Partnerships in Care 1 Limited

Avesbury House

Inspection report

85 Tanners End Lane
London
N18 1PQ
Tel: 02088037316
www.partnershipsincare.co.uk

Date of inspection visit: 30 November and 1st December 2021
Date of publication: 09/02/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- At the last inspection, we found the ligature risk assessment did not identify all ligature anchor points which meant staff were unaware of the risks and how to mitigate them. On this inspection we found that this had improved. The service had a detailed ligature risk assessment which included information on ligature points within each ward. Staff were mitigating the risks through observations and CCTV cameras.
- At the last inspection, we found staff did not have a good understand of the Mental Capacity Act 1983. During this inspection we found this had improved. All staff we spoke with understood the Mental Capacity Act and its principles. Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service had improved compliance with safeguarding vulnerable adults training to 94%. Staff were aware and understood their roles and responsibilities around safeguarding.
- At the last inspection we found staff supervision notes were not always recorded appropriately. On this inspection we found appropriate supervision records which were stored securely.
- At the last inspection, staff did not provide all patients with copies of their care plans. On this inspection, all patients we spoke with told us they had access to a copy of their care plans. Patient records we looked at reflected if patients had been given a copy of their care plan.
- Managers did not use agency staff at the service. The service used bank staff who worked regularly on the unit to fill vacancies. This meant the service always had regular staff on the wards.
- Staff did not restrain patients at the service. Staff used de-escalation techniques and completed training for this. Staff told us they felt able to manage aggression without using restraint. The service did not have a seclusion room and patients were not secluded at the service.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

However:

- Although we saw evidence of patients receiving good support with their physical health needs, care plans did not always detail enough information about how staff were meeting each patient's specific physical health needs. We also found that records of physical health checks were not always complete.
- We found some gaps in the monitoring and oversight of staff completion of safety checks. For example medical equipment was not always checked daily. There were audits completed to check on staff practices, but they did not always specify actions to be taken for improvement.
- Managers did not have oversight of all aspects of bed management within the service. There was no data about the delayed discharges. This information would be helpful in bringing about improvements in patients' experience. However, no patients had discharge delayed without clinical reasoning.
- The service had a blanket restriction on energy drinks for all patients. This was not individually assessed or reviewed to ensure that this was not overly restrictive. This was not inline with the organisations policy.
- Some patients were not aware of having access to a multi-faith room, although this was available at the service.
- Managers did not have a strategy for the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Good 	Our rating of this service stayed the same. We rated it as good because: • The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. • The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. • Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. • Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason. • The service was well led and the governance processes ensured that ward procedures ran smoothly. However: • Medical equipment was not checked daily as per the providers policy.

Summary of findings

- Care plans lacked detail specifically around patient's physical health needs, this was despite the care plan audit saying compliance was 100%.
- Patient's told us they didn't have access to a multi-faith room.
- NEWS2 records were not always completed in line with the provider's policy. National early Warning Scores (NEWS2) which is a system for scoring physiological measurements that are routinely recorded.
- Managers did not have oversight on restrictive interventions and could not provide evidence to suggest these were reviewed regularly.
- Audits completed did not always have action plans on improvements made as a result.
- Managers did not have oversight of bed management including data on delayed discharges.
- The service had no credible strategy to deliver high-quality sustainable care to patients.

Summary of findings

Contents

Summary of this inspection

Background to Avesbury House

Avesbury House is provided by Partnerships in Care 1 Limited. The provider took responsibility for the service in December 2016.

The service provides a 24-hour low secure service to male patients with severe and enduring mental health needs, often with a forensic history. The service has 24 beds across five units. The units include bedrooms, en-suite / communal bathrooms, communal areas and kitchen facilities. The service provides a step down for patients coming from a medium and high secure unit at a local forensic hospital.

At the time of our inspection there were 24 patients who were all detained under the Mental Health Act.

NHS England contracts the beds at Avesbury House. NHS England commissioned the North London Forensic Service at Barnet, Enfield and Haringey Mental Health NHS Trust to provide the forensic multi-disciplinary team. The North London Forensic Service subcontracts to Avesbury House to provide the building, nursing staff, security staff, domestic staff and support workers.

Avesbury House is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Assessment of medical treatment of persons detained under the Mental Health Act 1983.

At the time of the inspection, there was a registered manager.

At the last inspection in February 2017, we found that the ligature risk assessments did not identify all ligature points in the service which meant staff were unaware of the risks and how to mitigate them. On this inspection we found up to date ligature assessments which included ligatures across the wards. The risk assessments reflected patient risk at an individual level. Staff we spoke to were aware of ligatures and gave examples on how to mitigate them.

What people who use the service say

We spoke with four patients at the service. Patients we spoke with told us they felt safe on the ward. Patients told us staff were approachable and felt able to raise complaints with staff. Patients told us staff respected their privacy and dignity and always knocked before entering their room. All patients we spoke with told us they had received a copy of their care plans.

Patients took part in a patient satisfaction survey in 2021. The results showed 72% of patients said they felt safe on the ward and 92% of patients felt they could raise issues with staff.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of this inspection

There are five questions we ask of all care services in order to understand the experience of people who use the 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?

