward managers.
- Looked at 12 care records.
- Looked at all of the patients' prescription charts.
- Looked at community meeting minutes on all wards.
- Looked at 15 incident forms.
- Looked at six psychology records.
- Attended four multi-disciplinary meetings.
- Observed two activity groups.
- Toured of all the wards including all of the clinic rooms.

What people who use the service say

We spoke with 26 patients and two carers and received four written comment cards. The majority of the responses were positive, with patients commenting about how caring the staff were and how they felt safe. They said there was a good range of activities during the day but some thought there was less to do in the evenings. One patient said their unescorted leave was during daylight hours only and so in the winter months she had to be back by 1600hrs. One of the comment cards said they did not get enough time with their doctor. The carers felt that physical health appointments and leave outside the hospital had sometimes been cancelled due to staffing.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- There were regular environmental risk assessments completed.
- Records showed lessons had been learnt following incidents.
- All of the ward areas looked clean, well maintained and records showed regular cleaning took place.
- Clinic rooms were fully equipped and records showed staff checked fridge and room temperatures daily.
- Staff had access to essential information needed to deliver care.
- Staff followed good medicines management practice.
- All staff knew what and how to report an incident.
- All of the records looked at contained an up to date risk assessment.
- The provider ensured staff were offered support and a debriefing after a serious incident.

However:

- There was high use of agency staff but they had all received an induction and training and had been block booked.
- Mandatory training rates were low.

Are services effective?

Good

We rated effective as **good** because:

- Records showed comprehensive mental health and physical health assessments were completed in a timely manner after admission.
- Treatment interventions were delivered in line with national guidance.
- There was a full range of specialists required to meet the needs of the patients.
- Staff used recognised rating scales to assess and record severity of symptoms.
- Managers dealt with poor performance promptly and effectively.
- Staff held effective and patient-centred multi-disciplinary meetings.
- Staff demonstrated a good understanding of the Mental Health Act.

However:

Summary of this inspection

- Staff did not always record the rationale for searching a patient / bedrooms.
- We found psychology records were difficult to follow and were not consistent where they were kept across the wards.
- Not all new staff had received an induction or plan of supervision.

Are services caring?

Good

We rated caring as **good** because:

- We observed very positive interactions between staff and patients.
- Staff showed they had a good understanding of the patients' needs and directed them to other services where required.
- Patients said staff treated them well and with respect.
- All of the care plans we looked at were holistic and showed patient involvement.
- Staff maintained the confidentiality of patients.
- Staff ensured patients could access advocacy.

Are services responsive?

Good

We rated responsive as **good** because:

- Beds were available when patients returned from leave.
- Patients were not moved between wards unless it was for a clinical reason.
- Staff supported patients during referrals and transfers between services, for example if required treatment in an acute hospital.
- Patients had somewhere secure to store their belongings.
- Patients could make a phone call in private.
- Patients had access to outside space.
- Staff supported patients to maintain contact with their family and friends.
- Patients had a choice of food to meet their dietary or religious requirements.
- Patients knew how to complain and received feedback when they did complain
- There were 'you said, we did' boards visible in the wards so patients and staff could see where their feedback had been acted upon.

However:

- Patients had concerns about food choice and not enough healthy options were provided.

Are services well-led?

Good

We rated well-led as **good** because:

Summary of this inspection

- The service was well led at ward level and staff spoke positively about ward managers and the registered manager.
- Staff had the opportunity to contribute to service development.
- Staff felt respected and valued and morale had improved since the last inspection.
- There was clear learning from incidents.
- Staff knew how to use the whistleblowing process.
- There was a good framework to ensure issues were discussed from ward to board level.
- The registered manager held regular informal drop ins for staff.
- Ward managers had access to information to support them to do their role.
- Staff participated in clinical audits.
- The service was a member of the Quality Network for Forensic Mental Health Services.

