

Stockton Hall

Quality Report

Stockton Hall, The Village,
Stockton-on-the-Forest,
York.

YO32 9UN

Tel: 01904 400 500

Website: www.partnershipsincare.co.uk/hospitals/stockton-hall

Date of inspection visit: 8 to 10 February 2016

Date of publication: 10/06/2016

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 Stockton Hall Hospital as good because:

- Services were delivered in clean and hygienic environments. Staff did regular housekeeping and cleaning audits and took action where work was required.
- The hospital had good working relationships with commissioners and used the recovery model to focus on discharge. The multidisciplinary team assessed patients before admission, and staff and patients used a shared electronic patient record to identify goals for discharge.
- The hospital had robust security and safety processes to keep people safe from harm. Managers kept an up-to-date risk register and staff reduced environmental risks with good relational security. Relational security is a framework used by all staff in secure hospital settings to ensure patients receive safe care and treatment.
- Staff did ligature risk assessments and comprehensive ligature risk management plans for every ward. A ligature is a place where someone intent on self-harm might tie something to strangle themselves. Staff kept patients' risk assessments up to date and considered how to balance between providing sufficient security and the least restrictive environment.
- Managers had a least restrictive practice strategy for reducing incidents of restraint and seclusion across all wards. Where high incidences of seclusion had been identified, staff used positive behaviour support and de-escalation techniques. We saw use of seclusion had reduced between August 2015 and December 2015.
- Teams included a range of staff specialities and staff were skilled and experienced working with the patient group. Staff followed good medicines management practices and patients had good access to physical healthcare. Staff received training in evidence-based psychological therapies to support patients' needs.
- Patients had access to a wide range of activities on the hospital site and in the community. There were good facilities available, including a gym, swimming pool and activity centre. Staff supported patients to have real work experiences and patients were involved in the development of and feedback about services.
- Most patients and all relatives said staff were caring and respectful and had been involved in their care. Staff used the electronic care record called "PathNav" to involve patients in their care. Patients were supported with their individual interests and goals and families were supported to maintain contact where appropriate.
- Staff told us that managers in the hospital were visible and accessible. Managers supported staff training needs and staff had opportunity to develop in their roles. Senior managers used robust governance systems and we saw good examples of audit and quality improvement activities.

However:

- Staff did not always comply with hospital seclusion policy or the Mental Health Act Code of Practice when patients were secluded.
- The use of restraint and seclusion was high across the hospital and some patients had to be secluded on different wards or in alternative environments such as bedrooms. We found that staff did not always protect patients' privacy and dignity during seclusion.
- Blanket restrictions were apparent on all wards. (These are restrictions placed on all patients rather than being based on the risks presented by individual circumstances). For example, this included set bed times and access to hot drinks and mobile phones.
- Staff were not clear about their roles and responsibilities in relation to the Mental Capacity Act, which aims to ensure that any decisions taken on behalf of patients not capable of deciding for

Summary of findings

themselves are in their best interests. Staff were unsure how capacity decisions were documented and how to refer patients to the Independent Mental Capacity Advocate.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Stockton Hall	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	29
Areas for improvement	29
Action we have told the provider to take	30

Good 

Stockton Hall

Services we looked at

Forensic inpatient/secure wards;

Summary of this inspection

Background to Stockton Hall

Stockton Hall is a 112-bed medium secure hospital for people over 18 with mental health problems, personality disorders, and learning disabilities. The hospital admits patients from the United Kingdom. It is registered with the Care Quality Commission to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

The hospital had a registered manager at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Patient accommodation comprised:

- Boston Ward – 24-bed ward for men with mental illness
- Kirby Ward – 24-bed ward for men with mental illness
- Hambleton Ward – Eight-bed ward for older men with mental illness

- Dalby Ward – 16-bed ward for men with mental illness and personality disorder
- Farndale Ward – 16-bed ward for women with mental illness and personality disorder
- Kyme Ward – 16-bed ward for men with learning disability
- Fenton Ward – eight-bed ward for men with autism spectrum disorders.

There have been four inspections carried out at Stockton Hall. The most recent inspection took place on 11 June 2013 and the hospital was found to be compliant with regulations. All wards had received a recent unannounced Mental Health Act review visit with the exception of Hambleton ward, which opened in June 2015. Fenton ward was visited in December 2015 and concerns about the safe use of the seclusion room were raised during that visit. The hospital provided assurance that these concerns had been addressed and we considered this information during our comprehensive inspection.

We have reported on all wards together in this report.

This is the first inspection of Stockton Hall Hospital using the CQC's new methodology.

Our inspection team

Team leader: Jacqueline Bond, CQC inspector.

The team that inspected the service comprised of six CQC inspectors and a pharmacist, a Mental Health Act

reviewer, an occupational therapist, two psychologists, a nurse, and an expert by experience (someone who has developed expertise through experience of similar services).

Why we carried out this inspection

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

Summary of this inspection

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 the location and sought feedback from 45 clinical and non-clinical staff at seven focus group meetings.

During the inspection visit, the inspection team:

- visited all seven wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- carried out a Mental Health Act Review visit on one ward and looked at the seclusion suites across all wards
- spoke with 49 patients who were using the service and four carers
- sought feedback from 10 patients at one focus group

- collected feedback from 25 people using comment cards
- looked at 31 care and treatment records of patients
- spoke with the senior managers for the hospital
- spoke with the managers or acting managers for each of the wards
- spoke with 28 other staff members, including doctors, nurses, support workers, an occupational therapist, a psychologist, a social worker, and catering, housekeeping and administration staff
- received feedback about the service from one commissioner
- spoke with an independent advocate
- attended and observed meetings
- visited the dedicated activity centre, gym and swimming pool, which were within the hospital site
- carried out a specific check of the medication management on seven wards and reviewed 25 prescription charts
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

During this inspection, we spoke with 49 patients and four carers. We held a patient focus group meeting and attended one ward community meeting.

Patients commented on the range of helpful activities and work opportunities available to them. However, patients said there was less to do at weekends and that they felt bored then. Patients said they were able to use their Section 17 leave to go out but sometimes this did not happen at the arranged time due to lack of staff. (Patients detained for treatment under the Mental Health Act are allowed to leave the hospital only under the terms

of Section 17.) Most patients said staff were caring and respectful but some viewed seclusion and restraint as a punitive measure and felt that there were many restrictions on the wards.

Relatives we spoke with were all very positive in their comments and thought Stockton Hall provided their relative with excellent care and support. Some said they would like to see their relative's bedroom as visiting always took place off the ward.

We collected 25 comments cards, and from these we saw that most comments were positive with regards to the ward environment and the attitude of staff.

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:

However:

- Staff did not always follow their own seclusion policy or the Mental Health Act Code of Practice guidance.
- There was a high incidence of restraint and seclusion across the wards and eight out of ten patients we spoke with in a focus group meeting said they sometimes felt unsafe on the ward. This was because when staff were dealing with incidents patients felt there was not enough staff left on the floor and said they felt vulnerable.
- A range of restrictive practices limiting patients' freedoms was evident across all wards such as access to bedrooms and garden areas.
- Safeguarding alerts about concerns that patients were at risk of abuse ought to be made promptly to the local safeguarding authority but they were sometimes delayed because alerts were raised by social workers who worked only Monday to Friday 9am-5pm.
- The number of staff who had completed their mandatory training had not reached the hospital's target of 95% and compliance with basic life support training was below 75%.
- Nurses moved across wards to meet patient needs and keep patients and staff safe. The hospital employed its own bank staff, who supported the levels of staff needed to care for patients. Senior managers had reviewed their recruitment and retention efforts and were making progress with recruiting qualified nurses.
- Staff carried out thorough assessment of risks to patients when they were admitted and at regular intervals during their care. All staff showed a good understanding of safeguarding patients from abuse and could explain how they would raise a safeguarding concern.
- All wards had annual anti-ligature-point assessments. (A ligature point is a place where someone intent on self-harm might tie something to strangle themselves). Staff carried out comprehensive health and safety assessments. The hospital had robust security systems and processes to keep people safe.
- There was a robust monitoring system to review incidents involving violence or aggression or both. Incidents of harm or risks of harm were investigated and any lessons to be learned to prevent further incidences were shared with all relevant staff.