We informed the provider 30 minutes before we visited the site that we were carrying out an inspection of the service.

During the inspection visit, the inspection team:

- Visited the service, looked at the quality of the ward environment, including the clinic room and observed how staff were caring for patients.
- Spoke with four patients who were using the service.
- Spoke with the registered manager and senior leaders.
- Spoke with 14 staff members in total including consultants, registered nurses, non-registered nurses health care assistants, occupational therapists, psychologists and social workers.
- Looked at six patient care and treatment records.
- Looked at six patient prescription charts.
- Looked at 24 patients' physical health record charts.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the service SHOULD take to improve:

- The registered provider should ensure all medical equipment including resuscitation equipment is checked daily as per the provider's policy.
- The registered provider should ensure that care plans are detailed, reflecting patients' specific physical health needs.
- The registered provider should ensure that all patients have access to a multi-faith room.
- The registered provider should ensure that all physical health records are completed in line with the provider's policy.
- The registered provider should maintain oversight on restrictive interventions and discuss ways to reduce these on a regular basis.
- The registered provider should ensure that staff complete action plans for any areas of improvement identified as a result of any audits undertaken.
- The registered provider should ensure they have oversight of bed management including patients' delayed discharges.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Good

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

Safe and clean care environments

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

Safety of the ward layout

Avesbury House was a low secure forensic male unit which had an air lock entrance and dedicated security staff. The security leads were responsible for the security within the service. The service was split into five sections which contained between four to six beds.

The provider completed their own annual review of fire safety management in October 2021 and this was up to date. Fire safety included weekly fire alarm tests, monthly fire extinguisher checks and monthly functional tests of emergency lighting which were recorded. The provider had an evacuation procedure and evacuation record detailing the planned drills that took place. The most recent drill was completed on 9 November 2021 and the evacuation was performed successfully. The fire safety risk assessment was completed in September 2021 with recommendations on improvements.

Staff could observe patients in all parts of the wards. The wards had several blind spots, however these were mitigated through staff observations and CCTV used on the ward. The cameras were monitored by staff in reception. Staff covered reception 24 hours a day and seven days a week. Staff in reception maintained oversight of keys and had a key management system in place.

In the last inspection, we found that the ligature risk assessments did not identify all ligature points within the service, which meant staff were unaware of the risks and how to mitigate them. On this inspection, we found a detailed ligature risk assessment which included ligature audits for all flats and patient bedrooms including kitchen and lounge areas. The audit identified ligatures and provided a scoring based on risk. A further risk score was provided, based on individual patient risk.

Good

Forensic inpatient or secure wards

Staff we spoke with knew about potential ligature anchor points and mitigated the risks to keep patients safe. Staff we spoke with gave clear examples of ligature points and knew how to mitigate them. For example, staff told us they would pay closer attention to ligature areas such has door handles for patients who had a history of tying ligatures.

Staff had easy access to alarms and patients had easy access to nurse call systems. Nurse call systems were present in communal areas and in corridors which were easily accessible. Staff told us there were enough alarms for all staff and visitors.

During the inspection we observed a gate on site which was broken and left open. The gate was part of the hospital's secure perimeter. The open gate was also visible to some of the patients through patient lounges. This was escalated immediately to the hospital director who put temporary measures in place to ensure the safety of patients, until the gate could be fixed properly.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We observed domestic staff on site who ensured premises were clean. Domestic staff assisted patients with their needs also. For example, for patients who required more support with cleaning and personal hygiene, domestic staff would assist them discreetly. We reviewed the cleaning records which were kept up-to-date.

The service employed a staff member to cover maintenance. Staff told us any maintenance issues were reported via a maintenance log in reception which was followed up by the maintenance lead.

Staff followed infection control policy, including handwashing. The service had an infection control lead. There were clear policies in place for staff during the Covid-19 pandemic. Staff were completing lateral flow test twice weekly. Patients on admission were tested for Covid-19.

Staff completed an infection control audit for the whole service. However, the audit did not include any detail. For example, for hand hygiene, there was no audit in place to ensure staff were using hand hygiene between patients. The audit in place was a tick box document and it was not clear how risks or poor practice were identified.

Seclusion room

The service did not have a seclusion room. Patients who required use of the seclusion room were transferred to Chase Farm hospital.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Hand washing facilities were available and there was sufficient space to prepare medication. Medicines were stored securely in a locked cupboard within the locked clinic room. Emergency medicines were available, sealed and monitored by the pharmacist. The expiration dates on the emergency medicines were clearly visible and in date.

The clinic room was clean, and records were audited in line with the local policy. Temperatures were recorded daily, and records demonstrated the readings under 25 degrees. Medicines were disposed of appropriately and in line with the medicine disposal policy. However, we came across three out of date medicines stored in a separate cupboard. Staff told us they put any unused medicines in this cupboard. Three of the medicine's expiry dates were in October 2021. Staff disposed of these medicines immediately and reviewed the protocols for monitoring unused medication. The provider had an audit for disposal of unwanted drugs which included a local policy in place for waste disposal of controlled drugs. Expired drugs were documented on the disposal form including the out of date medicines we found onsite.

