

# The Dene

## 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?

Requires improvement



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 Dene as good because:

- Staff completed patient risk assessments in a timely manner using recognised tools, such as the historic, clinical risk management – 20.
- Shifts were very rarely understaffed and where agency staff were used, the same staff were requested on a longer term basis to ensure continuity of care for patients. There was always a minimum of two qualified nursing staff on each shift and enough staff to allow patients one to one time. The hospital was using innovative schemes to recruit to vacant nursing posts and had employed a recruitment consultant to assist with this.
- Staff monitored patients' physical healthcare and they could access specialist physical health services when needed. The hospital had service level agreements with the tissue viability service, dentistry and speech and language therapy. A GP provided regular physical health monitoring. Staff used appropriate measures such as the malnutrition universal screening tool. Staff met patients nutritional and hydration needs and there was good liaison between ward staff and the catering team.
- Staff engagement with patients was positive. Patients told us they felt safe on the ward and there was good staff presence at all times. Patients were very complimentary about staff and we observed many positive and engaging interactions between staff and patients. Staff demonstrated a clear understanding of individual patient's needs. Each ward held weekly community meetings for patients to raise any issues or concerns with the staff team.
- There were regular and effective multidisciplinary team meetings occurring that involved a good selection of health care professionals. Staff reported senior managers were visible on the wards and they felt well supported by managers. Staff spoke of their pride in working for the service and high levels of job satisfaction.
- Each ward had a full range of rooms to support patients' treatment and care including clinic rooms, a quiet room, art therapy rooms and a hospital gym. Patients had easy access to spiritual care and chaplaincy.
- Patients' had good access to psychological therapies with individual one to one sessions occurring regularly. Occupational therapy was also provided on each ward. The hospital was accredited with the Oxford, Cambridge RSA examinations service so that patients could study to take exams on the ward.
- There was a clear complaints procedure in place and the hospital responded well to these in a timely manner. There was an efficient system of reporting incidents and we saw clear cascading of learning from these to ward staff.
- The service had good governance systems in place reflected in the high rates of staff training, supervisions and appraisals. All staff were trained in adult and children safeguarding and demonstrated a good knowledge of the safeguarding procedures for the hospital.

However:

- The ligature audit was basic and had no plan in place to mitigate the identified risk.
- There were some blanket restrictions on some wards regarding snacks, hot drinks and garden access.
- Some informal patients told us they were not aware they could leave the ward. However there were notices displayed on the wards explaining patients' rights, including the right to leave.
- We saw one example of Mental Health Act paperwork not being appropriately completed when using section 5(4).
- Patient involvement in their care planning was minimal.
- Patients on secure and high dependency wards access to the gardens was limited to set times.
- The activity programme did not offer meaningful and engaging activities at weekends.

# Summary of findings

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Good 

# The Dene

**Services we looked at**

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards

# Summary of this inspection

## Background to The Dene

The Dene is a modern purpose-built hospital providing specialised medium and low secure services for people with mental health needs, mild learning disabilities or problems with substance misuse.

The hospital currently has five working wards and one closed for refurbishment. The wards comprise one male acute admission ward, one female high dependency ward, one male high dependency ward, one medium secure female ward and one low secure female ward. The hospital had closed a medium secure female ward and moved the patients into the existing medium secure ward.

The hospital was last inspected fully in July 2015 and there have been follow up inspections in January 2016 and May 2016. At the July 2015 inspection there were five requirement notices in relation to safe staffing, supervisions and appraisals, risk assessments and physical healthcare, personalised care plans and effective governance systems. These have now been met.

A requirement notice is issued by CQC when an inspection identifies that the provider is not meeting essential standards of quality and safety. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, an assistant inspector, a Mental Health Act Reviewer and two specialist professional advisors with experience working in this area.

## Why we carried out this inspection

We inspected this core service as part of our ongoing 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?
- Is it responsive to people's needs?
- Is it well-led?

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

During the inspection visit, the inspection team:

- visited all five of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 32 patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 36 other staff members; including doctors, nurses and social workers
- spoke with the hospital director, clinical director, director of nursing, senior governance manager and the lead nurse
- attended and observed three hand-over meetings and three multi-disciplinary meetings
- looked at 22 care records of patients

# Summary of this inspection

- carried out a specific check of the medication management on four wards

looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

Patients told us they felt safe and well supported on the wards. They reported that staff were caring towards them and treated them kindly, respecting their privacy and dignity. Food was reported as being of a generally high standard. Patients told us they had some involvement in their care planning, although for some this was minimal and patients said it was not meaningful to them. Patients said that they had copies of their care plan, or could ask

for one if they wanted one. Patients enjoyed the activities provided, although some would have liked more, especially at weekends. Other patients said it was not for the ward to provide activities all day and liked the fact they had free time to themselves. Some informal patients reported they were not aware they could leave the ward and thought they had to stay on the ward for the first 72 hours of their admission.

# 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?

We rated safe as requires improvement because:

- The ligature audit was basic and had no plan in place to mitigate the identified risk.
- There were some blanket restrictions on the wards regarding snacks, hot drinks and garden access.
- Informal patients were not aware they could leave the ward, although there were patients' rights information posters displayed on all wards.

However:

- Patients told us they felt safe on the ward and there was good staff presence at all times.
- Staff completed patient risk assessments in a timely manner using recognised tools.
- All staff were trained in safeguarding and demonstrated a good knowledge of the safeguarding procedures for the hospital.
- There was an efficient system of reporting incidents and we saw clear cascading of learning from these to ward staff.
- Staff were up to date in all mandatory training including safeguarding.
- Seclusion rooms were equipped in accordance with the Mental Health Act Code of Practice.
- There was always a minimum of two qualified nursing staff on each shift and enough staff to allow patients one to one time.
- Each shift had a named staff member responsible for ward security, including patient observations.

**Requires improvement**



### Are services effective?

We rated effective as good because:

- All patients received a pre-admission assessment by two members of the multidisciplinary team.
- Staff monitored patients' physical healthcare and they could access specialist physical health services when needed.
- Staff met patients nutritional and hydration needs and there was good liaison between ward staff and the catering team.
- There were regular and effective multidisciplinary team meetings occurring that involved a good selection of health care professionals.

**Good**



# Summary of this inspection

- Patients' had good access to psychological therapies with individual one to one sessions occurring regularly.
- Staff completed timely and comprehensive assessments of patients after admission.
- Care records showed personalised, holistic care plans which were recovery focused.
- Staff supervision and appraisals were up to date.
- Staff had good working relationships with the local authority and community mental health teams.
- However:
- We saw one example of Mental Health Act paperwork not being appropriately completed when using section 5(4).
- Staff did not routinely update patients' care plans following incidents.