Requires improvement



Summary of this inspection

- All wards were visibly clean and tidy. Staff took action to ensure that wards were well maintained. Managers had a buildings strategy to redesign the service and improve the environment for patients on Kirby and Boston wards.
- Medical staff were very accessible and able to respond quickly out of normal working hours to meet patients' needs.
- Staff completed a comprehensive mandatory training induction programme and had yearly refresher training.

Are services effective?

We rated effective as good because:

However:

- Patients had good access to physical health care services such as dentistry and dietary advice. Care plans were holistic and included medical, nursing, therapeutic, social, and physical health care needs.
- Patients had access to a range of individual and group psychological therapies.
- The wards had good multi-disciplinary teams that met regularly and had a comprehensive understanding of patients' needs.
- Most staff had regular supervision and an up to date appraisal. Managers supported and encouraged staff to access specialist training for their roles.
- Mental Health Act training was identified as mandatory and 80% of staff, including bank staff had completed Mental Health Act training. Nurses recorded patients' rights had been explained to them on a regular basis. Staff kept Mental Health Act documentation in good order on the wards.
- All information used to deliver care was stored securely and was readily available for staff when they needed it. This included times when they might be moved to another ward to cover any gaps in staffing.
- Where care plans were in place for as required medications, staff documented limited information about the details of when the medication should be used and focused on side effects.
- Not all staff were clear about their roles and responsibilities in relation to the Mental Capacity Act and documentation about capacity decisions was not evident in most of the records we reviewed.

Good



Are services caring?

We rated caring as good because:

However:

Good



Summary of this inspection

- We observed kind and caring interactions between staff and patients on all wards. Most patients were positive about staff attitudes and said staff treated them with respect.
- Patients were present at their multi-disciplinary meetings and fully involved in decisions taken about their care and treatment. Most patients told us they knew about their care plans.
- All carers made positive comments about Stockton Hall being the best place to meet the needs of their relative. Carers were very satisfied with the attitude of staff towards them and felt they were kept involved in their relatives care.
- Staff welcomed and orientated new patients to the ward. Patients were able to provide feedback on the care and treatment they received.
- Staff did not always ensure patients privacy and dignity was maintained when patients were secluded. Staff did not always ensure that patients' confidentiality was respected when administering medication.
- Staff were not clear about the system in place to refer patients who lacked capacity to the independent advocacy services. Not all patients were aware of the independent advocacy service.
- Some patients said they felt practices were punitive such as the use of seclusion and losing access to leave or activities. Three patients said some staff were disrespectful and bullying in manner.

Are services responsive?

We rated responsive as good because:

- Staff always planned patients' admissions and discharges. Placement into the service was determined on the level of risk of harm to others and the ability to meet patients' needs. Staff used the Care Programme Approach as the framework for planning and co-ordinating care. Staff worked closely with commissioners and identified when discharges were delayed.
- The ward environments met patients' needs and all wards had access to outside space and rooms for activities and meetings. The choice of food took account of special dietary requirements and religious needs and there was access to appropriate spiritual support.
- The hospital had a range of facilities to encourage patients to be involved in meaningful activity. Patients told us they enjoyed the activities but there was less to do at weekends and felt bored then. Patients had individual keys and accessed their bedrooms at agreed times. We saw bedrooms were spacious, personalised and had places for patients to secure their belongings.

Good



Summary of this inspection

- Most patients told us they knew how to complain and feel confident to raise concerns with staff. Interpreters were available for those patients who did not speak English as their first language. Staff were aware of the complaints process and we saw the hospital responded to complaints in an open and honest manner.

Are services well-led?

We rated well-led as good because:

- Staff were enthusiastic about their work and spoke positively about the management. Many staff felt proud to work for the organisation and felt managers supported them in their training and development needs.
- There was a clear governance framework with a cohesive senior management team. Regular meetings provided close contact with ward managers and senior managers.
- Managers were committed to continual improvement and staff and patients were included in audit activity. There were clear action plans in place, which identified responsible individuals and targets.
- Managers encouraged patients and staff to be involved in decisions about how the services ran.

However:

- Not all staff were confident about how lessons learned were shared
- Not all staff were aware of the hospitals vision and values and staff did not always document how appraisals linked to

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.

A Mental Health Act reviewer visited the hospital as part of this inspection. They carried out a Mental Health Act Review visit on one ward, reviewed detention documents and seclusion suites and records across all wards.

The hospital had a Mental Health Act administrator who completed audits and scrutinised documents. We found that most documents were available on the wards electronically or on a paper based document.

Information provided by the hospital showed 80% of all staff had completed Mental Health Act Code of Practice training.

Completed consent to treatment forms were located with prescription charts. We saw staff made appropriate referrals to Second Opinion Appointed Doctors.

Staff informed patients of their rights verbally and in writing. Staff provided information in easy read format if required. Interpreters were available for those patients who did not speak English as their first language. Patients told us they were aware of their rights.

The hospital had an independent advocacy service, which included the independent mental health advocate

(IMHA) on the hospital site. However not all staff were clear about their responsibilities in this area. Some patients told us they did not know about the advocacy service and the role of the IMHA.

Staff completed Section 17 leave forms clearly, which enabled patients to leave the hospital grounds. Patients' views about their leave and agreement about the conditions was evident. Managers planned resources to enable staff to support patients on escorted leave. When section 17 leave did not happen as planned, staff said it was re-scheduled as soon as possible.

The hospital had eight seclusion rooms on site. Seclusion rooms protect disturbed patients or others from harm. When all seclusion rooms were occupied, staff secluded patients in rooms not designed for the purpose of seclusion. We reviewed 15 seclusion records and saw in most records staff completed documentation appropriately. We saw that only one of the eight seclusion rooms had a pillow for patients to use when they were secluded. We saw one patient in seclusion used a rolled up blanket as a pillow and staff had not documented the reason for the absence of a pillow or why the patient used a rolled up blanket in the care plan. We saw two seclusion care plans that did not comply with the provider's own seclusion policy or the Mental Health Act Code of Practice guidance. Some patients told us they had to "wee and poo in front of staff" and were not always offered hand washing facilities when they were secluded

Mental Capacity Act and Deprivation of Liberty Safeguards

The hospital did not provide any figures for staff training on the Mental Capacity Act and the Deprivation of Liberty safeguards (DoLS). Staff told us this was included in their Mental Health Act training and would seek advice from the mental capacity act lead if needed.

Staff demonstrated awareness of the Mental Capacity Act and took steps to support patients to make decisions about their care and treatment. Staff understood the

process to follow if they had to make a decision about a patient's capacity. However, staff were not clear about how capacity decisions were documented and how to refer patients to the independent advocacy service.