Good

Forensic inpatient or secure wards

The service had a medical equipment checklist which included checks on all medical equipment and resuscitation equipment. The policy stated the check should be completed daily. We checked records for October and November 2021 and found the equipment was not checked for four days within this two-month period.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of registered nurses, and non-registered nurses for each shift. This included two nurses and six health care assistants during the day shift and two nurses and two health care assistants during the night shift.

Staff turnover in the last 12 months was 8.6%. There were currently two nursing vacancies. Staff were managing this through bank staff. The service did not use any agency staff and had their own pool of bank staff. Bank staff received a full induction and understood the service procedures before starting to work on the wards.

Managers supported staff who needed time off for ill health. Staff sickness in the last 12 months was 3.4%.

The Director of Clinical services could adjust staffing levels according to the needs of the patients. Staff gave examples of how staffing levels would be adjusted if patients were on enhanced observations.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff told us leave was rarely cancelled and patient leave was planned to ensure all patients received their leave.

We looked at five staff records during the inspection. All staff had completed a disclosure and barring check carried out before commencing employment.

Medical staff

Medical staff was provided by the local NHS trust and Chase Farm Hospital. Chase Farm hospital provided out of hours medical cover. The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There was on call consultant cover for the wards 24 hours a day.

The service had a gap in the junior doctor provision which impacted physical health checks. This meant consultants were completing physical health checks. However at the time of our inspection, there was a newly recruited junior doctor who covered the wards four days a week.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training compliance for all staff was 93.9%.

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff completed a range of training which included basic life support with defibrillator, cyber security, handling complaints, infection control, IT security, safeguarding adults, safeguarding children and safeguarding combined face to face.

Managers had access to an online dashboard where training compliance was monitored. The dashboard showed data of training that was late and training that expired soon. This allowed managers to alert staff to training when it needed updating.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident. Risk assessments were completed on admission for all six patient records we looked at. The risk assessments we looked at were detailed and updated for each patient monthly. Staff updated risk assessments after an incident occurred with a patient.

The service used the Historical, clinical and risk management tool (HCR-20) which was a recognised rating scale to assess risk. This tool was used as a clinical guide for the assessment of violence and risk in people with a forensic history.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risks were identified on admission and regularly updated. Patients' risk was discussed in twice monthly ward rounds which included the forensic multi-disciplinary team. During ward round, patients' previous weeks on the ward were discussed including changes in the patient risk.

Staff followed procedures to minimise risks where they could not easily observe patients. The provider had a policy in place for observations and staff adhered to the policy. Levels of observations were discussed in ward rounds. Newly admitted patients' observations were increased to manage risk.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff completed random routine searches as well as risk-based searches. We saw evidence of patients being present during room searches. Searches were completed by trained staff. The policy included information on patients searched upon return from section 17 leave. All formal patients were searched upon return from unescorted leave. Patients on escorted leave were searched if a risk was identified. Staff we spoke with were aware of the policy and knew how to access it. There were no informal patients at the time of the inspection.

Use of restrictive interventions

Staff did not restrain patients at this service. Staff used verbal de-escalation techniques and were trained in reducing restrictive interventions. Staff told us they felt confident in verbally de-escalating patients. Staff told us physical aggression on the ward was minimal. Staff at the service did not use medicines for rapid tranquilisation. If patients required rapid tranquilisation, they would be transferred to another location. Staff were trained in breakaway techniques for their own safety.

Good

Forensic inpatient or secure wards

The service was part of the safer ward's initiative which encouraged staff to use verbal de-escalation techniques and speak to patients with respect and empathy. Staff understood the initiative and gave examples of using soft words and open body language. Staff felt they verbally de-escalated patients successfully.

The service had a blanket restriction on energy drinks. The provider had a policy in place regarding restrictive practice which stated 'The Mental Health Act Code of Practice (2015) defines blanket restrictions as 'rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or classes of patients, or within a service, without individual risk assessment to justify the application'. The policy states blanket restrictions will not be in place except in exceptional circumstances that have been agreed by, and are subject to a process of on going monitoring by the senior leadership team. We requested assurance on this being reviewed regularly. However, staff could not provide us with evidence of this. The consumption of energy drinks was discussed with patients within community meetings. Post inspection, staff assured us the service would take more of a individual risk-based approach to the consumption of energy drinks.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

During the last inspection, we found safeguarding vulnerable adults training for staff was low at 61%. On this inspection we found training compliance for safeguarding adults and children was 94%. Staff received training on how to recognise and report abuse, appropriate for their role. Staff were kept up to date with their safeguarding training. Staff also had safeguarding face to face training and the compliance for that was 98%. The recent staff survey showed 57% of staff felt confident and 31% of staff felt extremely confident in raising and dealing with safeguarding concerns. It showed that 11% of staff felt somewhat confident. However, there was no action in place to indicate how the provider might address this.

The provider had a safeguarding policy in place which provided guidance for staff on how to report safeguarding incidents. Referral forms were provided for staff to make referrals to the local authority. The service had an internal flow chart on reporting safeguarding incidents to ensure clarity for staff.