Detailed findings from this inspection

Mental Health Act responsibilities

- Staff demonstrated a good understanding of the Mental Health Act. 85% of staff were up to date with their training.
- Staff knew who the Mental Health Act administrator was and where to go to if they needed advice and support.
- Staff had access to the hospitals local Mental Health Act policies and procedures and to the Code of Practice which reflected the most recent guidance.
- Patients had access to advocacy and information leaflets around advocacy and their rights were displayed.
- Staff explained to patients their rights in a way they could understand and recorded this.
- Section 17 leave was facilitated by the occupational therapy team if it was part of their programme. Standard leave was facilitated by ward staff.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- All Mental Health Act paperwork was stored correctly and accessible to staff.
- The provider completed regular Mental Health Act audits and acted upon any findings.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated a variable understanding of the Mental Capacity Act, 85% of staff were up to date with their training.
- The provider had made no deprivation of liberty safeguard applications between 1 April 2017 and 30 September 2017.
- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards and staff knew how to access it.
- For patients with impaired capacity, staff did not always asses and record capacity to consent on a decision specific basis. A new social worker had been employed and planned to deliver training in the Mental Capacity Act and support staff in their application of it.
- When patients lacked capacity staff made decisions in their best interests and in discussion with their family if appropriate, taking into account the patient's wishes, feelings and culture.
- The provider completed regular Mental Capacity Act audits and acted upon any findings.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment.

- Records showed staff completed regular risk assessments of the ward environments. The ward layout did not allow staff to observe all areas of the ward but this risk was mitigated by using mirrors and staff observation.
- Staff had completed the most recent ligature assessment on all wards on 26 October 2017. This identified some low risk ligatures within ward environments which mitigation had been addressed. (A ligature risk is a place to which patients intent on self-harm might tie something to strangle themselves.)
- The fire officer had completed a recent fire assessment and identified that the door hinges were not self-closing and so posed a fire risk. The provider had not fitted the self-closing hinges as they posed a ligature risk and had assessed the ligature risk was greater than the risk of fire. Therefore, the provider has implemented a revised fire evacuation plan that has been approved by the fire service contractor.
- The provider informed us there had been a recent safety alert regarding the anti-ligature curtain rails used. They had been identified as being able to be used as weapons. Therefore the provider had removed the relevant curtain rails and ordered alternative replacements. This did not compromise privacy and dignity as the windows were frosted.
- There were nurse call systems in the bedrooms and all staff carried personal alarms that were tested regularly.
- Since our previous inspection, the provider had done a lot of work to refurbish the wards so they were safe and well maintained.
- Staff cleaned all areas regularly and recorded this on the cleaning rotas. The housekeepers cleaned all of the wards weekly and the ward staff and patients cleaned their ward daily. The registered manager told us they were recruiting more housekeeping staff so there would be one house keeper per ward.
- Staff were trained in infection control and there were signs prominently displayed promoting good hand washing.
- All of the clinic rooms were clean and tidy and fully stocked. Records showed staff checked room and fridge temperatures daily. There was sufficient equipment and space in the central clinic room for physical health assessments. All equipment we looked at had up to date safety stickers on except for the electronic scales in the central clinic room. We pointed this out at the time of inspection and the provider confirmed they will address the issue. Each ward was responsible for the emergency bags situated between wards and records showed these were checked regularly. These bags contained resuscitation equipment.

Safe staffing

- At the time of the inspection the establishment for the service was 36 whole time equivalent registered nurses (includes one lead nurse and five ward managers) and 79 whole time equivalent heathcare assistants.
- There were 16.8 whole time equivalent nursing vacancies, which is 10%, and 20.6 whole time equivalent nursing assistant vacancies, which is 9% at the time of inspection.

- Managers calculated the number of nurses and nursing assistants required for each shift and used bank and agency staff on a daily basis in order to fill shifts and cover observation levels. Managers could adjust staffing levels daily to take into account acuity and to maintain observations on the ward. The provider filled the shifts with bank and agency staff who were familiar with the ward and ensured they had an induction and the required training.
- The number of shifts covered by bank or agency between 1 July 2017 and 1 September 2017 was 1746. There were 18 shifts that could not be filled. The provider reported their safe staffing level daily to head office and if it was not received or the levels were below the safe level then an alert was issued and the ward manager instigated the contingency plan which usually involved them assisting on the ward or rearranging activities.
- The sickness rate as of 1 September 2017 was 4.5% and the turnover rate was 5%for the same period.
- A qualified nurse was present at all times in communal areas or available in the nursing office. A nursing assistant was always present in communal areas.
- Patients were able to have regular one to one time with their named nurse.
- Staff shortages sometimes resulted in leave and activities being cancelled or postponed.
- There were enough staff to carry out physical interventions safely and all staff had been trained to do so, including bank and agency staff.
- There was adequate medical cover day and night and a doctor could attend the ward in an emergency.
- Mandatory training rates were low at the time of inspection. The provider explained new training was added as they transferred to Elysium systems. This had impacted on the overall figures which they said should improve as staff accessed and completed the new training. The provider was putting in additional training days to improve staff access.
- At the time of inspection the percentage of staff up to date with training was; breakaway 26.7%, evac chair 58.5%, first aid 78.7%, health and safety 79.3%, intensive life support 68.4%, management of violence and aggression 68.3% safeguarding 20.7% and security 25.0%.
- The provider sent updated the figures for the end of December 2017 and explained there are further dates planned in early 2018 in order for all staff to be able to access training. The updated figures were; breakaway 68%, evac chair 72%, first aid 77%, health and safety 94%, intensive life support 88%, management of violence and aggression 72% safeguarding 78% and security 92%.