At the time of our visit, all patients were detained under the Mental Health Act and there had been no DoLS applications in the previous six months.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

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

- All wards were clean and tidy and appeared to have comfortable furnishings and seating. Repairs were carried out in a timely manner. We saw cleaning schedules for the wards and domestic staff were on duty. Patients told us that the level of cleanliness on the wards was good and carers commented positively about the cleanliness of the visiting rooms. However, we observed the garden areas were sparse and cigarette ends were left on the floor. Staff carried out regular checks of the ward environment, which meant staff protected patients from the risk of infection.
- We found the seclusion room on Fenton ward was unsafe during a Mental Health Act review visit in December 2015. This was because the fabric on the walls and floor was damaged and there was an unpleasant smell in the room. However, we found those concerns had been addressed by the hospital at the time of this inspection. We saw managers updated seclusion room cleaning audits in December 2015 to include checks on the fabric of all seclusion rooms.
- Stockton Hall have a health and safety strategy and we saw managers identified areas of concern and took action. For example, staff reported many flies were present on Boston and Kirby wards and managers requested additional flytraps and maintenance. Senior managers had a five-year development strategy that included plans to increase the number of wards and reduce the number of beds on Kirby and Boston wards.
- The hospital had a high perimeter fence and staff constantly operated the main security entrance. People accessed the hospital through a secure “air lock” system from this entrance. There were robust security protocols in place such as regular perimeter checks, frequent key checks, and CCTV surveillance. Security staff made patients and visitors aware of banned items before entering the wards. All wards had a secure “air lock” entrance with random search buttons for patients. Visitor access was restricted to designated visiting areas outside the main ward environment.
- There was clear lines of site on most of the wards. Where there were identified blind spots, staff observed patients according to their individual observation level to mitigate against the risks. Some communal areas such as dining rooms and bathrooms were locked and could only be opened by staff. There were alarms situated in all wards. All staff received security training and had access to a radio and carried personal alarms. A nurse call system operated across all wards.
- Staff identified and managed ligature risks on all wards. Staff carried out monthly ligature risk audits and the audit lead and senior management team monitored results.
- There was no mixed-sex accommodation in Stockton Hall.
- There was suitably equipped and secure storage for medicines available on all wards.
- Nurses completed a comprehensive checklist and regularly checked stock levels, which included emergency equipment, drugs, and temperatures.

Forensic inpatient/secure wards

- All wards except Hambleton ward had seclusion rooms, Kirby and Boston wards had two seclusion rooms. All seclusion rooms had adequate viewing panels to ensure there was no blind spots for staff observing seclusion. However, on Farndale ward the viewing panel was scratched which meant there was a less clear view into the room. All rooms had windows, temperature control and an intercom for patients and staff to communicate. However, some windows were skylights and did not have blinds to block out the light if required. All had a visible, working clock and the rooms on Kirby and
- Boston wards had access to television and a sound system set behind a perspex panel. All patients had to leave the seclusion room in order to use the shower, toilet and sink facilities. Staff offered disposable bedpans and bottles to patients who were too disturbed to leave the room. Some patients told us they did not like to “wee and poo in front of staff” and were not always offered handwashing facilities after using the disposable bedpans and bottles.
- Stockton Hall employed their own bank staff who completed the same training as non- bank staff. This meant bank staff were familiar with the hospital. Boston ward reported the highest use of bank staff to cover 1,520 shifts. Dalby ward 373 shifts, Kyme ward 238 shifts, Farndale ward 205 shifts, Kirby ward 172 shifts, Fenton ward 160 shifts. Hambleton ward reported the lowest use of bank staff as 135 shifts. Managers were aware of the vacancies across the hospital and had active and creative recruitment and retention plans in place. For example, they had approached Polish universities, used local buses to display adverts and offered a “golden hello” which was a bonus paid to staff after being employed for three months.
- There was 166 substantive staff and the total number of staff leavers between October 2014 and September 2015 across all wards was 17. This was a staff turnover rate of about 10%. Boston ward reported the highest number of staff leavers as seven and Hambleton ward the lowest as zero. The percentage of staff sickness ranged from 0.50% to 1.72% with Fenton ward reporting the highest sickness and Hambleton ward the lowest.

Safe staffing

- Stockton Hall reported staffing levels for the three month period between July 2015 and December 2015. Whole time equivalent establishment levels were reported as;

Boston ward - 15 qualified nurses, with four vacancies (27%) and 17 nursing assistants.

Dalby ward - 13 qualified nurses with two vacancies (15%) and 12 nursing assistants.

Farndale ward - 13 qualified nurses with two vacancies (15%) and 20 health care assistants.

Fenton ward - eight qualified nurses with one vacancy (12.5%) and 14 health care assistants.

Hambleton ward - seven qualified nurses with one vacancy (14%) and seven health care assistants.

Kirby ward - 15 qualified nurses with five vacancies (33%) and 17 health care assistants.

Kyme ward - 13 qualified nurses with three vacancies (23%) and 15 health care assistants.

There were no vacancies on any ward for health care assistants. Managers used use bank staff to cover sickness, absence and vacancies.

- Managers did not use a recognised tool to determine staffing numbers but wards had a determined staffing level based on the ward bed numbers and the needs of the patients. For example, Fenton ward had five staff on duty during the day and four staff at night. Boston ward had eight staff on duty during the day and five staff at night. All wards had at least one qualified nurse on each shift. Nurses worked two shifts starting from 7.25am until 7.40pm during the day with a handover period between day and night shifts. All staff were present at handovers, reviewed the patient care records, and signed a form to say they understood what their responsibilities were for the shift.
- We looked at staffing level rotas during the past one month. Bank staff or regular staff worked additional hours and the manager adjusted staff according to the individual needs of the patients. They took account of increased observation levels or escorted visits away from the ward. Managers discussed staffing resources on a daily basis and additional staff were organised to meet planned patient needs. Ward managers were present from 9am until 5pm and not counted in the overall staffing numbers. Senior managers provided an on call system during evenings and weekends.

Forensic inpatient/secure wards

- Most staff we spoke with said there was enough staff on duty to carry out physical interventions safely. We observed qualified nurses present in communal areas during the inspection. However if an incident occurred there was a risk that qualified nurses may not always be in communal areas at all times.
- There was sufficient staff to manage patients who were nursed in seclusion or long-term segregation. We saw that designated staff observed patients in seclusion. Where patients were nursed in long-term segregation, MDT staff planned the most appropriate intervention with the patient. This meant that staffing levels could be adjusted according to the patients care plan and level of risk.
- Staff said activities or Section 17 leaves were rarely cancelled. We saw on Fenton ward that staff held section 17 leave planning meetings to ensure leaves occurred as planned. Some staff commented that the impact of vacancies on the ward meant that there was not always enough time to spend with individual patients. Patients we spoke with said their leave was sometimes re-arranged or they did not get their planned individual time with their named nurse, as staff were too busy.
- Six permanent consultant psychiatrists provided full time cover for each of the wards as well as on call cover. The medical director supported one consultant who covered two wards. Locum psychiatrists who were familiar with the service provided the hospital with additional on-call cover. All people we spoke with said the psychiatrists were accessible and visible on the wards. There was accommodation available on site for on call medical staff, which meant consultants could attend the ward quickly in an emergency.
- All staff received mandatory induction training and yearly refresher training. The training lead used an electronic system to monitor compliance and informed staff three months in advance about their mandatory training requirements. Staff received reminder e-mails every month and said they knew how to access training.
- The target for mandatory training compliance was 95% and we saw this was currently 84% overall. Training in food hygiene and infection control (level one) was above the target and basic life support training was below 75% compliance.