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

All staff we spoke with knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service had a safeguarding lead and all staff knew who they were and how to raise concerns to them. Staff told us they kept a book in the nursing office to note any safeguarding issues and would raise concerns through the incident reporting system.

Staff followed clear procedures to keep children visiting patients safe. Children were not able to visit the ward, however there was a room off the ward whereby children could visit family members.

Staff access to essential information

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

Good

Forensic inpatient or secure wards

Patient notes were comprehensive, and all staff could access them easily. All staff had personal logins in order to access records. Patient records were stored electronically except section 17 leave forms and medicine charts. Service users' sections papers were accessible on paper in the mental health act administrator's office. All records were kept securely.

Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff monitored side effects and adverse reactions of patients taking medicines. There was regular pharmacy input and patients' allergies were noted.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Consultants regularly reviewed patients' medication during ward rounds and we saw evidence of this.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The service subcontracted a pharmacist who attended the service once a week. The pharmacist audited the medicines charts and flagged any issues to the psychiatrists.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The provider developed a competency framework for medicines administration for each qualified nurse and assessed their competencies. Nurses were supervised during administration of medicines until their competency was completed. The competency included guidance on medication errors.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. NICE guidelines are evidence-based recommendations for health and care in England. For example, staff told us patients who were diabetic were supported with monitoring of daily glucose levels. Staff also supported patients to choose healthier meal options to manage their physical health. Some staff were also trained in monitoring patient blood pressures.

Track record on safety

The service had a good track record on safety. The service had no serious incidents or near misses in the last 12 months.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

In the last 12 months, there were 142 incidents. Incidents were reported and a log was maintained on a spreadsheet which rated incidents depending on level of harm. There were no never events in the service within the last 12 months of the inspection. The service had no serious incidents reported during this period.

Good

Forensic inpatient or secure wards

Staff knew what incidents to report and how to report them. Staff we spoke with were aware of the incident reporting process and gave examples of this. For example, staff used an incident reporting system to raise incidents within the service.

Staff understood the duty of candour and had a policy in place about this. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. For example, when due to staff error, a patient received incorrect medication, they immediately apologised to the patient and reported the incident.

Managers worked with psychologists who debriefed and supported staff after any serious incident. Staff told us they were supported after incidents and received debriefs.

Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service. Staff told us incidents were handed over between shifts both verbally and written. Incidents were investigated by both the NHS provider and Avesbury House.

Managers shared learning with their staff about never events that happened elsewhere. Incidents across all Priory hospitals were shared with the hospital director and clinical director. The incidents were cascaded through 'learning from experience' bulletins which were published by the clinical director. Incidents were also discussed in team meetings and at clinical governance meetings.

Are Forensic inpatient or secure wards effective?

Good

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

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. They included specific safety and security arrangements and a positive behavioural support plan.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We saw evidence of ongoing physical health screening for example, patients on high dose antipsychotic medication required regular blood monitoring. We saw evidence of this in patient care records. There was evidence of patients being referred to local GP services for further physical health monitoring throughout their stay.

Staff developed care plans for each patient. Staff regularly reviewed and updated care plans regularly. Care plans were reviewed monthly and discussed in ward round. Patients had standard care plans which included keeping connected, keeping healthy, keeping well, keeping safe and getting better. Three out of six care plans we inspected did not reflect patients' physical health needs. For example, we found two patients who had physical health care needs identified in

the initial assessment. The care plans present recorded the physical health needs but there was no detail on the risks, or how to manage the physical health issues. However, we saw evidence of physical health issues regularly reviewed. For example, patients on high dose anti-psychotic medication had bloods regularly reviewed, even though this was not mentioned within the care plan.

In the last inspection, patients told us they did not always receive a copy of their care plan. On this inspection, the patients we spoke with told us they had a copy of their care plans. There was also a section on the patient notes where staff could select if patients had been given a copy of their care plans.

Care plans were personalised, holistic and recovery-orientated. We saw evidence of patient input in care plans and patients' own voice being used.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Patients had access to medicines, psychological interventions and occupational therapy as part of their treatment. The psychology team delivered care in line with national guidance and used multiple forms of psychological interventions which included cognitive behavioural therapy and compassion-based therapy. Staff told us therapy was tailored to meet individual needs for example one patient required further understanding of their mental health, and staff were supporting them with developing their awareness in this area.

The service used NEWS2 which is recommended in the NICE guidelines. The purpose is to identify patients who are physically unwell. We reviewed 24 NEWS2 records and found 14 records were incomplete. Some records had observations recorded but the total score was not completed. Out of these 14, three patients were dependent on insulin to manage their diabetes. We found readings for these patients recorded on patients' prescription charts. This meant when observing the NEWS2 documents, it was not clear if patient physical health checks had been completed. The provider's policy stated that by using the 'Early Warning Scoring System, we can accurately and rapidly deliver actions to Predict, Prevent, Treat & Communicate emergencies.' The provider was also not conducting any audits of NEWS2 charts to ensure any learning could be identified and shared with staff.

