Cygnet NW Limited

Cygnet Bury Dunes

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated the service overall as requires improvement. We rated the forensic and secure wards as requires improvement. We rated the acute and PICU wards as good. This meant that overall, the rating for the location was requires improvement.

We rated the forensic and secure wards as requires improvement because:

- Staff had not minimised the use of restrictive practices. The rationale for some restrictions was unclear and not all restrictions were individually applied. Where a service has unnecessary restrictions that are not individually assessed and applied, there is an increased risk of a closed culture forming. Unnecessary restrictions placed on individuals offers no therapeutic value to patients.
- Staff did not provide the full range of care and treatment suitable for the patients in the service. Although they delivered clinical care in line with best practice and national guidance, the therapeutic activities offered did not meet the needs of all the patients. Activities were not tailored to the individual and offered seven days a week.
- The forensic and secure wards supported both hearing and deaf patients. Not all staff had completed British Sign Language training and compliance figures were lower than expected. Recent staff turnover had affected the availability of trained British Sign Language signing staff which had impacted on patient care and staff stress. There were multiple shifts that had no deaf or signing staff on shift.

In both core services:

- Staff did not fully understand how to safely dispose of spoiled medicines.
- There was limited oversight of the agency induction paperwork which meant staff may not receive an induction.
- Not all staff files reviewed contained full employment history.

However;

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly. Managers ensured that staff received mandatory training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Good 	This is the first inspection of the acute and PICU core service as the wards opened since the last inspection. We rated it as good because: • The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided. • The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. • Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. • The service was well led, and the governance processes ensured that ward procedures ran smoothly. However: • Patients did not have easy access to outside space on South Hampton ward.

Summary of findings

- Staff did not fully understand how to safely dispose of spoiled medicines.
- There was limited oversight of the agency induction paperwork.

Forensic inpatient or secure wards

Requires Improvement

Our rating of this service went down. We rated it as requires improvement because:

- Staff had not minimised the use of restrictive practices. The rationale for some restrictions was unclear and not all restrictions were individually applied. Where a service has unnecessary restrictions that are not individually assessed and applied, there is an increased risk of a closed culture forming. Unnecessary restrictions placed on individuals offers no therapeutic value to patients.
- Staff did not provide the full range of care and treatment suitable for the patients in the service. Although they delivered clinical care in line with best practice and national guidance, the therapeutic activities offered did not meet the needs of all the patients. Activities were not tailored to the individual and offered seven days a week.
- Not all staff had completed British Sign Language training and compliance figures were lower than expected. Recent staff turnover had affected the availability of trained British Sign Language signing staff which had impacted on patient care and staff stress. There were multiple shifts that had no deaf or signing staff on shift.
- Staff did not fully understand how to dispose of spoiled medicines.
- Two of the four gardens did not provide patients with a suitable environment and gardens were not able to be accessed independently.
- Governance processes had not identified and addressed all areas for improvement within the service. The provider's system to capture patient activity was not accurate, the fire safety risk assessment was out of date, food quality feedback was poor and one staff file had not met the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

However:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The ward teams included or had access to the full range of clinical specialists required to meet most of the needs of patients on the wards.
- The service was well led and there was clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. Availability of placements was regularly reviewed, and staff acted in accordance with Ministry of Justice restrictions.
- Managers ensured that staff received mandatory training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Summary of findings

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Summary of this inspection

Background to Cygnet Bury Dunes

Cygnet Bury Dunes was registered with CQC on 11 February 2011 for 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

Originally the service was a large hospital providing services to children and young people, medium secure services and low secure services. However, from April 2021, the children and young people services, medium secure services and two of the low secure services have been registered as separate locations.

Cygnet Bury Dunes has 65 beds within the following wards;

- Lower West Side is a 12 bed low secure ward for both hearing and deaf women
- Bridge Hampton ward is a 13 bed low secure ward for men who are deaf
- West Hampton ward is a 10 bed low secure ward for both hearing and deaf men
- South Hampton ward is a 12 bed Psychiatric Intensive Care Unit (PICU) for men
- White House is an 18 bed acute ward for men.

There was a registered manager in post who was also the controlled drugs accountable officer.

This is the seventh inspection of this service. The last inspection of the service was in July 2020 and was a focused inspection, in relation to concerns raised about the service, we inspected Madison and Columbus wards which are no longer part of this location. We rated the service as good overall, with requires improvement for well led. This was due to recruitment and selection processes, training and supervision for staff, records and oversight of safeguarding and recruitment and selection.