Assessing and managing risk to patients and staff

- Stockton Hall hospital reported 220 incidents of seclusion between 09 April 2015 and 09 October 2015. Fenton ward had the highest incidents of seclusion at 104. Kirby ward 44, Boston and Kyme wards 25 incidents, Farndale ward 18 and Hambleton and Dalby wards two incidents. There were three incidents of long term segregation with Boston, Kirby and Kyme wards reporting one incident each.
- There were 340 incidents of restraint on 51 different patients between 09 April 2015 and 09 October 2015. Fenton ward reported the highest number of incidents of restraint at 189 on eight different patients. Farndale ward had 46 incidents on 10 different patients. Kyme ward had 44 incidents on nine different patients. Kirby ward had 34 incidents on 12 different patients. Boston ward had 25 incidents on 11 patients. Hambleton ward had two incidents on one patient and Dalby ward had zero incidents.
- Staff on Fenton ward had introduced a range of measures to reduce the need for restraint and seclusion. For example, this included the use of positive behaviour support plans and "chill out rooms" for de-escalation and detailed analysis of patients' behaviour. We saw incidents of restraint on Fenton ward had reduced by 75% between August 2015 and January 2016.
- Twelve incidents of restraint involved prone restraint between 09 April 2015 and 09 October 2015. (This happens when staff restrain a patient in the face-down position). Fenton ward reported nine incidents of prone restraint; this was the highest across all wards. Boston, Kirby and Kyme wards reported one incident each and Dalby, Farndale and Hambleton wards reported zero incidents of prone restraint. Staff did not carry out planned prone restraints and all staff received training on induction in the management of violence and aggression with annual refresher training. Managers monitored and analysed the number of restraint incidents at the monthly governance meeting.
- There were five incidents of rapid tranquillisation following prone restraint, which all occurred, on Fenton ward. We saw the hospital policy was in date and followed National Institute for Health and Clinical Excellence (NICE) guidance.

Forensic inpatient/secure wards

- We spoke with patients about their experience of restraint. One patient said they felt restraint was carried out properly however two patients said they felt staff used too much force in restraint and one patient commented staff were too quick to restrain and had not used de-escalation techniques. All staff said they would use de-escalation first and restraint was a last resort. We saw staff used de-escalation during the inspection. Patients and staff were offered support following incidents.
- Staff reported all incidents of restraint on the electronic incident reporting system and we saw an analysis of incidents occurring between 01 August 2015 and 31 January 2016 on the electronic dashboard. Staff recorded de-escalation techniques and restraint type, frequency and length of time in detail and the majority of incidents involving restraint lasted no longer than 5 minutes.
- We examined 31 care records across all wards and saw that staff completed a comprehensive risk assessment of every patient before admission, and on admission on all patients. Staff used evidence based tools such as the Short Term Assessment of Risk and Treatability (START) and the Historical, Clinical Risk Management tool (HCR-20) and updated risk assessments after every incident. Staff printed off risk assessments from the electronic record to read at handover and staff signed a form to confirm they had read it.
- Blanket restrictions were in use on all wards. For example patients who smoked accessed the ward garden areas at set times with two members of staff. Patients could not go outside to smoke or access fresh air between 7pm and 09.00am. Hot drinks were not available after 11pm and there were restrictions in place about getting up in the morning and going to bed at night. Patients on Boston ward commented they were not allowed access to their bedrooms during the day if they did not get up by 08.00am. Staff commented that exceptions were made if patients were ill. Manager said restrictions were in place to maintain safety and security and to provide consistency and routine.
- All wards held community meetings where patients had the opportunity to raise issues about restrictive practices and staff considered issues at a monthly restrictive practice advisory group. A patient representative attended and shared feedback from the regional meeting on restrictive practices. This meant that staff considered exceptions to restrictive practices and made decisions, which were necessary and proportionate to the overall security of the service.
- All patients at Stockton Hall hospital were detained under the Mental Health Act (1983) and could not leave the hospital without section 17 leave.
- Ward managers carried out monthly ligature audits using partnerships in care ligature audit tool. Staff rated all areas where patients had access as high, moderate or low risk and identified measures in place to mitigate against the risks. This included observations, ward security checks, monthly room searches and restrictions on access to the garden areas. Staff clearly described and carried out the safe and supportive observation policy.
- We looked at all eight seclusion rooms within the hospital. All rooms had a safe mattress and access to a blanket however, only Farndale ward suite used a pillow. We observed a patient in seclusion on Kirby ward use a rolled up blanket as a pillow and staff were not aware that a pillow should be available.
- We reviewed 15 seclusion records. Fourteen records showed medical reviews had taken place at least twice in every 24 hour period. Two patients in seclusion told us nurses gave them food and drink at regular intervals and knew why they had been secluded. We saw staff recorded feedback from patients after their seclusion ended. However, staff did not always follow their own seclusion policy or the Mental Health Act Code of Practice guidance. For example, we saw that only one of the eight seclusion rooms had a pillow for patients to use when they were secluded. We saw that one patient in seclusion used a rolled up blanket as a pillow and staff had not documented the reason for the absence of a pillow or why the patient used a rolled up blanket in the care plan. The hospital policy (care of patients in seclusion and longer term segregation (England) 2015) stated that limited furnishings which should include a pillow are used in the seclusion room and where there are exceptions to this, then this should be clearly noted in the patients' records. We saw that a patient with a learning disability had been secluded and staff documented in the care plan he must demonstrate remorse before the seclusion period would end. This was not in keeping with the hospital policy that stated

Forensic inpatient/secure wards

that seclusion should be used for no longer than is necessary to achieve the intended aim of preventing harm to others. We saw medical staff had reviewed a patient in seclusion only once each day over a weekend. The hospital policy stated medical reviews to take place at least twice daily. The doctor documented the patient was at low risk of violence to others; however the patient remained in seclusion. The doctor documented that the reason for the continued seclusion was that the clinical team stated the patient need to be there over the weekend.

- Hambleton ward did not have a seclusion room and staff reported two episodes of seclusion that were managed on alternative wards. Staff secluded patients in seclusion rooms on other wards if the ward seclusion room was occupied. However, female patients on Farndale ward did not go to other wards and we observed one patient was secluded in the seclusion room and another patient was secluded in a quiet room away from the main ward area. Staff said patients on Farndale ward might also be secluded in their bedrooms if there was no alternative.
- All staff received mandatory safeguarding adults (level one) training. Qualified nurses, psychiatrists, psychology and social work staff received level three training. Social workers were responsible for safeguarding children and staff had received the appropriate training. The safeguarding lead was a social worker who attended safeguarding meetings and supported staff training. Nurses understood their responsibilities and raised safeguarding concerns with the hospital social worker. Social workers reported safeguarding alerts to the local authority. This meant reporting was delayed as social workers worked from Monday to Friday. Stockton Hall reported 11 safeguarding incident and 20 safeguarding alerts between April 2015 and July 2015. These included incidents of verbal abuse, physical assault, neglect and bullying. Staff held patient safety meetings on the wards immediately following incidents and involved the police where appropriate. Staff ensured patient safety and management plans were in place where required and attended safeguarding meetings. Managers monitored and reported on safeguarding adults' issues at their monthly governance meeting.
- During a patient focus group meeting eight out of ten patients we spoke with said they did not feel safe. One

patient said he felt "bullied by other patients but staff were dealing with it". Three patients said they did not feel safe because there was not enough staff. One patient commented that the unpredictable ward environment made him feel unsafe. Three patients referred to bullying by individual staff members and we brought this matter to the attention of the senior manager during the inspection. We received assurance from senior managers that staff had investigated the allegations following our inspection.