Staff made sure patients had access to physical health care, including specialists as required. All patients had access to GP services. During the time of our inspection, a new ward doctor had been appointed, who would assist patients with physical health needs.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. For example, staff recorded and supported patients who were vegetarian and the chefs cooked food accordingly.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service was a smoke free hospital. Patients had access to smoking cessation groups and were provided with nicotine replacement therapy at their request.

The service had a technical instructor who had left at the time of our inspection. The role of the technical instructor was to assist patients with physical health and maintaining a healthy lifestyle. The technical instructor would facilitate gym groups, cycling groups and additional walking groups. Staff told us the role was being recruited into.

Staff used technology to support patients. Patients were encouraged to communicate with their families and had access to video calling and personal phones. Patients also had access to the IT resource room for internet access.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. Patients had access to a consultant, registered and non-registered nurses, psychologists, occupational therapists, social workers, GP practices, community teams, advocacy and pharmacists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care including bank staff. Managers gave each new member of staff a full induction to the service before they started work. Staff received a corporate induction and local level induction. The induction was a two-week process that included mandatory training. Staff were shadowed on the ward throughout induction and were supernumery. This meant staff on induction were not part of the staff mix for that shift.

Managers supported staff through regular, constructive appraisals of their work. Staff had access to monthly supervision and yearly appraisals. Managers also held group supervision monthly. We reviewed six staff supervision records including two group supervisions. Managers discussed continuous development, care planning, risk assessments, team issues, policies and practise, suggestions for improvement and well-being.

At the last inspection, we found staff supervision notes were not always recorded appropriately. During this inspection we found staff supervision records were regularly monitored by managers. Staff supervision for the last 12 months was never under 94%. The nurse lead kept a spreadsheet to monitor staff supervision and paper records of supervision information was kept in the admin office.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Team meetings were held monthly, and minutes were taken and available for staff who did not attend the meeting.

Staff had access to reflective practice sessions run by the psychologists monthly. Reflective practice sessions included training for staff, for example, trauma informed training for staff. Reflective practice sessions allowed staff to discuss complex patients.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, the service had experienced a shortage of ward doctors who normally conducted Electrocardiogram (ECGs). ECGs are a test used to check heart rhythm and electrical activity. Managers identified training for other staff to complete ECGs because the service had an ECG machine onsite. This meant staff were available to conduct ECGs onsite.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers we spoke with said they had not dealt with any recent formal poor performance, however, managers were aware of how to deal with poor performance amongst staff.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation and engaged with them early on in the patients' admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary meetings were held weekly across two teams. The team consisted of consultants, social workers, psychologists and occupational therapists. Patients' community teams were also invited to ward rounds.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover meetings took place daily. The meetings were documented, and all information was sent to the multi-disciplinary team to ensure all staff had accurate up to date information on the patient's current states.

Ward teams had effective working relationships with other teams in the organisation. The teams worked well together including with staff from the local NHS trust and Chase Farm Hospital.

Ward teams had effective working relationships with external teams and organisations for example GP practices, local colleges, volunteer work facilities, community teams, and the local priest. Staff supported patients with unescorted leave and being confident within the community. For example, staff supported patients to use public transport to build their confidence. Staff worked with patients on relapse prevention programmes alongside the community team to aid patients on their discharge pathway.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received, and kept up-to-date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Training compliance for the Mental Health Act was 91.2% at the time of our inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The service had a Mental Health Act administrator who they could access for support around the Mental Health Act. The Mental Health Act administrator also maintained oversight of tribunals, hearings and stored copies of patients' detention papers and associated records correctly.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. All policies were available on the staff intranet.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. At the time of our inspection, there were no patients on the ward who lacked capacity. Patients had access to information on mental health advocates. Patients we spoke with told us mental health advocates visited the ward. Information on advocates was available in the communal areas.

Good

Forensic inpatient or secure wards

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We saw evidence of patients' rights being read and repeated. This was clearly documented in patients notes.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and with the Ministry of Justice. Staff completed forms for patients before patients took leave. The form included information on the patient's mental state, medication compliance, risk assessments being completed, a photograph in place, any self-harm behaviour and a description of patients' clothing.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw evidence of patients having a second opinion doctor when needed.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Mental health act audits were completed yearly.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received, and were consistently up-to-date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. Training compliance for the Mental Capacity Act was 88.8% at the time of our inspection.

At the last inspection, we found staff did not have a good understanding of the Mental Capacity Act. During this inspection we found staff understood the Mental Capacity Act and knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff could give examples of how patients were supported if they lacked capacity, for example, staff spoke about supporting patients through Power of attorney if patients lacked capacity. During our inspection, there were no patients at Avesbury House who lacked capacity.

There was a clear policy on the Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. All policies were available on the staff intranet. Staff had training in Deprivation of Liberty Safeguards and training compliance was 93.2% at the time of our inspection.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve. The audit for the Mental Capacity Act was included in the Mental Health Act audit and included information on capacity, referrals to independent mental health advocates (IMHAs) if patients lacked capacity, patients' rights read and if the information was provided in an accessible format such as braille.