There are two core services;

- Forensic and secure wards, where the findings for Lower West, Bridge Hampton and West Hampton will be reported on.
- Acute and PICU where the findings for South Hampton and White House will be reported on.

What people who use the Acute and PICU service say

We spoke with nine patients and seven family members.

Patients told us that they have improved since being in hospital. Staff were nice and treated them well. They had been given information about their medicines and introduced to the ward and given information about the ward. Patients said they felt safe in hospital. However, there were occasions where they felt the staffing levels were low. A patient on South Hampton ward told us they would like access to their own phone, another patient said they would like to go outside for a cigarette. Another patient whose first language was not English would like more information in their first language.

Summary of this inspection

A patient on White House said soap dispensers were needed in the toilets and the communal toilets need repairing. Also, they would like to access the gym.

Family members told us the staff were very caring towards their loved one and did provide updates when contacted. They were involved in the ward rounds and felt listened to. If families have had to raise issues they said staff were responsive to this and they had been resolved.

However, they told us they had not received any information about the service, including how to complain. Also, at admission when loved ones were very unwell, staff told family they couldn't provide updates without the consent of their loved one, who was too ill to give their consent at that time. Family members also told us it could be difficult to get through to the ward staff on the phone.

What people who use the Forensic and Secure service say

We spoke with 14 patients, eight family members and two advocates.

On Lower West patients felt well looked after. They spoke positively about drop-in sessions with multidisciplinary staff and said that most staff were respectful, polite and interested in their recovery. However, patients felt that the service was short staffed and described how it could be difficult to communicate with staff when signing staff were not available. Patients were unhappy that there was no internet access on the ward and said that the food quality varied.

On Bridge Hampton ward patients described the ward as a good community with strong relationships. Patients described trips out and how staff supported them when there was an incident. They said that some staff were good but that others did not always behave respectfully towards them. Some patients said the food as poor and that staffing could be improved. Patients were not always interested in the ward activities offered.

West Hampton patients felt safe and described events that took place including barbeques, trips to local towns and guitar lessons. They said that staff were mostly polite but felt that the ward could be short staffed. They described when staffing levels had affected planned trips and activities and said that food could be improved.

Families and carers felt their loved ones were safe and cared for on the wards. Most families praised how the service communicated with them and kept them informed. They were invited to and listened to at meetings about their relative's care, and they described staff driving patients' home to accommodate visits. Some families felt that alternative activities could be offered.

Advocates, who regularly visited the service, described the strong sense of community on the wards. They felt staff were caring and responsive. They acknowledged that patients would seek out deaf or British Sign Language staff and said the main issues raised were regarding food.

How we carried out this inspection

In the Acute and PICU service

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited the service
- toured the service, including all wards and observed the care being provided, including four short observations for inspection (SOFI)
- received feedback from commissioners
- spoke with nine patients
- received feedback from seven family members
- observed one ward round and a morning meeting
- spoke with 18 staff including administration staff, support workers, nurses, doctors, consultant psychiatrists, occupational therapists, psychology staff, social workers, ward managers and the registered manager
- looked at six care and treatment records of people and 13 prescription cards and associated documentation and completed a review of seclusion documentation for one patient
- looked at a range of policies, procedures and other documents relating to the running of the service, including staff records.

This inspection was unannounced.

The inspection covered all key questions.

The inspection team was two CQC inspectors, an assistant inspector, two specialist advisors and an expert by experience who had lived experience of services.

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In the Forensic and Secure service

Prior to and following the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information including commissioners and advocates.

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 14 patients who were using the service and eight family members
- spoke with the managers or for each of the wards and the registered manager
- spoke with 25 other staff members; including occupational therapists, occupational therapy assistants, activity co-ordinators, support workers, nurses, consultants, psychologists, speciality doctors, pharmacists, speech and language therapists, an interpreter lead and team leaders
- received feedback about the service from one commissioner and two advocates
- attended and observed one morning meeting
- reviewed nine care and treatment records of patients including care plans, risk assessments and Mental Health Act records
- reviewed 18 prescription cards;
- looked at a range of policies, procedures and other documents relating to the running of the service.

This inspection was unannounced and covered all key questions.