- We saw good medicines management practice across the wards. All the prescription charts were up-to-date and clearly presented to show the treatment that patients received, including any physical health medication prescribed by the GP. Nurses checked the relevant legal authorities for treatment were in place where appropriate and regularly checked stock levels, which included emergency drugs, consent to treatment compliance and clinic rooms. Nurses completed therapeutic drug monitoring for patients receiving medication such as clozapine that requires close monitoring. Monitoring is important to ensure people are physically well and that they receive the most benefit from their medicines. Easy read and accessible information was available to patients, including information on medication and treatment. Staff printed the easy read information from the electronic clinical records system to share with patients as appropriate.
- Staff completed care plans for patients medication needs such as insulin and adrenaline. Patients had a specific care plan for when required medicines, however two we looked at only contained information on side effects. This information would help to ensure nurses gave patients their medicines safely and consistently. Some patients in the service received antipsychotic treatment above British National Formulary limits. This carries additional risks and means patients' need extra physical health monitoring. We saw nurses recorded alerts on the care records and prescription cards. There was a policy in place to monitor high dose antipsychotic treatment but nursing staff on two wards were unclear how often physical checks should be completed. Nurse said they completed physical checks on a monthly basis but the care plan said weekly. Nurses reported medication incidents and we saw there had been 29 incidents resulting in low or no harm reported between 01 September 2015 and 06 February 2016. The hospital

Forensic inpatient/secure wards

had an accountable officer (a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse) as required by law. They sent medication related safety alerts to all ward although did not keep records confirming each ward had checked.

- Stockton Hall had an up to date risk register and managers used a rating tool to identify high, medium and low risks and measures in place to reduce the risks. Individual ward managers held risk registers for their wards. They could not put risks directly into the register, but discussed risks at health and safety meetings. Senior managers reviewed risks at the monthly governance meetings.
- There was a suitably equipped children's visiting area, which was away from the ward areas. All visits concerning children were organised in advance by the social worker, which meant children were able to visit in an appropriate environment.

Track record on safety

- Stockton Hall hospital reported six serious incidents between May 2015 and October 2015. We saw ward managers or the security lead investigated all six incidents. Managers said they had received training in incident investigation and reporting however, we saw staff did not complete documentation in a consistent way. For example, not all forms gave details of patient involvement in the process or documented a rationale why they were not included. Staff did not always complete information related to the actions taken and arrangements for shared learning.

Reporting incidents and learning from when things go wrong

- All staff were aware of the reporting process and felt confident to report incidents. Nurses used the electronic incident reporting system called IRIS to report incidents.
- Support workers did not use the electronic reporting system but reported incidents to the nurse in charge. Staff discussed feedback from incidents at handovers and ward clinical governance meetings. Managers discussed incidents at the monthly clinical governance meeting and information about incidents was included in a governance pack held on every ward. The service

learned from incidents when things went wrong. For example we saw that staff were offered refresher security training following an incident when a patient accessed the roof.

- Staff said they had the opportunity for a de-brief following an incident on the ward. This ranged from informal peer support to formal sessions with the psychologist. An example of this was when members of the multi-disciplinary team attended a formal de-brief following a recent serious incident on Dalby ward. Staff discussed incidents at MDT meetings and discussed incidents individually with patients.
- The hospital had a lessons learned newsletter to share information about incidents across the service. However, none of the staff we spoke with said they had seen the newsletter and not all staff were confident about how lessons were shared.
- Managers and staff were aware of their responsibilities under the duty of candour and training about duty of candour was included in staff induction. One patient told us that staff had apologised to them when they had made a mistake and they had felt reassured by this.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Managers and commissioners held weekly referral meetings to discuss referrals to the service. All patients had a pre-admission assessment and staff considered if admission was appropriate. Not all patients were assessed as suitable for admission.
- The hospital used the recovery approach and had introduced an electronic care record called "PathNav". This enabled staff and patients to enter and view information about care and treatment. We observed how this was used to inform decisions about care at an individual care programme approach (CPA) meeting. We saw evidence where patients had been offered and given copies of their care plan.

Forensic inpatient/secure wards

- We looked at 31 care and treatment records across all wards and found staff consistently completed assessments and care plans within 72 hours of admission. We found most care plans were recovery orientated, personalised, comprehensive and up to date. Information included risk behaviours, meaningful activity, physical health and psychological needs. On Fenton and Kyme ward, we found that all records we reviewed had a comprehensive, up to date positive behaviour support plan, which staff reviewed regularly. Patients who were assessed as having communication difficulties were referred to the speech and language therapist. Medical staff ensured patients had a physical health examination and ongoing monitoring of their physical health problems. Carers we spoke with were very confident that staff ensured their relatives' physical health care had been considered.
- All patients received care under the CPA and staff carried out reviews of patients' care according to the CPA guidelines. Staff measured outcomes by recording health of the nation outcome scales on admission and at every CPA review.
- Information about patients care was stored securely and available electronically or in paper records on the wards. We observed all staff were able to have up to date information about people's needs.
- We saw evidence that staff were following appropriate NICE guidelines. For example on Kirby ward, staff talked about the management of schizophrenia. On Fenton ward staff referred to the NICE guidance for autism. Policies such as the safe and therapeutic management of violence and aggression referred to NICE guidance.
- Staff supported patients recovery by offering a range of activities and opportunities. Patients applied for jobs in the shop and café and supporting staff interviews. Vocational training helped patients build on skills in the work environment such as handling money and customer service. Educational workshops supported patients with literacy, numeracy and computer skills. Staff organised woodwork, horticulture, music, drama and art sessions within a dedicated therapy area in the hospital. Occupational therapists supported patients with kitchen and domestic skills and to access local community resources.
- Staff registered all patients with a local GP service that visited the hospital twice weekly. The practice nurse and physical health care nurse ensured all patients had routine physical health checks and ongoing monitoring of physical health problems including diabetes and asthma. Staff referred any patients who required specialist intervention such as a dietician to the local hospital. We observed on one ward that a patient received chemotherapy, and learned that a dentist, physiotherapist, chiropodist and optician visited the hospital regularly. Patients with diabetes had appointments for retinal screening and podiatry.
- The hospital had a range of facilities and groups to improve physical health such healthy eating groups, "boot camps" and "spinning". The hospital gym and sports hall were used for activities such as football and badminton. The hospital was preparing to be smoke free by April 2016 and offered smoking cessation support to patients and staff. We spoke with patients who had joined the "stub it out" group to help stop smoking. Other patients said they enjoyed taking part in activities in the gym and swimming pool.
- Clinical staff took part in clinical audits, which had led to improvements in the services. For example we saw that drug cards had been re-audited on three wards in December 2015 to address issues regarding consent to treatment and the seclusion room cleaning audit had been updated following concerns about the seclusion

Best practice in treatment and care

- Medical staff were aware of National Institute for Health and Clinical Excellence (NICE) guidelines regarding prescribing medication. We checked medication records and saw there was low prescribing of as required medications.
- Psychologists assessed all patients within three months of admission. Patients had access to a range of evidence based psychological therapies on an individual and group basis. This included dialectical behaviour therapy (DBT), cognitive analytical therapy, cognitive behavioural therapy and mental health and substance misuse awareness. Staff also offered anger management, psych educational and motivational enhancement groups. Psychological programmes were adapted to meet the needs of people with learning disabilities and the older patients in the service. One patient we spoke with said how he found the weekly DBT group helpful.

Forensic inpatient/secure wards

room on Fenton ward. There was an audit lead and an audit plan for 2016 and staff discussed outcomes of audit at ward and senior management clinical governance meetings.

- A range of staff measured outcomes of patient care at stages throughout their care and treatment. This included health of the nation outcome scales, model of human occupation screening tool and impulsivity measures. The PathNav system also supported patients and staff to monitor outcomes.