Assessing and managing risk to patients and staff.

- We looked at 12 care records. All of them contained an up to date risk assessment. The provider used a recognised risk assessment tool. Staff reviewed risk assessments weekly at ward round and updated them as required and following an incident.
- Staff could explain how they identified and responded to changing risks to or posed by patients.
- Staff followed good policies and procedures for use of observation and to minimise risk from potential ligature points and for searching patients or their bedrooms. The provider was currently harmonising their original policies and procedures with Elysium's policies and procedures. All up to date policies could be found online. We looked at search records and the rationale for searches was not always recorded.
- Restrictions were based on individual risks and not blanket restrictions. For example, some patients were not allowed access to their bedrooms during the day or were not allowed unsupervised access to the kitchen but some patients were allowed.
- Staff adhered to best practice in implementing a smoke free policy. Records showed patients had been given support to stop smoking when the hospital became smoke free.
- Between 1 April 2017 and 30 September 2017 there had been the following number of restraints per ward. On ward A there had been 514 incidents of restraint on 18 different patients, 11 of these were prone restraint and out of these six resulted in rapid tranquilisation. On ward B there had been 208 incidents of restraint on 14 different patients, five of these were prone restraint and none resulted in rapid tranquilisation. On ward C there had been 79 incidents of restraint on 11 different patients, one of these was prone restraint and none resulted in rapid tranquilisation. On ward D there had been 11incidents of restraint on seven different patients,

one of these was prone restraint and this resulted in rapid tranquilisation. On the Recovery ward there were six incidents of restraint on five patients', none had been prone and none had resulted in rapid tranquilisation.
- The provider does not use seclusion or long term segregation.
- The provider had a restrictive intervention reduction programme and staff commented they felt that there had been less incident of restraint since the new provider had increased the staffing levels.
- The 12 records we looked at showed physical health checks were completed as per guidelines following a period of restraint or rapid tranquilisation.
- The number of restraints reflected the acuity of the patients on those wards.
- Safeguarding training was mandatory and covered adults and children. The updated figures showed 78% of staff were up to date with their safeguarding training.
- Staff could demonstrate they had a good understanding of safeguarding and knew how to identify signs of abuse and how to report it. Between 31 October 2016 and 31 October 2017, CQC received one safeguarding alert, 14 safeguarding concerns and 12 were unspecified.
- Staff could give examples of how they would protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
- Staff followed safe procedures for children visiting the hospital but they explained this was not a regular occurrence and the women with children usually visited them at their own homes.
- We looked at all of the patients prescription charts and saw staff followed good practice in medicines management in line with The National Institute for Health and Care Excellence guidance.
- Staff reviewed the effects of medication on patients' physical health regularly in ward rounds and in line with The National Institute for Health and Care Excellence guidance.
- The provider has a service level agreement with a pharmacy that completes regular audits. The feedback from the audits was that compliance has improved during the past 12 months.

Track record on safety.

- There had been 40 serious incidents between 12 October 2016 and 2 September 2017. The most common serious incident was due to serious self-harm, the remainder varied from hostage taking, a patient going absent without leave and a serious medication error.
- The provider had made improvements to safety following a review of an absent without leave incident. The provider established that communication once staff had left the building to search for the patient could have been better. The provider had since placed packs containing a phone and a torch in reception for staff to collect in the event of an AWOL and external patient search.