## Are services caring?

We rated caring as good because:

- We observed many instances of staff supporting patients and respecting their individual needs.
- Patients reported staff treated them kindly and they felt cared for on the wards.
- Patients reported that staff respected their privacy and dignity.
- Each ward held weekly community meetings for patients to raise any issues or concerns with the staff team.
- All patients had access to the advocacy service.
- Staff demonstrated a clear understanding of individual patient needs on their wards.

However:

- Patient involvement in their care planning was minimal.

**Good**



## Are services responsive?

We rated responsive as good because:

- Each ward had a full range of rooms to support patients treatment and care including clinic rooms, a quiet room, art therapy rooms and a hospital gym.
- Patients had access to their own mobile phones and there was a patient telephone on the ward if needed.
- Patients were able to personalise their rooms.
- Patients reported the food as being of good quality.
- The hospital was accredited with the Oxford, Cambridge RSA examinations service so that patients could study to take exams on the ward.
- Patients had easy access to spiritual care and chaplaincy.

**Good**





# Summary of this inspection

- There was a selection of food offered to patients to cater for all needs and beliefs.
- There was a clear complaints procedure in place and the hospital responded well to these in a timely manner.
- However:
- Patients could not always access gardens when requested and were prevented from accessing once it was dark. Additionally, provisions for disabled access to gardens was poor and not written into policy.
- The activity programme did not offer meaningful and engaging activities at weekends.

## Are services well-led?

We rated well led as good because:

- Staff reported senior managers were visible on the wards and they felt well supported by managers.
- Staff demonstrated values of support and recovery.
- The service had good governance systems in place reflected in the high rates of staff training, supervisions and appraisals.
- The hospital had introduced incentive schemes to attract more qualified staff.
- Staff spoke of high levels of job satisfaction.
- Staff were working with patients in developing ways of reducing restrictive practices on the wards.
- Staff at all levels undertook clinical audits regularly.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

All staff had received training in the Mental Health Act. Wards with informal patients had signs clearly stating that they could leave the ward. However, some informal patients told us they were not aware they could leave the ward in the first 72 hours of their admission.

Mental Health Act paperwork was stored appropriately and staff had access to this when needed. We saw one example of section 5(4) paperwork completed with no clear rationale for using the section. All other paperwork was appropriately completed.

Staff routinely read detained patients their rights under section 132 of the Mental Health Act and updated their records accordingly.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received Mental Capacity Act training and showed a good awareness of this legislation. Staff

completed capacity assessments where required and these were decision and time specific. The hospital had no patients subject to deprivation of liberty safeguards authorisations at the time of the inspection.

## Overview of ratings






Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

## Notes

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

Good 

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

## Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement 

### Safe and clean environment

- We visited three acute wards at the hospital. Each ward had a ligature risk assessment, although this was basic and did not contain any detail. For example, one ligature risk was identified as being a door. There was no explanation as to what made this a ligature risk, and there was no plan to go alongside the audit to mitigate any of the risks identified.
- The ward layouts allowed for staff to observe all areas of the ward, and there were mirrors placed in corridors to allow for observations. Each ward was single sex so there were no issues with mixed sex accommodation.
- Seclusion rooms were equipped in accordance with the Mental Health Act Code of Practice and each had two way communication, washing facilities, access to a toilet and a clock.
- Each ward had a fully equipped clinic room with accessible resuscitation equipment and a medicines fridge which staff checked the temperature of daily.
- All equipment was well maintained and testing stickers visible and in date.
- The wards were clean, spacious and well maintained and we saw evidence staff completing cleaning schedules on the ward to maintain ward hygiene and cleanliness.
- Staff carried alarms at all times to alert other staff to respond in an emergency.

### Safe staffing

- Planned staffing establishment levels for each ward were two qualified nurses and four health care assistants during the day, and four members of staff at night, including at least one qualified nurse. We saw rotas that showed these staffing levels were always maintained.
- Staff worked a shift pattern of 7.30am – 8pm, and 7.30pm – 8am. There was always a minimum of two qualified nurses on each day shift and one for each night shift. The management team held a multidisciplinary team meeting every morning at which staffing levels for the hospital were discussed. If a ward was under staffed staff could be moved from another ward to cover, if that did not leave a ward short.
- Nursing staff vacancies for the three months leading to July 2016 were eight nurses each for Helen Keller ward, Wendy Orr ward and Edith Cavell ward. The service had introduced schemes to recruit nursing staff, including appointing a recruitment consultant and holding recruitment open days. Nurses could be interviewed at these open days to speed up the recruitment process. The hospital had also introduced schemes to pay relocation fees for nurses moving to the area and would pay a new staff member's rent for the first six months if they had to move to work at the hospital.
- All shifts were covered with each ward using agency staff to cover as required. Regular bank staff covered the majority of these shifts. Wards made limited use of agency staff. Wards used the same bank staff if possible to maintain continuity and ensure that the staff and patients were familiar with each other.

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

Good 

- On each ward there were enough staff on duty to allow patients to have regular one to one time with their named nurse. Staff rarely cancelled escorted leave due to staff shortages.
- Staff were fully up to date with all mandatory training. Mandatory training rates were over 95% complaint and had been for the six months prior to the inspection. The hospital a robust system in place to ensure that staff were notified whenever any mandatory training was due to expire so they could book themselves on the next course.
- Medical cover was provided by a GP who attended the hospital weekly. All patients in the long term secure wards were registered at this GP's practice. The hospital had service level agreements with local specialist services such as tissue viability and dentistry. The GP could refer to specialist medical services including speech and language therapists or continence specialists. The hospital had an immediate life support response team available at all times to address any medical emergencies.
- Each ward had a dedicated consultant psychiatrist to provide seclusion reviews, complete patient admissions and respond to psychiatric emergencies.

## Assessing and managing risk to patients and staff

- Within the acute and high dependency wards there were 206 incidents of restraint involving 45 different patients in the period from January 2016 to the end of June 2016. Of these, 26 restraints were in the prone position and 13 resulted in the use of rapid tranquilisation. The highest use of restraint was on Helen Keller ward with 133 recorded incidents of restraint. Staff used rapid tranquilisation most on Helen Keller ward and Edith Cavell ward, both recording six incidents of rapid tranquilisation. These were the two largest wards. Overall the percentage of prone restraint was 10%, below the National Health Service benchmarking network data national average of 19%.
- Rapid tranquilisation was used in accordance with National Institute for Health and Care Excellence guidelines and we saw evidence that staff recorded physical observations following this. The hospital had undertaken an audit of their rapid tranquilisation practice.
- Staff followed detailed observation policies on the ward. Each shift had a named staff member who was

responsible for security for the shift. This staff member would complete and record hourly patient observations. If patients required a higher level of observation this was discussed in the handover and the nurse in charge allocated this role within the shift numbers.