Skilled staff to deliver care

- Patients had access to a range of professionals through multidisciplinary working, including medical and nursing staff. Occupational therapy, social workers and psychology staff were shared with wards and a teacher and a drama therapist provided a service for the whole hospital. The pharmacist service was provided by Lloyds and a technician and a pharmacist visited all wards.
- All staff had access to specialist training which related to their roles. For example staff on Dalby and Farndale ward had been offered personality disorder and DBT awareness training. Staff on Fenton ward had developed a learning disability training package and completed autism related and sensory integration training. Staff said managers supported them with their training needs and the training helped them to understand patients' behaviour.
- Managers supported health care support workers to complete appropriate National Vocational Qualifications. For example all support staff on Kyme ward were doing an NVQ for learning disabilities.
- All staff received an eight day initial induction, which included the special needs of women in secure services and people with learning disabilities and autism spectrum disorders. Staff also completed training in using the recovery approach, relational security and alcohol abuse. Staff spent time on the wards as part of their induction. There were specialist learning disability nurses on Kyme ward and all staff on Farndale ward had received DBT and PD training.
- Staff attended reflective practice groups, which psychologists and medical staff facilitated. These groups were held at varied times to allow all staff the opportunity to attend the group if they wanted to. We

learned the groups were well attended and staff reported they found the groups helpful. Staff also had access to a range of ward meetings to support them in their day to day work.

- Managers told us nurses opportunities for supervision had been challenging due to a combination of staffing issues and the unpredictable nature of the ward environments. We saw ward managers had supervision and appraisal plans in place and had oversight of progress. Most staff we spoke with said they had the opportunity for regular supervision. All MDT staff had clinical supervision arrangements in place and we saw staff kept records of supervision.
- Staff said they received an annual appraisal and we saw records confirmed 100% of non-medical staff had an annual appraisal within the last 12 months. We looked at 30 staff records and saw all had documented appraisals.
- The process for managing poor performance was addressed through personal development plans and linked with appraisal and supervision. We selected one record and saw that issues relating to staff performance were addressed.

Multi-disciplinary and inter-agency team work

- Nurses attended handovers twice a day when they were changing shifts. Staff had a good understanding of the needs of the patients on all wards. Medical staff, social workers, psychologists and occupational therapy staff were aligned to wards to support staff and patients. For example, Fenton ward has a full time occupational therapist and activities co-ordinator in addition to a full time consultant psychiatrist and a psychologist who worked four days per week.
- The safeguarding lead had good working relationships with the local authority. We spoke with a commissioner and an advocate who were both new to the service but reported historical good working relationships with the hospital.
- Multi-disciplinary meetings (MDT) occurred on a regular basis on every ward and were attended by a representative from every discipline. For example, on Fenton ward, MDT meetings occurred every fortnight with four patients discussed at each meeting. Care Coordinators, advocates and Commissioners attended

Forensic inpatient/secure wards

meetings where appropriate. On Kirby ward we observed MDT meetings, which was attended by the patient, medical and nursing staff, and occupational therapy and psychology staff.

- The GP service attended the hospital twice weekly and communicated effectively with medical and nursing staff about patients physical health needs. The pharmacy service regularly attended wards to support staff and patients with medication related issues. Staff had established good working relationships with specialists at the local hospital such as the speech and language therapist and dietician.

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

- From the information we received from the hospital we found that compliance figures for Mental Health Act (MHA) training was 80%. This is mandatory training and is below the hospitals standard of compliance of 95%.
- We carried out one Mental Health Act review visit during this inspection. We also checked understanding of the Mental Health Act and the Mental Health Act Code of Practice on all the wards. We found staff displayed competency in their understanding of the MHA and supported patients to understand their rights. We attended a multi disciplinary meeting where we saw staff clearly explained one patient's rights under the Mental Health Act to them. Most patients we asked said they were aware of their rights.
- Nurses checked the T2 and T3 forms met the relevant legal authorities. We checked 16 T2 and T3 charts and saw 15 were all correctly authorised. One form had medication prescribed above the BNF recommendations and this was not specified on the T2 form. Medical staff assured us this would be rectified immediately.
- Social workers acted as appropriate adults and ensured patients understood their rights under the Police and Criminal Evidence Act 1984.
- Every ward had good links with the hospital MHA administrator and legal advice was available from a central team in the organisation. Patients had access to

the Independent Mental Health Advocate (IMHA), which was located on the hospital site, and we saw one patient from Fenton ward was supported by the IMHA service.

Good practice in applying the Mental Capacity Act

- From the information we received from the hospital we found no training figures in relation to the Mental Capacity Act (MCA). Staff told us training about the MCA was included in the MHA training and from the information we received from the hospital we found that compliance figures for Mental Health Act (MHA) training was 80%. This is mandatory training and is below the hospitals standard of compliance of 95%.
- Staff gave examples of how capacity was considered at multi-disciplinary meetings and said "capacity is discussed regularly in different ways". The manager on one ward clearly described the five principles of the Mental Capacity Act. Psychologists told us they sought consent before delivering specific psychological interventions and documented this in patients' care records. Staff used communication aids where appropriate and knew they should assume capacity unless there was evidence to suggest otherwise. However some staff identified they needed more training about the MCA and were not clear about the role of the Independent Mental Capacity Advocate.
- We saw the hospital had a policy in relation to the MCA and Deprivation of Liberty safeguards (DoLS). Guidance was also available on all wards. There were no DoLS applications made by Stockton Hall.
- We reviewed 16 care records across the wards and found 15 records showed evidence that staff documented informed consent from patients about their care and treatment. However we found that only three of the 16 care records documented evidence of the assessment of mental capacity and staff were not clear about where these assessments were documented.

Forensic inpatient/secure wards

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- Staff displayed a good understanding of the needs of the patients on the wards when we asked about individuals and the type of care they needed. We observed staff attitudes and behaviours when they interacted with patients and found they were responsive, respectful and supportive. For example on Fenton ward we saw that staff were actively involved with patients in conversation and observed two staff members behave in a calm and professional manner when a patient was disturbed. On Kyme ward we observed that staff were aware of tensions between patients and ensured dining arrangements and access to the garden were managed appropriately to reduce the risk of aggression.
- All carers we spoke with spoke very highly of staff attitudes and behaviours. One carer told us “the staff are kind and encourage him to get better. They are always polite; it is the best hospital for staff”. Another said they could not praise Stockton Hall staff highly enough for the care and support it provided and described the staff as “110% polite and respectful”. Another said, “The staff are amazing and have a very good understanding about my sons disorder”.
- Most comments from patients we spoke with were positive such as “I find staff very supportive” and “staff are helpful and do a lot”, “staff do their best” and “staff are polite and usually knock on my bedroom door before entering”. We heard two patients stories about how their experience at Stockton Hall supported them in their recovery. We also heard negative comments from others who said “I don’t like the nurses”, “staff ignore you a lot” and “staff are lazy”.

The involvement of people in the care that they receive

- Staff helped patients to become familiar with the ward when they were first admitted and gave patients information about the ward. One patient told us staff had introduced themselves on arrival and the doctor was welcoming.
- We heard from one patient that PathNav gave them insight into their condition and “it was like having a chair at the ward round table”. Patients had the opportunity to add their own notes and identify their own goals onto the system. This information was used to inform MDT meetings. Patients and staff were able to work together in preparation for the MDT meeting.
- We observed an MDT meeting where the patient brought a copy of their care plan and the care plan was displayed on the wall via a projector. Staff ensured the meeting centred on the patients’ needs and supported the patient to make decisions about their care in a caring and professional manner. Some patients we spoke with said they had been involved in the decisions about their care plan. Others said they were not aware of their care plan and felt they could not influence decisions made at the MDT.
- Patients had access to independent advocates from “Rethink” advocacy service five days per week. The service was base at the hospital and included independent mental health advocacy. Wards displayed posters and had information leaflets available. Staff invited advocates to attend ward community meetings, CPA and MDT meetings. Staff did not automatically refer all patients to the advocacy service and patients rarely referred themselves. Some patients told us they were aware of the advocacy service and had received support from an advocate; however, other patients said they had never heard of an advocate. Staff we spoke with were not always clear about how they involved advocates in patients care and we learned that the role of the advocate was not included in staff training.
- Social workers acted as the lead person to support patients to maintain contact with their families where appropriate. Social workers contacted families to help inform individual pre-admission care plans and discuss visiting arrangements. Staff kept relatives informed by telephone calls and invites to CPA meeting. We saw patients could make arrangements to “skype” their families.