Are Forensic inpatient or secure wards caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Good

Forensic inpatient or secure wards

We observed staff interactions with patients and observed staff were respectful, and responsive when caring for patients. Staff gave patients help, emotional support and advice when they needed it. Staff told us patient information was always kept confidential.

Staff directed patients to other services and supported them to access those services if they needed help. For example, when patients had physical health appointments, patients were supported to attend appointments with staff members.

We spoke with 4 patients. Patients said staff treated them well and behaved kindly. Patients described staff as friendly. Staff told us they supported patients with personal care and encouraged patients to maintain personal hygiene.

Staff understood and respected the individual needs of each patient. For example, staff told us there were some patients who don't like to go out. Staff gave examples of supporting these patients to encourage them to access the community by going with them.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients were provided with a handbook upon admission which gave them information on the service including meal times, medication times, roles of the multi-disciplinary team, nursing shift patterns, visiting times, activities, section 17 leave and complaints.

Patients told us staff involved them in ward round meetings and discussed their plans.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Staff had access to interpreters and could print information off in different languages or braille for patients with communication difficulties.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients told us they knew how to complain and give feedback if they wanted to. Patients also told us they attended community meetings where they could raise any issues.

Patients completed an annual survey and the results of this was audited. The audit took place in 2021 and results showed 72% of patients said they felt safe on the ward. No patients reported never feeling safe. 92% of patients reported they could speak to staff about issues upsetting them and 96% felt staff would address issues.

Staff made sure patients could access advocacy services. Three patients told us they knew how to access an advocate. These patients knew the advocate attended the ward regularly. There was also a leaflet in patient communal areas informing patients about the advocacy service. Results from the patient survey showed 92% of patients knew how to access an advocate.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Good

Forensic inpatient or secure wards

Staff told us that generally involvement with families and carers was low. This was because some patients refused involvement from family and carers. Staff told us COVID-19 had impacted on involvement also as it meant they were unable to hold open days and events for carers to come to the service. This is currently under review.

Staff supported, informed and involved families or carers, given patients' consent. One patient told us their family was invited to attend ward round through a video call as they live abroad.

Staff gave carers information on how to find the carer's assessment. Carers were sent a handbook on Avesbury House which included information on the service, the Mental Health Act and rights of the patient and carer including information on advocacy, information on physical health, security, support for carers and contact links. The handbook contained information of staff within the service and their roles to the patients. Carers were also invited to ward round if patients consented and agreed. Visiting hours were also present within the handbook.

Staff helped families to give feedback on the service. Information on feedback was given in the carer's handbook.

Are Forensic inpatient or secure wards responsive?

Good

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

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. As a result, discharge was rarely delayed for other than clinical reasons.

Bed management

The local NHS trust block purchased beds at Avesbury House. At the time of the inspection, the service was at full bed occupancy and was a stepdown service from medium and high secure services.

Managers told us the referral and acceptance process was carefully managed. The service did not take on patients who were aggressive or might need to be restrained. Staff told us aggression and violence was constantly monitored through observations, risk assessments, care plans and ward rounds.

Staff told us patient stay was controlled by the Ministry Of Justice but length of stay was discussed and monitored in ward rounds and care planning approach (CPA) meetings. However staff told us they had no out of area placements and no patients under the Deprivation of Liberty Safeguards.

Managers and staff worked to make sure they did not discharge patients before they were ready. Patient discharge was discussed with patients during ward rounds and care performance approach (CPA) meetings. Care community practitioners were involved in assisting patient in securing accommodation.

Patients were moved between wards only when there were clear clinical reasons or it was in the best interest of the patient, for example when patients had urgent physical health needs, they were taken to the local accident and emergency service at the local NHS trust.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. Staff would contact Chase Farm hospital in the event a bed was needed for psychiatric intensive care.

Discharge and transfers of care

Staff told us there were no delayed discharges in the past year. However, managers could not provide us with data to support this. Managers told us discharges were discussed with community teams and multi-disciplinary team members.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The patients multi-disciplinary team including social workers, care co-ordinators and care community practitioners were involved in patient discharge process. Staff ensured patients had access to treatments in the community teams for example with psychologists within community teams.

Staff supported and could give examples of supporting patients when they were referred or transferred between services. For example, during the transition period, staff would support patients to visit accommodations, maintain contact when patients who had overnight leave and completed a seven day follow up with patients post discharge. Staff liaised with key workers during this process and followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. Patients had access to their bedrooms throughout the day. Patients' bedrooms were locked and patients had access to their keys. Patients had a secure place to store personal possessions.

Each ward within the service had communal areas, a quiet lounge and access to a kitchen. Not all the rooms had en-suite facilities. There was a pool table available for patients in the communal area. The service had a room available where patients met with visitors.

Patients could make phone calls in private. Patients were offered a non-camera phone on admission to the ward. Patients could access their personal smartphones off the ward.

The service had an outside space that patients could access easily. The outdoor space was locked but access was not restricted. The patients told us they could access garden facilities when they required.