- We reviewed 22 patient care records. Risk assessments were thorough and completed in a timely manner. Staff completed risk assessments at point of admission and regularly thereafter.
- Staff used recognised risk assessment tools such as the historical, clinical risk management -20, and the short term assessment of risk and treatability.
- All staff received safeguarding training and knew of the process for raising a safeguarding alert.
- Informal patients reported they could not leave the ward for the first 72 hours of their admission. Staff stated this was not the case, but patients would be risk assessed before they could leave the ward. Staff believed patients may have misunderstood the fact their initial care plan was called a 72 hour care plan.
- Seclusion records showed that staff kept appropriate records and completed checks immediately afterwards. Staff recorded a rationale for seclusion and reviewed this every two hours. Staff used seclusion appropriately when other methods had not been successful.

## Track record on safety

- The acute and high dependency wards reported five serious incidents requiring investigation between June 2015 and May 2016.

## Reporting incidents and learning from when things go wrong

- All staff were aware of the incident reporting process. Staff reported incidents on the hospital electronic incident recording system and knew what to report. Managers within the hospital then reviewed incidents in line with their managing incidents and untoward occurrences policy. This policy ensured that ongoing lessons could be learnt before the conclusion of the investigation. When the investigation was concluded formal lessons were shared across the hospital via the multidisciplinary team meeting and ward team meetings. Learning was also emailed to all members of staff to ensure everyone had the opportunity to learn from incidents.

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

Good 

- Staff involved patients in any debrief to see how the incident was experienced from a patient perspective. The hospital had a duty of candour policy and was open and transparent in sharing with the patient when errors had been made.
- Managers from the senior management team discussed any incidents at the daily multidisciplinary team meeting. All ward managers and managers from each department attended this meeting, for example social work or psychology. The managers then fed back any updates on incidents and learning to their own teams by e-mail and team meeting. This ensured that lessons were shared across the hospital and did not stay within the ward where the incident happened.
- We witnessed one incident of restraint which required a rapid response from staff across the hospital. This was managed sensitively and the patients' dignity was maintained throughout. Staff had an immediate debrief and had the opportunity to say how this had affected them, and also what they would do differently next time. These views were shared at the following morning multidisciplinary team meeting.

## Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- We reviewed 22 care records. Staff had completed timely and comprehensive assessments after admission. The initial care plan was the 72 hour care plan, which staff reviewed with patients after this time. Each care record showed an up to date, personalised, holistic care plan which was recovery focused.
- Staff recorded all assessments and care plans on the electronic computer system. This information was accessible to all staff, including agency workers, so all staff knew the up to date information for each patient. The system was hospital wide so if patients moved wards the patient information was readily available to the new ward.
- Staff completed a physical examination at the point of admission and records showed that staff maintained on going physical health care monitoring of patients. The wards used a recognised tool called national early warning score to help with regular physical health monitoring and responding to any deterioration in a patient's health. Staff on all wards attempted basic health monitoring weekly.

### Best practice in treatment and care

- Patients on each ward had access to psychological therapy. Psychological therapy was offered individually, or within a group. The range of psychological interventions included dialectical behavioural therapy, hearing voices group, mindfulness and anger management.
- The hospital provided good access to physical healthcare. Staff on the wards could refer to specialists when needed, such as speech and language therapy, and the hospital had service level agreements with tissue viability nurses, dentistry and a GP. The GP visited the hospital weekly.
- Staff could refer patients to the hospital nutritionist if needed. The nutritionist covered all the wards at the hospital and could offer advice and education to staff and patients.
- Staff used recognised rating scales, such as the health of the nation outcome score to measure patients' progress on the ward.
- Staff participated in clinical audits, including an audit of practice against lipid modification National Institute for Health and Care Excellence guidelines. This audited all patients in the hospital and examined obesity, statin prescriptions, physical health and lifestyle interventions. Other clinical audits undertaken included an audit on use of rapid tranquilisation and patients with a history of self harm.
- The hospital subscribed to the prescribing observatory for mental health and took part in a lithium prescription and monitoring audit in July 2016.

### Skilled staff to deliver care

- The hospital employed a full range of healthcare professionals to provide input to the wards. These

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

Good 

included nurses and assistants, psychologists, social workers, occupational therapists and assistants and consultant psychiatrists. The hospital also had a nutritionist to cover all wards and a GP visited weekly.

- All staff including agency staff received a full induction to the service. During the induction period staff met regularly with their line manager.
- Staff supervisions and appraisals were all up to date. Staff supervision rates were over 95% of all staff having monthly supervision. We saw evidence that the supervision rate had been over 95% for the past six months. Staff received supervision monthly and an annual appraisal. These were all in date, or had been booked.
- As well as mandatory training staff could also access specialist training as appropriate, for example, working with people with a personality disorder.
- Poor performance was addressed promptly and effectively. Ward managers has sufficient authority to start performance management procedures and report to senior managers.

## Multidisciplinary and interagency team working

- We attended three ward handovers. These were patient centred and thorough. Staff handed over any details of any incidents and gave an update on each patient. Staff discussed any plans for the forthcoming shift.
- We attended one multidisciplinary team meeting. This meeting was for all members of the senior management team, ward managers and team leaders. The meeting was chaired by the senior governance manager and covered any incidents during the previous day, any safeguarding issues across the hospital, and staffing issues for each ward, bed capacity and any planned admissions or discharges for the day. The individual managers could then pass on relevant information to their teams. This practice ensured that all staff members were aware of the latest information relating to the hospital, and not just their ward or area.
- Staff had good working relationships with community mental health teams across the region and with the local authority. Staff attended safeguarding meetings with the local authority when required, and ensured a thorough handover to community services when patients were discharged.

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

- All staff had received training in the Mental Health Act.
- Staff adhered to consent to treatment and capacity requirements. Treatment forms were attached to medicine charts where appropriate.
- Staff explained detained patients' section 132 rights on admission and routinely thereafter. Staff audited this daily on the computerised recording system to ensure patients were aware of their rights.
- We saw one section 5(4) paperwork completed which did not give a clear rationale for the use of this section. We raised this with the Mental Health Act administrator who was able to show us the rationale in the patients' care record, but staff had not stated this on the section paperwork. All other Mental Health Act paperwork we reviewed had been completed correctly and was stored appropriately.
- The hospital completed audits of Mental Health Act paperwork to ensure section papers and renewals, consent to treatment and Section 132 rights are all up to date. The hospital had recently completed a peer audit to ensure documents were scrutinised by other professionals.
- All patients had access to the independent mental health advocate and spoke highly of this service. The advocate was on site at the hospital throughout the week.
- There was a Mental Health Act administrator within the hospital to provide support to staff on the wards.

## Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff demonstrated a good understanding of this legislation and the five statutory principles. The provider had a Mental Capacity Act policy including Deprivation of Liberty Safeguards for staff.
- Staff gave patients the opportunity to make decisions for themselves, and staff assumed patients had capacity in the first instance.
- Where capacity assessments were required staff undertook best interests checklists and formal capacity assessments in accordance with the Mental Capacity Act. Staff involved patients' family where appropriate and any decisions included taking the patient's wishes into account.
- Staff completed a capacity checklist of all patients on admission and undertook environmental audits to



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

Good 

ensure least restrictive practices on the wards. Staff audited the use of consent to treatment and capacity documentation to ensure staff were adhering to the principles of the Mental Capacity Act.