Forensic inpatient/secure wards

- The hospital recognised families may have difficulties getting to the hospital and offered financial support or helped with travel arrangements. Families booked their visit in advance and ward staff ensured adequate staff were available to support the visit. Carers we spoke with said they felt safe when they visited their relatives.
- Carers told us they would like the opportunity to see their relative's bedroom or be able to walk around the hospital courtyard rather than be confined to one room.
- Stockton Hall held a yearly family day and invited all carers to attend. One carer who attended told us they had the opportunity to talk to staff and have something to eat. We saw minutes from the open day where staff provided a question and answer session and explained how staff cared for patients.
- All wards held regular community meetings and staff encouraged patients to attend. Staff had sought patient's views and ideas about restrictive interventions and how it affected their care. We saw minutes of community meetings including easy read minutes for those patients with learning disabilities. Patients took part in organising hospital events such as the annual barbeque and Christmas fair.
- Patients could move between wards during their admission. For example some patients had moved from other wards to Hambleton ward in recognition of the needs of the older male population. Staff said patients only moved to different wards if their presentation changed.
- Managers recognised that Kirby and Boston wards had a large patient population with a range of patient needs in an environment that required updating. The ward had acutely unwell patients as well as patients ready for discharge, which meant this was a challenging environment for patients and staff. Managers said work was planned this year to reduce the number of beds on both wards by building an additional ward and redesigning the service.
- Stockton Hall reported no delayed discharges but staff said it was sometimes difficult to move patients on, as other services would not accept patients assessed ready for discharge to less secure environments. Where patients required higher levels of security, staff made appropriate referrals. Lengths of stay varied across the hospital dependent on the legal restrictions placed upon them and their progress with recovery. For example patients on Hambleton ward had been in care for many years and it had taken a long time to step down from high security to medium secure services. We saw that senior managers monitored patients who were ready to be transferred to other services.

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

Good 

Access and discharge

- Patients were referred to the hospital from all parts of the country for forensic medium secure services including people with mental illness, personality disorder, learning disabilities and autism. Referrals included people from NHS secure facilities and prisons.
- Staff assessed all patients before admission and planned patients' admission when a bed was available.
- The average bed occupancy for the period April-September 2015 for each ward was 100% for Boston, Dalby, Fenton, Kirby and Kyme wards. Farndale ward had 94% occupancy and Hambleton ward, which operated from June 2015, had 62% occupancy.
- Staff talked with patients about their recovery from the point of admission. The PathNav system enabled patients and staff to complete the "moving on" section and agree goals in preparation for discharge. We heard one patient had been at Stockton Hall for two years and was now ready for discharge and another who was moving on to a low secure service.
- There was good links with case managers. They were aligned to the patients' pathways and attended the wards regularly to speak with staff and patients. We spoke with a case manager who reported good communication with the hospital on aspects such as service user involvement and feedback.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment on wards to support treatment and care, however not all

Forensic inpatient/secure wards

wards had adequate quiet areas for patients to use. Fenton ward had two specially designed “chill out” rooms, which patients could access freely and were used for de-escalation. We saw most activities occurred off the ward during the week and patients told us there was less to do at weekends. Patients on Boston ward said it was too difficult to do activities because there was 24 patients and not enough staff and space.

- Staff supported patients recovery by offering a range of activities and opportunities. Staff offered vocational training and patients applied for jobs in the shop and café. Educational workshops supported patients with literacy, numeracy and computer skills. Staff organised woodwork, horticulture, music, drama and art sessions within a dedicated therapy area in the hospital. Occupational therapists supported patients with kitchen and domestic skills and to access local community resources. Patients could access the gym and swimming pool in the hospital. The hospital used the pets as therapy scheme and patients cared for the hospital resident animals. Patients and staff formed a hospital football team and played in local league matches. All patients we spoke with felt access to these facilities helped their recovery.
- We observed seclusion rooms were situated within the ward areas, which meant patients, could see when other patients were being secluded.
- Staff dispensed medicines from a hatch leading into the ward area. We saw patients’ queued up to take their medication and one member of staff supervised patients’ taking their medication. This meant that patients confidentiality was not maintained when staff discussed medication issues with individual patients.
- All wards had locked areas such as the dining room, kitchen and communal toilets. Staff told us this was for security reasons and doors were opened when needed. We observed robust security checks at lunchtime when cutlery was counted before patients were able to leave the dining room. Hot drinks and snacks were available until 11.00pm.
- Patients had a key to access to their own bedrooms, which were spacious and personalised. Staff limited patients access to bedrooms to allow rooms to be cleaned or if patients didn’t get up in the morning for breakfast. All wards had visitors rooms and an outside

garden area. Staff allowed patients access to the garden at set times during the day. We observed access to fresh air was usually linked to patients’ smoke breaks and was facilitated by two staff. Garden areas were sparse with a grassed area and smoking shelter. We observed many discarded cigarettes on the floor. There was high perimeter fencing and anti-climb material on the roof. One garden had chairs and tables and patients told us this would be taken away if anyone stood on them, as it was a security risk.

- Patients did not have access to mobile phones on the ward as these were on the list of banned items. Patients used phones located on the ward but not all patients felt they were private; however they could use the cordless office phone if necessary.
- Food was of good quality and meals were freshly prepared from the hospital kitchen. The menu changed with the seasons and staff had sourced local supplies for halal meat. Patients and staff ate together on the ward and the same food was provided for patients and staff. Patients made menu choices the day before and we saw there was a wide variety of choice including vegan and vegetarian choices. Staff catered for special diets when required. Patients gave mixed views about the food and we saw that the chef attended patient community meetings to receive feedback.
- The City of York Council awarded Stockton Hall a food hygiene rating of four (Good) in June 2015. We saw hand gels were available outside the main ward areas and environmental and housekeeping records were up to date.

Meeting the needs of all people who use the Service

- The hospital building design was appropriate to meet the needs of patients requiring disabled access if needed.
- We saw that one patient with speech difficulties had been involved with the speech and language therapist and one patient had flashcards to help them communicate. We did not meet any transgender patients in the hospital or see any information relating to sexual orientation or gender identity. However we heard how a transgender patient had been supported in the past and all staff had mandatory training in equality and diversity. Staff were sensitive to the sexuality needs of patients and relationships between vulnerable

Forensic inpatient/secure wards

people were recognised as safeguarding issues and managed appropriately. Staff told us there was a no touch policy between patients. Patients told us they were aware of the no touch policy, which meant those who wanted to form relationships would be prevented from doing so.

- Patients who did not speak English as their first language were supported with an interpreter. Staff booked the interpreter in advance and the interpreter attended the ward for CPA meetings. We observed interpreters were available and they assisted us to speak with patients during the inspection.
- Staff supported patients to access appropriate spiritual support on the ward and the hospital had a dedicated multi-faith room that all patients could attend.
- Information such as ward information guides and information about people's rights were displayed in ward areas. Information was provided in easy read format for people with learning disabilities. We saw some wards displayed the minutes from patient community meetings and information about activities.