Summary of this inspection

The inspection team was two CQC inspectors, an assistant inspector, two specialist advisors and an expert by experience who had lived experience of services.

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Outstanding practice

In the Acute and PICU service

We found the following outstanding practice:

- On White House the activity coordinator had made community connections to enable funding and resources for an IT suite to be developed, patients participated in CV and digital skills and boxing skills which was well received.

Areas for improvement

In the Acute and PICU service

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The provider should ensure that on South Hampton ward their fire safety assessment is updated.
- The provider should ensure that staff understand how to use the denaturing kit for medicines should there be wasted medicines to safely dispose of them.
- The provider should ensure there is a system in place to enable them to easily check which agency staff have completed their induction.
- The provider should ensure that there is a system in place for staff to know the leave status of patients.
- The provider should continue to offer training for staff in autism and learning disability.
- The provider should ensure that information for patients where English is not their first language is translated into their first language.
- The provider should consider making the ground floor outside space on South Hampton ward accessible for patients.
- The provider should review the meal serving arrangements on South Hampton ward to make the experience more enjoyable and accessible for patients.
- The provider should review the information that is provided to patients and family members about the service, including how to complain to ensure it meets the needs of patients and families.
- Staff files should meet the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the Forensic and Secure service

Summary of this inspection

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The provider must ensure that all restrictions are reviewed, fully justified and action taken to remove unnecessary restrictions, including those posed by the environment. (Regulation 9)
- The provider must ensure that activities are individualised, recorded accurately and meet the therapeutic needs of patients. (Regulation 9)

Action the service SHOULD take to improve:

- The provider should ensure that all wards have a current fire safety assessment in place and that actions identified are completed in a timely way.
- The service should ensure that there are enough staff who can communicate in British Sign Language on each shift for all three wards with deaf patients or staff.
- The service should ensure that gardens meet patients' needs and are independently accessible when risks allow.
- The provider should ensure that staff understand and follow guidance on how to safely dispose of waste medicines.
- The provider should ensure that bank staff complete all required mandatory training.
- The provider should ensure that food quality is continually reviewed and improved.
- Staff files should meet the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some areas for improvement across both core services:

Our findings

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	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

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

Good

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

Are Acute wards for adults of working age and psychiatric intensive care units safe?

Good

We rated safe as good.

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. White House had a newly completed fire risk assessment. South Hampton's fire risk assessment was completed in August 2021, due for review August 2022, this had not been completed.

Staff could observe patients in all parts of the wards.

The ward complied with guidance and there was no mixed sex accommodation. Both wards were for men.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were current ligature risk assessments in place for both wards.

Staff had easy access to alarms and patients had easy access to nurse call systems. Visitors onto the ward, including the inspection team were issued with alarms.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. White House was newly built and had opened in June 2022. South Hampton had been open since 2021 and had been refurbished and upgraded to meet the PICU requirements as it was a rehabilitation ward previously.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. Hand sanitizers were at the entrance to each ward.

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

Good

Seclusion room

The Seclusion room on South Hampton ward allowed clear observation and two-way communication. It had access to a toilet and a clock. The toilet and shower were in a room next to the seclusion room.

There was a calm room on White House with sturdy furniture and low stimulus. Staff told us there were plans to make the room more relaxing by the addition of coloured lighting.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Initially there were signs for the wrong coloured emergency bag, we raised this with staff, and this was resolved by the end of the inspection.

Staff checked, maintained, and cleaned equipment.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe.There were vacancies, with 1.8 support worker vacancies on South Hampton ward and 1.5 on White House for support workers. Recruitment was underway to fill these vacancies. There were no registered nurse vacancies.

The service had reducing vacancy rates over the last 12 months.

The service had reducing rates of bank and agency registered nurses.

The service had increasing rates of bank and agency nursing assistants. Staff told us this was to facilitate enhanced observations.

Managers limited their use of bank and agency staff and requested staff familiar with the service. We reviewed the last four weeks rotas which showed that agency staff were usually regular at the service, with agency staff working several shifts in a week.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All bank and agency staff had an organisational induction which included security. Staff then completed a ward based induction and signed an induction checklist and completed competency questions for conducting observations. We viewed the induction records for the agency staff working at the time of the inspection and found three out of six agency ward based induction checklists could not be located on South Hampton ward, although managers said the staff had been inducted, there was no record. These were completed during the inspection.

Managers supported staff who needed time off for ill health.