- Staff worked within the Mental Capacity Act definition of restraint.
- At the time of the inspection no applications for Deprivation of Liberty Safeguards authorisations had been made.

## Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good 

### Kindness, dignity, respect and support

- Staff treated patients with dignity and respect. Staff demonstrated a caring attitude towards the patients and we observed many instances of staff supporting patients and respecting their individual needs.
- Patients reported that staff treated them kindly and they felt staff cared for them. Patients reported that staff respected their privacy and dignity.
- Staff had time to give patients one to one time on the wards.
- Staff were sensitive to patients with physical health issues, or learning disabilities. Staff took time with patients with a learning disability to ensure they understood their rights on the ward and their treatment plans. Information was available in easy read form if required.
- All wards had a calm atmosphere and staff contributed to this in their calm, supportive approach towards the patients.

### The involvement of people in the care they receive

- Staff gave all patients a welcome pack when they were admitted. This contained information on what items patients could have on the ward, gave information on advocacy, making complaints and a timetable of activities. Staff advised patients on what they could expect from the staff, and what agreements the patients would need to abide by.

- Each ward held weekly community meetings for patients to be involved and raise any issues or give feedback to the staff team.
- All patients had access to the advocacy service.
- We reviewed 22 care records. Records showed evidence that patients had involvement with their care planning, although this was minimal. Care records indicated that patients agreed with their care plan, although there was little evidence to show that patients had actively contributed to this process. Patients reported staff had spoken to them about their care plan.
- Patients attended their weekly ward round review to discuss any issues on the ward, and forward planning. Families and carers were invited to care programme approach meetings where appropriate.
- The occupational therapy department ran a 12 week programme of work opportunities for patients. We attended the real work opportunities roadshow when patients could see which jobs at the hospital were advertised and which they could apply for. Patient roles included working in the patient shop, taking minutes at meetings, becoming a member of the patient council and patient interviewer. This programme gave patients to be actively involved in the running of the hospital and their care. The patient interviewer role gave patients the opportunity to interview candidates for positions within the hospital.
- The service ran a patients' council service. Patients' on the wards could raise issue with the patient council representative who would then take these issues to meetings with the senior hospital staff.

## Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good 

### Access and discharge

- The average length of admission for patients discharged within the previous 12 months was 90 days on Helen Keller ward, 37 on Wendy Orr ward and 19 on Edith

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

Good 

Cavell ward. The average length of stay for patients on the ward at the time of the inspection was 145 on Helen Keller ward, 90 on Wendy Orr ward and 33 on Edith Cavell ward.

- Average bed occupancy from January 2016 to June 2016 was 93% on Helen Keller ward, 90% on Wendy Orr ward and 88% on Edith Cavell ward. Bed occupancy levels are the rate of available bed capacity. It indicates the percentage of beds occupied by patients. During the same time period these three wards provided 107 out of area placements for other authorities.
- There was one delayed discharge on Helen Keller ward during the same time period, and none for Edith Cavell ward or Wendy Orr ward.
- Patients were not moved between wards, unless on justifiable clinical grounds.

## The facilities promote recovery, comfort and dignity and confidentiality

- Each ward had a full range of rooms to support patient treatment and care. These included clinic rooms, quiet rooms, and therapy rooms on each ward. Within the hospital there was also a gym for patient use. The wards each had a space for patients to meet visitors and access to an outside space.
- Patients had access to their own mobile phones, and there was a patient telephone on the wards for patients to use if needed. This was in a secure space to ensure confidentiality.
- Patients were able to personalise their bedrooms.
- Patients reported that the food was of good quality.
- Patients had access to the occupational therapy programme during the week. There was no formal activity programme at the weekend and any activities were dependent on ward staff initiating these. Patients could make use of any of the occupational therapy equipment, if supervised, but there were no scheduled activities at the weekend.
- The service was accredited with Oxford Cambridge and RSA examinations so that patients could study and take exams on the ward. The service had an education department for patients.

## Meeting the needs of all people who use the service

- Staff could provide information to patients in a variety of formats. This included easy read and leaflets in different languages.

- There was provision for patients with physical disabilities who required wheelchair access.
- Staff provided patients with information on local services, patients' rights and how to complain within the welcome pack given to patients when they were admitted.
- Patients were given a choice of food and there was provision to meet patients' specific cultural or dietary requirements.
- Patients had access to spiritual support.

## Listening to and learning from concerns and complaints

- In the 12 months leading up to the inspection the hospital received 15 complaints relating to the acute and high dependency wards. Four of these related to Helen Keller ward and 11 to Edith Cavell. Of these one was partially upheld on Helen Keller ward and four on Edith Cavell ward. The complaint on Helen Keller ward was regarding out of stock medication. Since then the hospital had new arrangements in place with their pharmacy supplier to ensure this did not happen again. The upheld complaints on Edith Cavell related to poor communication and loss of patient belongings. As a result of the loss of property the hospital have allocated a property champion to each ward to work with patients to ensure property is stored securely. Staff were arranging safe storage for all patients property on the wards. These initiatives have reduced the level of incidents of patients' property becoming damaged or getting lost.
- Staff were aware of the complaints process and knew how to handle complaints they received. Staff gave patients information on how to make a complaint as part of the welcome pack they received on admission and wards had leaflets and posters advising patients on how to make a complaint.

## Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good 

## Visions and values



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

Good 

- Staff were aware of senior managers within the hospital and said they were a visible presence on the ward. Staff reported they felt supported by the senior management team within the hospital.
- Staff demonstrated values of support and recovery. Staff promoted patients' independence wherever possible.
- The values of the organisation were included in all new staff's induction.

## Good governance

- The service had good governance systems in place, reflected in the high rates of mandatory training, supervision and annual appraisals.
- Shifts were covered by appropriate levels of qualified staff.
- Ward managers discussed incidents at the daily multidisciplinary team meeting and shared learning across the hospital. Learning was not restricted to the ward where the incident had happened. Good practice was also shared this way to ensure continuity across the service.
- Governance managers could access a variety of ward data via the electronic recording system which ensured any outstanding actions would be raised and passed to the ward manager to action. This ensured that tasks such as updating risk assessments and care plan reviews took place at appropriate intervals.

- Administration staff supported wards managers. Ward managers had authority and autonomy to adjust staffing levels on their wards as needed.






## Leadership, morale and staff engagement

- Staff spoke of being motivated and of having high levels of job satisfaction.
- Staff were aware of the whistle blowing process and felt able to raise concerns without fear of recriminations.
- There were opportunities for staff development. The current acting manager on one of the wards had started work at the hospital as an agency support worker and had been supported to complete nurse training and then work towards being a ward manager.