Reporting incidents and learning from when things go wrong

- We reviewed 15 incident reports that had been made during the month prior to inspection. All staff knew what incidents to report and how to report them and staff reported all of the incidents that they should report. The incident reporting system ensured all incidents were reported in a timely manner.
- Staff understood the duty of candour and were open and transparent and gave patients a full explanation when things went wrong. The provider was reviewing the duty of candour policy at the time of inspection
- Staff received feedback from investigations of incidents both internal and external to the service. We saw posters informing staff where lessons learnt could be found displayed throughout the hospital. All staff had email accounts and the provider used a direct distribution list for the dissemination of information, including lessons learnt. The lessons learnt communications were also available in files on the wards and departments for staff to access. Ward managers also ensure governance meeting minutes were available on wards. The information also included action staff could take if they felt additional support was required.
- There was evidence of change being made as a result of feedback; the provider had noted there had been a significant increase of patients swallowing items, in particularly pens. In order to improve on the securing of pens, the provider purchased alternative pouches and had put additional measures in place to account for pens within the service.
- Staff said they were debriefed and received support after a serious incident. This was an improvement since

the last inspection. Ward managers reviewed incidents on a daily basis and ensure the member of staff receives the correct level of support depending on the incident and staff member.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at 12 care records and all of them contained a comprehensive mental health and physical health assessment of the patient in a timely manner after admission.
- Staff developed care plans following the initial assessment and all of the care plans we reviewed were personalised, holistic and recovery orientated.
- Staff updated the care plans when necessary.
- The provider moved from paper records to an electronic record system in May 2017. There was still some paper being used and it would then be scanned onto the system.
- All information needed to deliver patient care was available to all staff, including bank and agency when they needed it.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were in line with guidance from the National Institute for Health and Care Excellence. The provider followed the positive behaviour support model. All of the patients had input from psychology, who offered trauma based therapies including; eye movement desensitisation and reprocessing therapy and dialectical behavioural therapy. There was also daily occupational therapy groups, these were mostly craft based, which consisted of open groups for anyone that chose to attend and closed groups for individuals who had been assessed as being able to access the higher level groups which contained sharp tools.
- Staff supported patients to live healthier lives, for example giving healthy eating advice and smoking cessation support.
- Staff ensured patients had good access to physical healthcare; some staff were able to take bloods and electrocardiograms. Once the patient was admitted a baseline assessment was undertaken. The provider had a service level agreement with a local GP practice for additional physical health support. There was a lead nurse who liaised with the GP surgery regarding physical healthcare and if patients required access to specialists then they would facilitate this. Records showed patients received annual physical health checks.
- Staff assessed and met patients' needs for food and drink when required.
- Staff used recognised rating scales to assess and record severity and outcomes of treatment.
- Staff participated in the following clinical audits; care plans, medicines management, mental health act compliance and contributes to the national mental health service data set,

Skilled staff to deliver care

- The team had access to the full range of specialists required to meet the needs of the patients on the wards. These included; consultant psychiatrists, psychologists, social workers and occupational therapists.
- Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patients. Some staff had received specialist training around the positive behaviour support model. Ward managers said they had received leadership training.
- Managers provided new staff with a local induction but one multi-disciplinary staff member appointed within the last month told us they were yet to have a local induction.
- All staff received regular supervision and annual appraisals. As of 30 September 2017, the clinical supervision rate on Ward A was 77%, Ward B was 69%, Ward C was 72.4%, Ward D 84.8% and the recovery ward was 62.80%. These were below the provider target of 85% and were due to two ward managers leaving the service which created a gap in supervision. The appraisal rates for the same time frame were 75% and occupational therapists said they had not had an appraisal. Staff told us informal supervision took place during the working day and if they had any particular issues they knew who to go to.
- Managers dealt with poor staff performance promptly and effectively.

Good

Forensic inpatient/secure wards

Multi-disciplinary and inter-agency team work

- We observed four multi-disciplinary meetings that were client centred and effective.
- We did not observe handovers on this occasion but staff explained they shared all relevant information about patients during handover, including; risk, incidents, mood and daily activity. There was also a daily morning management meeting where incidents and staffing for the day were discussed.
- Records showed ward staff had good relationships with the local GP, community mental health teams and the local authority.