Listening to and learning from concerns and complaints

- Stockton Hall reported 49 complaints between January 2015 and September 2015 of which four were upheld or partially upheld. Dalby and Farndale ward received the most complaints and Kirby ward had the most complaints that were upheld. None were referred to the Independent Sector Complaints Adjudication Service or Ombudsman.
- Staff were aware of the complaints procedure and how to manage complaints, which were made directly to them. Managers kept a ward log of all complaints raised and staff were able to give examples of when the formal complaints procedure was used and how lessons were learned.
- The complaints lead dealt with all formal complaints and we saw in the records we reviewed these were usually met within the timescale of 25 days. The tone of the correspondence to complainants was respectful and demonstrated openness and transparency about how the complaint was dealt with. A monthly report of progress with complaints was reviewed by senior

managers and shared with ward staff in the hospital governance meeting minutes. This meant that complaints were listened and responded to and used to improve the quality of care.

- Information about how to complain was available for patients including easy read information. Information in other languages was not available but staff said this would be available through the interpreter service if needed. One patient who required an interpreter told us he was confident the interpreter would support any complaints he made. We saw ward community meetings gave patients the opportunity to raise complaints and the actions staff took in response.
- Patients were aware of the complaints procedure and told us they would feel confident to raise a complaint. Most patients told us they were satisfied with the response they received from staff. However, three patients from three different wards said they would not feel confident to make a complaint as "it was a waste of time" or "it makes it worse for you".
- Information about advocacy services was displayed in ward areas. Patients could refer themselves to the advocacy service directly or ask a member of ward staff to refer their complaint. However, not all patients said they were aware of the advocacy service, the advocacy service had not received any direct contact from patients, and ward staff said they did not routinely refer patients to the advocacy service. The advocacy service attended some ward community meetings and visited individual patients. We spoke with one advocate who said he was currently supporting 20 patients.

Are forensic inpatient/secure wards well-led?

Good 

Vision and values

- Stockton Hall had five values to underpin their work: valuing people, caring safely, integrity, working together and quality. These were the values of Partnerships in Care. Staff we spoke with were able to tell us about the vision and values of the organisation in their own words. They spoke about cohesive team working and aimed to make improvements in the care they delivered.

Forensic inpatient/secure wards

- All staff we spoke with were aware of the hospital senior management team and spoke positively about the leadership within the hospital. Senior managers maintained a visible presence and met with patients and staff informally on the wards. Managers described an “open door” policy and staff felt comfortable to approach managers with their concerns.

Good governance

- Managers used an electronic dashboard to monitor Information about performance on their wards, which included for example information about staff training and ward activity. This included activity against key performance indicators. The “ward to board” dashboard ensured senior managers and the board shared performance information about patient quality and safety in a timely way. Managers collected information under the headings of caring, effective, responsive, safe and well led and monitored performance of certain areas under each heading. For example this included compliance with care plan completion, discharges, access to psychological therapies and physical health checks.
- Stockton Hall had a hospital- wide strategy to reduce restrictive interventions including the use of restraint and seclusion. Managers monitored progress at the monthly clinical governance meeting and identified areas for improvement. The restrictive practice group took account of patients and staff views and took action, which did not compromise the overall security and safety of the hospital. The hospital had adopted the “see, think, act” model which is a guide published by the Department of Health to lessons learnt from serious incidents in secure health settings.
- The hospital records showed that 100% of non-medical staff had received an appraisal and 100% of medical staff had been re-validated. Supervision and appraisal processes were in place and we saw appraisals were documented in all the records we reviewed however, not all recorded how the appraisal linked to the organisations visions and values.
- There were sufficient numbers of staff of the right grades and experience on duty across all wards. Managers were aware of vacancies across the hospital and were actively recruiting for staff. A number of incentives had been introduced to help recruitment and retention of staff. All staff were supported in their identified training and development needs.
- Managers effectively planned staffing resources to ensure that staff were available to spend the time required on direct patient care such as escorted leaves and attending hospital appointments. However the impact of unplanned events such as incidents and seclusion meant that staff could not always spend the time they planned with patients such as one to one time or escorted leave.
- Staff regularly participated in a range of clinical audits such as ligature audits, patient observations and medication audits. Results of audits were monitored and had action plans in place. Managers had oversight of progress with action plans through robust governance structures. An audit of the ward governance documentation across the hospital found teams were using data to inform the ward governance process and there was good information flow between the ward and hospital governance meetings.
- All staff understood how to report incidents including safeguarding concerns. There was an effective incident reporting and feedback system in place. Staff ensured any complaints from patients or their relatives were dealt with in a timely manner, and were open and transparent in their response.
- The hospital had systems in place to help ensure staff adhered to the MHA and the MCA. However not all staff and patients were aware of the role of advocacy and how an advocate could be used to support patients. Staff generally understood the principles of the MCA however, we found limited evidence of how however, we found limited evidence of how capacity decisions were made and documented.
- The hospital had an up to date risk register that took account of issues such as staffing and security. The register took account of risks rated as high, medium and low. Staff contributed to the risk register through a range of meetings such as the health and safety meetings and ward governance meetings.

Leadership, morale and staff engagement

Forensic inpatient/secure wards

- Managers had developed action plans, which took account of staff views gathered from the partnerships in care staff survey and an audit of the culture of care. We saw that actions had been taken or were in progress. Sickness and absence rates were monitored and managers offered support to staff who returned to work after a period of absence. Psychology staff were available to offer support and staff said they would use the support available to them.
- We held focus groups with staff representatives. Staff spoke passionately about their work and said they felt supported in their roles. All staff we spoke with said they would feel confident to raise any concerns with their manager and this would be dealt with in a supportive manner. Staff knew about the whistleblowing policy and CQC received one whistleblowing report between 15 January 2014 and 25 November 2015.
- Staff engaged well with patients and provided a range of opportunities for patient and carer involvement and feedback about service developments. This included participating in recruitment, surveys, “you said we did” feedback and ward representative meetings. The hospital actively supported families who had difficulties

visiting their relative and offered opportunity to meet the staff at the annual carers day. The hospital promoted positive relationships with the local community by holding a range of events such as fetes and football matches.

Commitment to quality improvement and Innovation

- Stockton Hall had participated in external peer review and accreditation for the Quality Network for Forensic Mental Health services. The hospital was recognised as an area of good practice in four out of ten areas, which included physical security, safeguarding children and vulnerable adults, family and friends and environment and facilities. Participation in this scheme meant that Stockton Hall were able to benchmark their practices against agreed standards with other similar services.
- Stockton Hall provided information relating to The Commissioning for Quality and Innovation (CQUINs). This is a framework used by services to continually improve how care is delivered. CQUIN activity in 2015 included; carers involvement strategy, physical health care and secure services active engagement programme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The hospital must ensure it follows its own policy and the Mental Health Act Code of Practice when patients are secluded.

Action the provider **SHOULD** take to improve

- Managers should ensure that the service demonstrates improvements in the use of restraint which include the use of positive behavioural support plans and a culture of least restrictive practice.
- Ensure there are no delays in raising safeguarding alerts and concerns when patients may be a risk of abuse to the local safeguarding authority.
- Managers should ensure that staff on all wards have a clear understanding of the MCA and DoLS and the implications for their practice.
- Staff should continue to review the current practice of blanket restrictions within the hospital.
- The service should ensure that all staff have completed their mandatory training in line with the service training targets.

This section is primarily information for the provider

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	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Staff did not comply with the hospital seclusion policy and the Mental Health Act Code of Practice.</p> <p>This is a breach of Regulation 13 (1) (4) (d)</p>