## Commitment to quality improvement and innovation

- Staff were given opportunities to be involved in service development. A member of the occupational therapy team had developed a 12 week programme for patients including life skills, education and applying for work. This was designed to promote patients' independence and prepare them for discharge.
- Staff were working alongside patients in developing ways of reducing restrictive practices across the hospital.

# Forensic inpatient/secure wards

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

## Are forensic inpatient/secure wards safe?

Requires improvement



### Safe and clean environment

- The forensic ward layouts did not allow for clear line of sight in all areas and there were multiple blind spots. These were mitigated by numerous convex mirrors strategically placed on ceilings to allow sight of obscured areas alongside regular staff presence.
- The lead nurse for the hospital conducted annual ligature risk audits for each ward and new risks were added once recognised. However, the ligature risk audit did not contain any mitigating actions other than referring to individual care plans, and was non-specific as to what the ligature risk was. For example, the audit only stated 'door' as an identified risk, but did not explain which part of the door was the risk. The ligature risk audits were not readily available to staff on the wards. This meant that new staff to the wards could not easily identify where ligature risks had been identified.
- Multiple ligature cutters were placed around the wards and cupboards containing them were clearly marked for staff to easily identify.
- All wards were single sex and patients had their own rooms. All rooms contained an en suite bathroom.
- Patients did not have their own keys for bedrooms on the wards. This meant that patients had to request staff to lock their bedroom doors. On Michael Shepherd ward there were on-going discussions to introduce keys to aid patient recovery, but there was no date for its implementation. All patients had a lockable space inside their bedrooms to secure any possessions and the keys were kept in the ward office.
- All clinic rooms were well equipped with physical health monitoring equipment that was in good working order and re-calibrated regularly.
- Staff checked and audited clinic rooms daily. The checking comprised the emergency equipment, first aid kit and spillage kit. All contents of the emergency equipment bag and first aid kit were in date. The clinic rooms contained separate sinks for hand washing and utensil washing and we found good infection control procedures in place throughout the wards.
- Staff undertook daily checks of the medicine refrigerator and room temperature and these were consistently within the expected temperature ranges. Appropriate procedures were in place to ensure staff addressed any issues with abnormal temperatures and alterations to use by dates made where appropriate.
- The wards were well maintained and clean throughout. Fixtures, furniture and fittings were provided to a good standard and all in working order. Activity rooms were available on all wards and contained sufficient equipment to aid activities. Domestic staff visited each ward every day and cleaning schedules indicated the domestic team had a good oversight of the cleaning for the wards.
- Security on all wards was well maintained and overseen by the lead healthcare worker on each shift. Every member of staff carried a belt with attached ward keys and alarms. Staff were not allowed onto wards to work a shift if they had not completed or refreshed their security training. Human resources staff would oversee this to ensure staff were up to date with their training.
- There were radios available on each ward to respond to emergency calls. The lead healthcare worker allocated

# Forensic inpatient/secure wards

these at each handover to staff. All rooms and bedrooms had alarm call buttons and this fed into the ward office to highlight which exact room alarm had been set off.

## Safe staffing

- Planned daily establishment levels differed on each ward. For Elizabeth Anderson ward there were nine staff in the day and eight at night, with two qualified members of staff for each shift. On Michael Shepherd ward they operated with five staff in the day (two qualified) and four at night (one qualified). We saw evidence that these staffing levels were always adhered to.
- In the last three months the hospital reported that bank and/or agency staff had filled 1,898 shifts to cover for sickness, absences or leave. The hospital reported zero shifts that were not filled by either substantive staff, bank staff or agency staff. This meant that shifts were never understaffed. However, the hospital were very proactive in trying to recruit more substantive staff to the wards. The hospital offered initiatives such as a 'golden handshake' and offering to pay staff relocation costs and rent for the first six months if a staff member had moved into the area.
- We saw evidence that the daily staffing levels were adjusted according to the acuity of need on the wards. This included when levels of observations for patients was increased. We were also told that staffing levels would be increased if there was a feeling of unrest on the wards, even if observation levels stayed low.
- When agency staff were used, we saw evidence that the hospital would aim to employ locum staff who would work on a more permanent basis and pick up primary nurse responsibilities in an attempt to make their responsibilities the same as the permanent staff.
- There was a clear effort by staff to keep their time in the ward office to a minimum and this meant that staff had a visible presence on the wards at all times. This included at least one qualified nurse on the ward at all times. Patients commented that they felt safe on the wards because of the presence of staff.
- We saw regular one-to-ones occurring on the wards when we visited and staff and patients said they were regularly happening. The one-to-one time was built into patient care plans and patients told us they could request more frequent one-to-ones when required and staff would almost always facilitate this.

- All new staff, agency staff and bank staff had access to all mandatory training courses and the same supervision levels as substantive staff. The hospitals mandatory training compliance for both permanent and bank staff was 100%. The hospital had a compliance rate that was consistently above 95% for the past six months

## Assessing and managing risk to patients and staff

- For the period of January – June 2016, the service had a total of 34 episodes of seclusion. Amy Johnson ward had the highest number of seclusion with 14, but this ward had since been closed. Michael Shepherd ward had the second highest number of seclusions with 13.
- There were three episodes of long term segregation for the service but these related to the recently closed Amy Johnson ward. However, there was a patient from Elizabeth Anderson ward that had been placed and nursed in seclusion for longer than six weeks at the time of our inspection. The hospital had made a referral to move the patient to a more appropriate placement and were awaiting a vacancy at the service.
- There were 177 episodes of restraint for the service over the period of January – June 2016 which related to 24 different patients. Nine of these restraints resulted in prone restraint being used and five in which rapid tranquilisation was used. The hospital had recently implemented individual patient positive behaviour support plans in an attempt to reduce the use of restraints.
- Staff completed risk assessments for all patients on the wards and contained a variety of risks such as risk to self and others, self-harm, substance misuse, neglect and absconding behaviour. Staff updated these regularly using recognised risk assessment tools such as short term assessment of risk and treatability' and the historical, clinical risk management – 20.
- All patients received a pre-admission assessment by two members of the multi-disciplinary team that assessed risk and formulated a basic care plan to be agreed on admission.
- All staff demonstrated a good understanding of the individual risks of patients on the ward. Risk was heavily discussed during team handovers and throughout clinical ward round meetings. On Michael Shepard ward a risk management folder was available that displayed a snapshot of patients identified risks. This also included

# Forensic inpatient/secure wards

a form filled in by the patients that demonstrated what their likes and dislikes were, what behaviours they exhibited when they were feeling anxious and how they would like staff to respond to this.