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

- Staff demonstrated a good understanding of the Mental Health Act, 85% of staff were up to date with their training.
- Staff knew who the Mental Health Act administrator was and where to go to if they needed advice and support.
- Staff had access to local Mental Health Act policies and procedures and to the Code of Practice which reflected the most recent guidance.
- Patients had access to advocacy and information leaflets around advocacy and their rights were displayed.
- Staff explained to patients their rights in a way they could understand and recorded this.
- Section 17 leave was facilitated by occupational therapy team if it was part of their programme. Standard leave was facilitated by ward staff.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- All Mental Health Act paperwork was stored correctly and was accessible to staff.
- The provider completed regular Mental Health Act audits and acted upon any findings.

Good practice in applying the Mental Capacity Act

- Staff demonstrated an understanding of the Mental Capacity Act, 85% of staff were up to date with their training.
- The provider had made zero deprivation of liberty safeguard applications between 1 April 2017 and 30 September 2017.
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards and staff knew how to access it.
- Staff were able to explain to us that when patients lacked capacity staff made decisions in their best interests and in discussion with their family if appropriate, taking into account their wishes, feelings and culture, but this is not what we saw in the records.
- For patients with impaired capacity, we did not find records showed staff always assessed and recorded capacity to consent on a decision specific basis. A new social worker had been employed and planned to deliver training in the Mental Capacity Act and support staff in their application of it.
- The provider completed regular Mental Capacity Act audits and acted upon any findings.

Are forensic inpatient/secure wards caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed staff's attitudes and behaviours when interacting with patients. We saw they were discreet, respectful and responsive to patient's needs.
- Records showed staff supported patients to understand and manage their care and treatment and directed patients to other services where required.
- Patients said staff were mostly respectful and behaved appropriately towards them. However, a number of service users reported that not all staff knocked before they opened their bedroom doors.
- Staff demonstrated a good understanding of patients' personal, cultural and social needs. They maintained confidentiality of information about their needs by not leaving records unsecured, and logged off computers after use.

Involvement of people in the care they receive

- Patients told us when they were admitted staff showed them around the ward, introduced them to staff and patients and allocated them a named nurse and key worker.

Good

Forensic inpatient/secure wards

- Patients mostly felt involved in their care planning and risk assessment and had the opportunity to sign them and have a copy.
- We saw community meeting minutes which showed patients were able to give feedback on the service they received. There was a patient Recovery and Outcomes Group where feedback from patients was received regarding their experience of the service and changes they would like to see. Patients could also give their view via patient surveys.
- Patients were able to make advance statements around how they would prefer to be restrained and treated when they became anxious or agitated.

Involvement of families and carers

- Patients said staff involved families and carers where appropriate.
- Carers and families were able to give feedback via ward meetings and surveys. They were also able to phone up and speak to ward staff at any time.
- We spoke to two carers; one felt their relative was bored and another said their relative's physical health appointment had been cancelled in the past due to staffing shortages

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- All referrals came from NHS England as the Farndon Unit is a national service.
- Between October 2016 and September 2017 the average length of stay by ward was; Ward A: 916 days (2.5 years), Ward B: 727 days (1.9 years), Ward C: 843days (2.3 years), Ward D: 1200 days (3.3 years) Recovery Ward: 1161 days (3.2 years).
- Bed occupancy rates between April 2017 and September 2017 were between 98 and 100%. There was always a bed available when patients returned from leave.
- Patients' were not moved between wards for anything other than clinical reasons.
- When patients were admitted or discharged this usually happened at an appropriate time of day.
- There were three delayed discharges between January 2016 and October 2017. These were due to lack of medium secure beds and lack of a suitable environment to meet the patient's needs.
- Staff planned for discharge and liaised with community teams.
- Staff supported patients during transfers and referrals between services, for example if they required treatment in an acute hospital.
- At the time of inspection there were four patients on the waiting list who were referred in July, September and October 2017. All of the patients had been assessed and as beds became available they would be admitted according to when they were referred and clinical need.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients all had their own rooms and could bring belongings from home dependent on individual risk assessments. They were not allowed to attach anything to their walls.
- There was somewhere secure for patients to store their possessions.
- There was a full range of rooms available and equipment to support treatment and care. Some of the therapy rooms were quite bare and the chairs did not look comfortable as they were chairs more suited to sitting up to a table.
- There was a quiet area on the ward and a room off the wards where patients could meet visitors. The visiting room had recently been redecorated but patients said it was too small.
- Patients could make a call in private and some patients had their own mobile phones dependent on their individual risk assessment.
- Patients had access to outside space.
- Patients could make hot drinks and snacks dependent on their risk assessment. They could ask staff to make drinks or toast for them.
- Patients' views around the quality and choice of food in the hospital were mixed. Some thought they had a good choice but others thought the choice was limited.
- There was limited access to education and work opportunities within the hospital.