Patients could make their own hot drinks and snacks and were not dependent on staff. All wards had its own kitchen where patients could make and access hot drinks and snacks 24 hours a day. The ward kitchen was kept unlocked.

The service offered a variety of good quality food. Staff told us patients could request meals based on preference, religion and culture. For example, staff gave examples of supporting patients who were vegetarians. All meat at the hospital was halal. Patients we spoke with said they enjoyed the food within the service. Patients were encouraged to self-cater.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. Staff gave examples of supporting patients with education and work. For example, staff had strong links with MIND, volunteering work and local colleges where patients could complete courses. The local college provided courses in catering, baking and had introductory courses.

Staff helped patients to stay in contact with families and carers, where patients consented. Carers and families were invited to ward rounds and care programm approach meetings. Patients were encouraged to meet with family and carers through video calling when families lived far away.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients were encouraged to develop skills within the community for example public transport, going to the library, going to the shops, attending parks and cafes. Patients also had access to a community hub which was run by the community practitioners. This encouraged patients to familiarise themselves with the community to aid their discharge.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Some of the rooms within the hospital were on the ground floor and had wet rooms which meant reasonable adjustments could be made if necessary for people with physical disabilities.

Patients had access to weekly community meetings where patients could raise concerns and complaints. Complaints was a standard agenda item for the meeting as well as food, achievements, celebrations, and ideas for improvements.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Communal areas had bulletins present where patients could access information on how to complain. On admission, patients were provided with a handbook which also included information on how to complain.

The service had information leaflets available in languages spoken by the patients and local community. Leaflets were available upon request. Staff gave examples of supporting patients whose first language was not English. Managers made sure staff and patients could get help from interpreters or signers when needed. For example, to support a patient whose first language was not English, staff located a psychologist who spoke the language, to ensure the patients had psychology sessions as part of their care and treatment.

Patients had access to spiritual, religious and cultural support. Patients were encouraged to access spiritual support within the community for example, the service had links with a local priest at a church whereby patients were encouraged to attend. The service had a resource room which could be used as a multi-faith room, however, three of the patients we spoke with told us they did not have access to a multi-faith room.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. The information was provided to patients, relatives and carers in the handbook provided on assessment. Patients we spoke with told us they knew how to make a complaint.

Good

Forensic inpatient or secure wards

The service clearly displayed information about how to raise a concern in patient areas. This was displayed on the ward in communal areas.

Since May 2021, the service had received two formal complaints. Neither of the complaints were upheld. Complaints were reported as incidents and management have oversight of the complaints on the managers' dashboard. The dashboard displayed incidents that were open. And they acknowledged and monitored how long incidents were not responded to. The provider's policy ensured all complaints were responded to within 45 days. All complaints we looked at were reviewed in line with the provider's policy.

Managers investigated complaints and identified themes as well as lessons learned. Formal letters of acknowledgement were sent to patients to keep them updated on the investigation. Managers shared feedback from complaints with staff in team meetings and learning was used to improve the service.

Patients could also raise informal complaints in the community meetings. The community meeting agenda had a section whereby patients could raise complaints to staff within the service. Results from the service user survey showed 88% of patients got feedback and updates on complaints they raised.

Staff understood the policy on complaints and knew how to handle them.

The service used compliments to learn, celebrate success and improve the quality of care. we reviewed seven compliments, some in the form of a patient card thanking staff for their support. One patient was thankful for "making my placement so memorable".

Are Forensic inpatient or secure wards well-led?

Good

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

Leadership

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

The service had recently appointed a new hospital director in May 2021 which had provided some stability for staff within the service.

Staff told us senior staff were visible and approachable. Staff said they felt confident in raising issues with them and told us managers had an open-door policy. Staff felt supported in their roles and were positive about managers.

The provider had clear career pathways for staff employed by the Priory. There were clear pathways and roles which included education, children's services, adult care and healthcare. Staff told us they had opportunities for development and clear career progression. We saw evidence of progression discussed in staff supervision.

Good

Forensic inpatient or secure wards

Vision and strategy

Staff knew and understood the provider's values and how they applied to the work of their team. The provider's values included striving for excellence, being positive, putting people first, acting with integrity and being supportive. Staff we spoke to were aware of the values and demonstrated them on our observations of patient interactions. The provider's values were displayed on the wards.

Prior to Covid-19, the service held joint away days with staff from Barnet Enfield and Haringey Mental Health Trust , however this had since been put on hold due to Covid-19 due to government guidelines and restrictions.

There was no clear vision and credible strategy for the service. Senior leaders told us there was currently no strategy for the site, which was something they were aware needed to improve on in the future. This meant there was no robust, realistic strategy for achieving priorities and delivering good quality sustainable care.

Culture

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

We spoke with staff members who described the culture as friendly and open. Staff told us the environment felt like a family and that staff worked well together and described the culture as open.

Staff we spoke with said they felt valued and supported and talked about the provider's development and career progression called the academy. Staff said career progression was discussed in supervision meetings. Staff we spoke with gave examples of career progression options they were taking, for example one staff member told us they were completing a foundation skills course before accessing a nursing course.