- Staff assigned all patients a risk status based on a red, amber, green system. Each level of risk assigned different privileges to each patient. The hospital had an appropriate policy in place for this system. However, staff we spoke with expressed that they felt the risk rating system was not flexible enough to adapt to each patient and did not like its use.
- Staff justified blanket restrictions based on risk. Patients could only access snacks at specific times and on Elizabeth Anderson ward patients could only access hot water at specific times and this was inaccessible after 10pm.
- All patients on the secure/forensic wards were detained under the Mental Health Act. The wards had no informal patients.
- All staff completed safeguarding training and demonstrated good knowledge of the safeguarding procedures. All wards employed a dedicated social worker who would be the first point of contact for staff with any safeguarding issues which were then discussed with the safeguarding lead for the hospital. The hospital had good links with the local authority and regularly discussed issues with them before deciding whether or not to raise a formal safeguarding alert or concern.
- All wards contained private and quiet rooms for visitors to meet with patients. Supervised children could visit patients in a room away from the wards. This ensured that children did not have to enter the wards. This room contained age appropriate toys that were sterilised by the social workers team after every visit.

## Track record on safety

- For the 12 months prior to May 2016, the service had 18 reported incidents on the wards. The majority of these (12) were on the medium secure unit, Elizabeth Anderson.
- The three most common incidents related to security issues and absconding.
- The service had appropriate processes in place to ensure information and learning from incidents were communicated to all staff members and changes in practice where necessary were implemented.

## Reporting incidents and learning from when things go wrong

- All staff we spoke with knew the procedure on the wards for reporting incidents and were confident in using the trusts electronic system. Substantive, agency and bank staff on the wards were clear on what constituted an incident and all were able to access and submit incident reporting forms.
- Once completed staff passed incident forms to ward managers for review and then the lead safety officer for the hospital. At each stage, managers reviewed the incidents and a severity rating of the incident was assigned.
- A summary of every incident was automatically entered onto each involved patients care records to inform staff and aid in assessments of current risk and mental health status. Witnesses to any incidents would also receive an automatic summary on their care records.
- Lessons learned were shared hospital wide via clinical governance meetings and then disseminated to ward staff at business and team meetings. Lessons learned and patient safety notices were distributed and displayed on the back of ward office doors for all staff to read. Following incidents, the senior management team would review procedures and processes within the hospital to decide if any changes were necessary to mitigate any future risk.
- Staff involved patients in any debrief to see how the incident was experienced from a patient perspective. The hospital had a duty of candour policy and was open and transparent in sharing with the patient when errors had been made.

## Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- All patients received a pre-admission assessment by two members of the multidisciplinary team that assessed

# Forensic inpatient/secure wards

risk and formulated a basic care plan to be agreed on admission. We saw evidence that staff were undertaking more thorough assessments and formulating care plans within seven days of admission.

- Care records across the service showed evidence of good care planning that demonstrated a holistic view of the patients. There was clear evidence of involving patients in devising their plans and staff offering patients' copies of their care plans.
- The wards used a recognised tool called national early warning score to help with regular physical health monitoring and responding to any deterioration in a patient's health. Staff on all wards attempted basic health monitoring weekly. Where patients required more specialist healthcare services, the wards had access to these for example a dentist, tissue viability nurses and diabetes specialists.
- The hospital had a dedicated full time physical health practice nurse and physical healthcare support worker. A visiting GP was available weekly on the wards and there was a duty doctor system in place.
- To address obesity levels, the hospital employed a full time sports and wellbeing manager who oversaw activities alongside the occupational therapy team. The sports and wellbeing manager worked closely with the nutritionist on site to offer advice and support to patients and adapt food intake via recognised tools such as the malnutrition universal screening tool.
- The service utilised an electronic patient recording system called CareNotes to record and store patient correspondence. This system ensured safe storage of personal information. Patient notes could be accessible and shared between the wards. All staff could access this information from any hospital computer and the system ensured only authorised personnel could access or modify items.

## Best practice in treatment and care

- All patients had access to psychological therapies and therapists regularly offered patients one to one sessions or group work as agreed in their care plans.
- Patients could access one-to-one time with staff more frequently if required. An occupational therapist also worked on each ward and was actively involved in patient treatment and recovery.
- Both forensic/secure wards utilised individualised positive behavioural support plans for all patients.

- Patients nutritional and hydration needs were being met. The hospital employed a part time nutritionist for advice and liaised with the catering team to adapt food where necessary. This was evident for patients placed on the wards and in seclusion.
- The service had recently undertaken clinical audits into patient self-harm, rapid tranquilisation, schizophrenia and lithium prescription. Some of these were in conjunction with external agencies such as the Royal College of Psychiatrists and others were to compare practice to current National Institute for Health and Care Excellence guidelines. Where issues were identified, we saw robust action plans put in place to alter practice and disseminated guidance to ward level staff.

## Skilled staff to deliver care

- Staff supervisions and appraisals were all up to date. Staff supervision rates were over 95% of all staff having monthly supervision. We saw evidence that the supervision rate had been over 95% for the past six months. Staff received supervision monthly and an annual appraisal. These were all in date, or had been booked.
- Managers on the wards would audit the regularity of supervision by looking at the master supervision log. This log detailed when staff members had last received their supervision and could be broken down by staff grade.
- The hospital had a set proforma for recording supervision. However, this was not routinely being used as staff reported it was not applicable across all disciplines.

## Multi-disciplinary and inter-agency team work

- Multidisciplinary meetings occurred weekly across the service. We observed two such meetings and found all staff to be respectful and knowledgeable of the patients being discussed.
- All staff involved with multidisciplinary meetings reported feeling valued and that their opinions were respected. Staff discussed risk and risk management plans within multidisciplinary meetings. A variety of risk factors were considered to include environment and patient behavioural risk. It was clear that any decisions regarding patient care were made in agreement with the patients.

# Forensic inpatient/secure wards

- We saw evidence of carer and advocacy involvement within multidisciplinary meetings. The social worker for each ward had clear involvement with this aspect of care and ensured family members were well informed of the patients care, where consented to.
- We observed one handover between night and day staff. Staff discussed security and risk in detail in addition to patient's current mood, presentations and levels of observation, aided by a handover observation sheet. Staff demonstrated a thorough understanding of their patients and spoke of them in a respectful and dignified manner.
- All wards had a dedicated social worker employed by the hospital that promoted good working relationships with the local authority. This would often aid discharge and the commencement of community services.
- Staff told us that they felt confident to approach the social worker on their wards for discussions and advice regarding any safeguarding issues.

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

- All staff had received training in the Mental Health Act and demonstrated a good understanding of the legislation and its accompanying code of practice.
- Patients routinely had their Section 132 rights read to them on admission and routinely monthly thereafter. Patient rights would also be read to them after a significant change to their care plans. Staff audited this daily on the computerised recording system to ensure patients were aware of their rights.
- Staff adhered to consent to treatment and capacity requirements. Treatment forms were attached to medicine charts where appropriate.
- Mental Health Act paperwork we reviewed had been completed correctly and was stored appropriately.
- The hospital completed audits of Mental Health Act paperwork to ensure section papers and renewals, consent to treatment and Section 132 rights are all up to date. The hospital had recently completed a peer audit to ensure documents were scrutinised by other professionals.
- All patients had access to the independent mental health advocate and spoke highly of this service. The advocate was on site at the hospital throughout the week.
- There was a Mental Health Act administrator within the hospital to provide support to staff on the wards.

## Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff demonstrated a good understanding of this legislation and the five statutory principles. The provider had a Mental Capacity Act policy including Deprivation of Liberty Safeguards for staff.
- Staff gave patients the opportunity to make decisions for themselves, and staff assumed patients had capacity in the first instance.
- Where capacity assessments were required staff undertook best interests checklists and formal capacity assessments in accordance with the Mental Capacity Act. Staff involved patients' family where appropriate and any decisions included taking the patient's wishes into account.
- Staff completed a capacity checklist of all patients on admission and undertook environmental audits to ensure least restrictive practices on the wards. Staff audited the use of consent to treatment and capacity documentation to ensure staff were adhering to the principles of the Mental Capacity Act.
- Staff worked within the Mental Capacity Act definition of restraint.
- At the time of the inspection no applications for Deprivation of Liberty Safeguards authorisations had been made.

## Are forensic inpatient/secure wards caring?

Good 

## Kindness, dignity, respect and support

- We observed many positive and engaging interactions between staff and patients that were respectful and dignified. We saw a conscious effort by ward staff to be visible on the wards and interact with patients as much as possible.
- Patients were very complimentary regarding staff attitudes and told us that staff were very caring, approachable and took a real interest in them. There was evidence that staff considered patient's holistic needs in decisions regarding their care.



# Forensic inpatient/secure wards

- Staff demonstrated a clear understanding of individual patient needs and all discussions regarding patients were conducted in a very respectful manner. Both wards had a very calm, friendly and relaxed atmosphere.

## The involvement of people in the care they receive

- We were told that all new patients were orientated to the ward with a walk through by staff and explanation of ward routines and expectations. Occupational therapists would go through the available activities with patients and encourage them to participate with them.
- Michael Shepherd ward had a welcome booklet for patients to read that a former patient had compiled. This included information that was very easy to read and understand detailing the ward staff, activities, structure and risk rating system. Staff told us patients had given positive feedback regarding the booklet.
- Most patients we spoke with said they were aware of their care plans and felt involved in discussions whilst it was being devised. Nearly all patients said they had a copy of their care plan or were offered a copy, and we saw this well evidenced in the care records. Staff invited all patients to attend their care reviews involving the multidisciplinary team.
- Michael Shepherd ward had devised a care planning sheet in which the patients detailed their own strengths, triggers and advanced directives and were in the process of getting these completed by all patients to aid risk management. An advanced directive specified what actions a patient would like taken if they are no longer able to make decisions for themselves because of physical or mental illness.
- All staff were confident and clear in how they were involving patients, family members and carers in all aspects of their care to ensure they received sufficient information to make informed decisions.
- Patients on both wards had access to advocacy. An external agency supplied the advocacy services for the wards, however the staff member had an office based within the hospital and visited the wards regularly. Patients we spoke with were extremely happy with the support offered by the advocacy service when needed and said it was very easy to access.
- Staff asked patients to complete questionnaires regarding their current experiences of the service, in addition to being offered exit questionnaires to evaluate the service.

- Each ward had a weekly community meetings and regular daily meetings. Wards also displayed a 'you said, we did' poster in response to any concerns raised by patients at these meetings. Patients told us they felt confident to raise a complaint if they needed to. Patient council meetings also occurred regularly.

## Are forensic inpatient/secure wards responsive to people's needs? (for example, to feedback?)

Good 

## Access and discharge

- For the period January - June 2016 the average bed occupancy of the forensic/secure service was 77%. Bed occupancy levels indicate the percentage of available beds occupied by patients, averaged over a period. Staff told us bed vacancies were due to tighter exclusion criteria being set so that inappropriate patients were no longer being placed on the wards. For the same period, the average length of stay for patients who were discharged was 314 days. For patients not discharged for the 12 months prior to June 2016, the average length of stay was 360 days .
- For the six months prior to June 2016 the service had 11 patients placed out of area. These patients were placed across the UK including the north east, south west and Wales.
- Staff told us patient's had access to a bed when they returned from leave.
- Staff told us that patients were never moved between wards unless clinically justifiable.
- We saw sufficient discharge planning that ensured discharge at appropriate times of the day, when clinically appropriate and with the necessary support in place from families, local authorities and local community mental health teams.
- For the six months prior to June 2016, the forensic/secure service had two delayed discharges, both from Elizabeth Anderson ward. The hospital told us this was due to a lack of clinically appropriate step-down services for the patients. Staff on the wards confirmed this and said they were identifying and planning for

# Forensic inpatient/secure wards

these issues much earlier in a patient's recovery and as such were involving the local community mental health teams as part of the multidisciplinary team as much as possible to ease this transition.

## The facilities promote recovery, comfort, dignity and confidentiality

- Both wards had provision of a good number of rooms to support treatment and care. There were a sufficient number of quiet rooms on the wards, with one in each used as a de-escalation room with appropriate furnishings. Both clinic rooms were well equipped and maintained and both of the wards had sufficiently stocked activity rooms.
- The medium secure unit on Elizabeth Anderson ward kept their activity room closed unless an activity was planned. The low secure unit on Michael Shepherd ward recently opened their activity room permanently and named it 'The Getaway Room'. This room allowed patients access to participate in self-directed activities and included a risk assessed pool table and table tennis table. Since the opening of this room, there had been a significant reduction in the number of incidents on that ward as patients were busy, focused on meaningful and therapeutic activities and achieving set goals in their recovery.
- On site, there was access to music rooms, a gymnasium, sports hall and an activities of daily living kitchen for sessions run by staff.
- Both wards had pay phones on site that were available at all times to patients. There were appropriate policies in place to ensure safe observation of these rooms without affecting patient privacy. Staff triaged incoming calls in the ward office and then passed these through to patients via the pay phones.
- Each ward had access to a separate secure garden. As both wards were on the second floor, the gardens were accessed through two locked doors and down two flights of stairs that also acted as a fire escape. We were told that patients could access the gardens with supervision at any time of the day, but was denied once it was dark. However, patients reported that they did not have access to the gardens whenever they wanted and that they would often go as a group with staff members at specific times of the day and not when individually requested. This meant that patients were not allowed free access to fresh air at all times and were prevented from accessing the garden in the evenings.
- We saw clear evidence that patients were offered a choice of foods for all sittings. Where applicable, we saw food choices and dietary requirements were met and there was good liaison between ward staff and catering staff to adjust food where necessary. Most patients we spoke with said they had no issues with the quality of the food.
- On the low secure unit at Michael Shepherd ward, the ward gave kitchen access to patients based upon their individual risk status. Some patients had unsupervised access, others had supervised access and some with denied or suspended access. This meant that whilst the door to the kitchen was always locked, patients could request access to it for hot drinks and snacks and we saw this being facilitated throughout our inspection.
- Both wards had a cold water fountain available outside of the kitchens that could be accessed by all at any time.
- Patients could personalise their bedrooms on both of the wards and we saw a large plastic coated whiteboard along one wall of the bedrooms on Elizabeth Anderson ward to facilitate this.
- No forensic/secure service patients were given bedroom keys. This meant that patient bedrooms were routinely left unlocked, unless staff were specifically asked to lock them by patients. Patients reported that some of their possessions had been taken in the past by other patients who would wander into their rooms.
- There were plans in place to give keys to patients on Michael Shepherd ward on an individualised risk assessed basis, however there was no implementation date for this.
- All bedrooms contained a small lockable cupboard where patients could keep their belongings safe. Patients would have request access to these from staff on the ward as the keys were kept in the ward office.
- Both wards ran a seven day activity programme for patients which was devised by the occupational therapy team and sports and wellbeing manager. However, the activities suggested for the weekends were vague and there was no occupational therapist or assistant occupational therapist working at weekends to take sessions. Patients and staff reported that there would be a general lull in activities at the weekends because of this and patients stated it could be very boring.