Good

Forensic inpatient/secure wards

- Patients told us staff supported patients to maintain contact with their families and carers and patients were pleased that visits on Christmas day were allowed this year.

Meeting the needs of all people who use the service

- The provider could make adjustments if there was a patient who required disabled access. Some wards were on the ground floor and there was lift access to the first floor.
- Staff told us there was access to signers and interpreters when needed.
- At the time of inspection, the hospital population represented a wide range of ethnicities.
- Patients told us they felt the service was meeting their needs as information was clear and easy to understand.
- Patients' also felt their spiritual needs were met except for one patient who told us the Iman would not visit the hospital. They were able to visit the Iman though if they wished.
- We saw patients had a choice of food to meet their dietary or religious requirements.

Listening to and learning from concerns and complaints

- Between September 2016 and April 2017, 37 complaints were received, 10 were partially upheld, 5 upheld and none had been referred to the ombudsman.
- In the same period, there were 16 compliments received.
- Patients told us they knew how to make a complaint and felt confident in doing so and when they had made a complaint they had received feedback.
- Staff knew how to handle complaints appropriately and received feedback on the outcome of investigations via email or supervision.

Are forensic inpatient/secure wards well-led?

Good

Vision and strategy

- Senior managers had the skills, knowledge and experience to perform their roles. Staff said they felt leadership had improved since the new provider had taken over.
- Leaders demonstrated a good understanding of the wards they managed and how the staff were working together to provide care.
- Leaders were visible and the staff and patients we spoke with said they were approachable and supportive.
- The ward managers we spoke to said they had received leadership development opportunities.
- Staff we spoke to knew and understood the provider's vision and how they applied them. The providers vision is 'putting the individual at the heart of all aspects of the care we deliver.' Patients could write on boards suggesting ways for staff to meet the vision. We saw evidence of this during inspection.
- Staff told us the provider's senior leadership team had visited the hospital during the transition from the previous provider to Elysium and successfully communicated their vision and values to ward staff.
- Staff felt morale had improved since the new provider and felt valued and well supported.
- Staff felt able to raise concerns without fear of retribution and felt confident to do so. They said they knew how to use the whistleblowing process.
- Staff had access to support for their own physical and emotional health needs through an occupational health service.

Good governance

- There was a clear framework to ensure essential information, such as lessons learnt, complaints and incidents were shared and discussed from ward to board.
- Staff undertook audits and records showed staff acted on the results when needed.
- Mandatory training levels were low. However, the staff showed good understanding of safeguarding, security and health and safety. The provider has increased the amount of dates available in early 2018 to ensure all staff can access mandatory training.
- Staff could escalate concerns when required and could access the risk register. All risks on the register were low and had been mitigated..

Good

Forensic inpatient/secure wards

- The service had plans for emergencies, for example in case of flooding.
- The service could monitor training levels, supervision, appraisal rates and staffing levels via a dashboard and this information was sent to head office daily. If there were any concerns then head office would send an alert to the registered manager.
- The provider has recently moved from paper records to an electronic record system. Staff had access to the equipment and information technology needed to do their job. The IT infrastructure, including the telephone system worked well.
- Ward managers had access to information to support them to do their role via a dashboard. This included information on the performance of the service, staffing and patient care.

Leadership, morale and staff engagement

- Staff and patients said they felt more engaged since the new provider took over. The registered manager had recently introduced a new quarterly staff engagement meeting and introduced informal monthly drop in sessions with her.
- There were 'you said, we did' boards up in the wards that showed the changes that had been made in response to patient feedback.

Commitment to quality improvement and innovation

- The hospital is a member of the Quality Network for Forensic Mental Health Services (QNFMHS) and has had a review in November 2017 and had not received the report at the time of inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all mandatory training is up to date for all eligible staff.
- The provider should ensure they record a rationale for all searches.
- The provider should ensure psychology records are more organised.
- The provider should ensure access to education and work opportunities is improved.