A recent staff survey showed 100% of staff said yes when asked if the whistleblowing process had been explained to them. None of the staff we spoke with raised any issues regarding bullying and harassment.

The provider launched a well-being app for staff called 'my positive self' with the aim of boosting staff well-being. The app uses cognitive behavioural therapy method and has a mood tracker. The app promotes stress management, healthy eating and activity levels.

Governance

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

Avesbury House is run in partnership with a local NHS trust. The partnership has continued for approximately 15 years. The NHS trust are contracted to provide the multi-disciplinary team including the consultants, psychologist, social workers and occupational therapists. The NHS trust also provide mandatory training, supervision and appraisals for the multi-disciplinary team. The caseload of the multi-disciplinary team, except for the occupational therapists, was split amongst the local NHS trust and Avesbury House.

Clinical governance meetings were held monthly and attended by the multidisciplinary team and staff from Avesbury House. There was a standard agenda for the meeting which included risk assessments, Mental Health Act, patient feedback and involvement, quality improvements, infection control, family intervention, Covid-19, staff feedback and other items. All agenda items had completion dates in place.

The service leads held monthly meetings to discuss the service and any specific issues raised from clinical governance meetings. Managers told us informal conversations occurred regularly and staff were aware of issues immediately.

A range of audits were completed including safeguarding and infection control, however the audits did not include any detail of how risk or poor performance was identified. There were no actions in place for these audits. The provider had no audits in place to monitor NEWS2 scoring system which monitored patients physical health. We found 14 incomplete NEWS2 records during the inspection.

We identified some aspects of governance which lacked oversight for example we reported on managers not having oversight on restrictive interventions, audits were not always completed and managers did not have oversight of all bed management information.

Management of risk, issues and performance

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

The service had a risk register which monitored current risks at Avesbury House. Twenty-seven risks were identified on the risk register which included nursing vacancies, limited access to GP services, damage to the security gate and COVID-19. The risk register outlined risks in terms of rating for example high, medium or low. It also included mitigation staff were taking for example, the service had an issue with drugs and contraband on the premises. This was rated as high on the risk register and further training on searching and identification of items used to hold drugs was undertaken in October 2021. The risk was re-rated after training was completed.

Managers held monthly team meetings where risk and issues were discussed. During the meetings, supervision and training compliance was monitored, safeguarding incidents were discussed, incidents complaints and clinical governance were discussed. Health and safety including risks with Covid-19, patient feedback and mental health act was also discussed. Managers discussed this during meetings and maintained oversight of team issues and performance.

The provider had a news page accessible to staff which provided key messages and updates. This included updates around Covid-19 and the new variant, government guidelines and updates for staff, vaccination information and the risk of harm and suicide over the Christmas period. There was a sepsis awareness article and safety bulletin for staff to access. Further information on provider policies and procedures were accessible on the staff intranet.

The clinical director completed learning from experience bulletins which included information on incidents that had occurred, lessons learnt and actions taken. These were shared with all staff at Avesbury House. This ensured all patients had access to information on incidents and learning shared. For example, there was an incident in which patients were making racial comments to staff. The lessons learnt included that all staff reported any racism to the police and to staff. Staff were supported in not tolerating abuse from patients.

Information management

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

Staff had access to appropriate equipment and information technology to carry out their role, including alarms, computers and phones.

Good

Forensic inpatient or secure wards

Managers had access to information to support their management role for example, managers had access to electronic dashboards which allowed managers to view data performance of the ward. For example, managers had access to vacancy and appraisal rates and mandatory training records. However, at the time of inspection, managers did not have access to all bed management information.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The local NHS trust shared their blue light bulletins with Avesbury House staff to ensure key messages and learning was shared.

The clinical lead attended the forensic physical health meeting at the local NHS trust to share learning across the sites and pathways.

Staff told us due to the pandemic, timely access for patients attending GP services for appointments had become difficult. Chase Farm hospital had a physical health team based on site employed by staff from the local NHS trust. This was discussed with senior managers who agreed patients could have access to physical health services at Chase Farm as an interim solution. The issues with the GP services was on the risk register for Avesbury House.

Staff undertook a workshop with the quality team about incident reporting and what should be reported. The training was completed in September 2021 as managers felt there was a lack of information about what constituted an incident. Managers told us the incident reporting system had improved since then. Incident investigations were completed jointly between both providers.

Staff were in regular contact with external bodies and submitted notifications when required.

Learning, continuous improvement and innovation

The provider took part in the Quality Network for Forensic Mental Health services. The most recent review took place on 21 September 2021. Avesbury house successfully took part in the development component of the Quality Network. The service completed an action planning workbook in which they reflected on their practices against published standards and action plans from previous years. In the report, the service identified key priorities and challenges including the changes to the Barnet Enfield and Haringey multi-disciplinary team, ongoing national pandemic and limited family/ carer engagement.

Staff were very proud of the way they managed patients through the pandemic. During the pandemic, only one patient was identified who tested positive for Covid-19. Managers praised staff on the wards for supporting them appropriately in line with government guidelines. Staff told us they worked collaboratively to ensure they provided care that was best for patients and as unrestrictive as possible.