## Meeting the needs of all people who use the service

- Both wards had adapted bathrooms to enable disabled access and there was one disabled bedroom that was



# Forensic inpatient/secure wards

larger than the others with an ensuite wet room. However, we found some of the doorways in the service to be narrow and disabled patients complained that they would often hit the sides of doorways and walls with their wheelchair. Disabled patients could not access the attached secure gardens. To access fresh air, disabled patients had to be escorted to a hospital wide secure courtyard via a small lift. We were told in the interest of fairness, when a disabled patient was admitted to a ward, all patients of that ward could only access the shared courtyard and not the secure garden attached. However, this was not written into policy. This presented greater risks whilst escorting patients and individual accessibility was reduced.

- We saw evacuation procedures and equipment in place to assist disabled patients exit in the event of fire.
- Ward staff told us they could access interpreters easily if needed and had to arrange the provisions via administration staff.
- Food choices and dietary requirements were always respected and ward staff had a good liaison with the catering team to pass on any requirements.
- The service had a separate spiritual room away from the wards that patients could request to use. Staff told us patients had access to a variety of spiritual texts and a prayer mat. Patients told us they could access this room with supervision at any time.

## Listening to and learning from concerns and complaints

- The hospital received 17 individual complaints regarding the secure/forensic services, of which eight were fully upheld. No complaints were referred to the ombudsman.
- Loss or damage to individual's property was the most common complaint received and we saw action plans put in place to address this.
- Most patients expressed that they did not receive information on how to raise a formal complaint but were confident in approaching staff with their issues, or raising them in community meetings if they needed to.
- Information was displayed on boards for both wards that explained the whole complaints process. Staff told us they would escalate any informal complaints they received and also assist patients to make formal complaints.

- The hospital had recently sent out a complaints satisfaction survey to previous complainants. From a response rate of 44%, around 75% stated they felt their complaint did or will lead to overall service improvement.

## Are forensic inpatient/secure wards well-led?

Good 

### Vision and values

- The hospitals visions and values were displayed on both wards and staff could recall what they were. Staff agreed with the vision and values that were in place and understood the direction of the hospital. Visions and values were also discussed at staff annual appraisals.
- All staff we spoke with said they knew who the senior management team were and said they were very visible across the hospital and visited the wards regularly. Staff explained they felt confident to approach senior management staff directly if they needed to.

### Good governance

- All staff were up to date with mandatory training and there was an appropriate system in place to monitor and alert ward managers and ward staff when training was due. This was overseen within the senior management team in the hospital and all staff spoke of regular contact with them to ensure they remained on top of their training.
- There were local systems in place to ensure supervision was occurring regularly and overseen by ward managers. However, there was no monitoring of the quality of supervision and staff did not receive a final recorded copy of their supervision notes.
- The hospital had good systems in place to ensure staff appraisals were occurring and up to date.
- We saw shifts were always staffed by a minimum of one qualified, experienced staff member who was supported by a sufficient number of unqualified staff members. Ward managers had good oversight of this and managed staffing levels well.

# Forensic inpatient/secure wards

- The secure/forensic wards had a real culture of maximising time with patients. This was evidenced by the obvious attempts by staff to minimise their time spent in the ward office and this was encouraged by ward managers and senior staff.
- The electronic incident reporting system and procedures for the wards were appropriate for its use and ensured the correct parties were notified of any incidents. Discussions and learning from incidents took place post incident in an efficient and timely manner.

## Leadership, morale and staff engagement

- Staff we spoke with knew how to find information on the whistleblowing process and felt confident to act on any concerns.

- There were no issues expressed to the inspection team regarding victimisation or bullying amongst staff members. All staff members expressed their happiness and pride at working for the hospital and stated that morale was high between all staff.
- Staff reported that development and specialist training opportunities were encouraged and offered, but only when the clinical need and benefits to the service could be justified.

## Commitment to quality improvement and innovation

- The secure/forensic service were active members of the The Quality Network for Forensic Mental Health Services. This group reviews forensic services throughout England and staff from the wards participated in review teams to help share expertise and knowledge as well as highlighting areas of improvement and good practice.

# Outstanding practice and areas for improvement

## Outstanding practice

- The provider ran a 12 week programme offering patients the opportunity to take on paid employment. Job roles included minute taker, interviewer, library assistant, shop assistant and others within the hospital. Patients would apply for the job roles and have an interview to assess suitability. They would then do the job for the next 12 weeks. This programme gave patients the opportunity to develop interview application form filling skills and interview techniques. It also gave them a sense of involvement in the hospital and promoted their recovery.
- The service was accredited with the Oxford, Cambridge RSA examinations board, which enabled patients to study and take exams. This gave patients the opportunity to gain qualifications they may not have, which would increase their sense of self-esteem and further promote their recovery within the hospital.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must update the ligature risk assessment to be more specific and have an action plan to mitigate any identified risks.

### Action the provider **SHOULD** take to improve

- The provider should ensure informal patients are aware of their right to leave the ward at any time, and should make provision for this.
- The provider should review the weekend activities programme to ensure there is a schedule of meaningful activities on the wards seven days a week.
- The provider should ensure staff are fully aware of the use of holding powers within the Mental Health Act and how to record these appropriately.
- The provider should ensure patients care plans are updated following incidents.
- The provider should ensure patients have more meaningful involvement in their care planning.
- The provider should ensure their garden access policy is followed and includes provisions for disabled patients.
- The provider should reduce their use of blanket restrictions.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Safe care and treatment</b></p> <p>Patients and others were not protected against the risks associated with unsafe care and treatment:</p> <ul style="list-style-type: none"><li>• The hospital ligature risk assessment was not detailed or specific.</li><li>• Risks were listed in the plan, but no explanation was given as to why they were a ligature risk.</li><li>• There was no mitigation plan to accompany the identified risks.</li></ul> <p><b>This is a breach of Regulation 12(2)(a) and (b)</b></p>