Levels of sickness were reducing. For September 2022, South Hampton had sickness levels of 1.8% and White House had sickness levels of 1.5%

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

Good

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. There were daily managers meetings which included staffing allocations and if wards were short staffed, staff moved from other wards to support this.

The ward manager could adjust staffing levels according to the needs of the patients. Staffing matrixes were in place which showed the staffing requirements and when staffing numbers could be increased.

Patients had regular one to one sessions with their named nurse. If patients needed staff to talk to, this was facilitated by available staff, which may not have been people's names nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. South Hampton ward had three occasions and White House had two occasions in the last 12 months where activities were cancelled, this was due to staffing.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Handovers were detailed, we reviewed the records for September 2022 and found they covered observation and the rationale, leave status, presentation, incidents, safeguarding, medicines, meaningful activity and positive words. We found four records out of 12 on South Hampton did not reflect the leave status, as they had emergency leave only at the top of the record and in the summary it said they had been on section 17 leave. This meant if staff were relying on the handover records they did not give an accurate reflection of leave status.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There were doctors on call who could be contacted out of hours and attended to do seclusion reviews and other requirements.

The medical director lead on medical staff recruitment and they could call locums when they needed additional medical cover; for example, to cover vacant posts.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Overall compliance for South Hampton was 93% and for White House 86% BLS training levels were 67%, however Immediate Life Support training levels were 91% this meant there were staff that could respond in an emergency. Following the inspection, the training levels for BLS on White House increased to 81% with further training dates planned to ensure all staff could complete their training.

The mandatory training programme was comprehensive and met the needs of patients and staff. They included food safety, responding to emergencies, more recently Learning Disability and Autism were added to mandatory requirements to meet the requirements of the Health and Care Act 2022. Compliance levels for face to face Autism training were 75% for South Hampton ward and 44% for Whitehouse. However, this ward had only been open since June 2022.

Managers monitored mandatory training and alerted staff when they needed to update their training. Bank staff training compliance was 89% overall, the course that required an increase in completion was the safety intervention course which taught staff how to deescalate situation and physically intervene if needed.

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

Good

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff had regard to Mental Health Unit (Use of Force) Act 2018 and its guidance and complied with requirements.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool; PARA (PICU and Acute Risk Assessment).

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to, or posed by, patients. Records showed staff reviewing observation levels and staffing levels to meet the needs of patients.

Staff could observe patients in all areas (of the wards) if there were blind spots, these were mitigated by mirrors.

Staff followed the providers policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. Patients had access to mobile phones, following risk assessment. Levels of restraint for the last 12 months for South Hampton were 179 and White House was 17. The patients on South Hampton ward are acutely unwell, sometimes invading others space or being aggressive to which staff needed to intervene to keep people safe. White House only opened in June 2022, therefore there will not be the same quantity of data.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards including the requirements of the Mental Health Unit (Use of Force) Act 2018 and its guidance. Use of restraint was reviewed at the monthly governance meetings. A policy of the use of force was in place and posters and easy read information was available for patients.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. We reviewed one seclusion episode and found all paperwork to be in order.

Safeguarding

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

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

Good

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training. Compliance was 88% for the White House and 95% on South Hampton.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Examples were given of meeting patients cultural needs, for example the meat being Halal and accessing translators for patients whose first language is not English.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Weekly safeguarding meetings took place with the lead social worker. The local safeguarding lead attended the meeting monthly. Weekly safeguarding summaries were collated by the lead social worker and shared with managers, these included updates on safeguarding issues and action taken.

Staff followed clear procedures to keep children visiting the ward safe. All visits took place in the visitors room, which was near the entrance to the building, just off reception.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

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

Patient notes were comprehensive, and all staff could access them easily. Records were a combination of paper and electronic records. Documentation was relevant to acute and PICU services.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

Records were stored securely in cabinets in locked nurses offices.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed most medicines and prescribing documents safely. On South Hampton ward, there were two tablets in a denaturing pot that had not been denatured by adding water to them, staff did not fully understand how to use the kit. When highlighted the ward manager added water to safely dispose of the medicines. The following day, the registered manager had created posters for awareness raising with staff to be stored within the clinic.

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

Good

Staff followed national best practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Records showed observations had been taken and reviewed.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if, and when things went wrong.

Managers debriefed and supported staff after any serious incident. Debrief books were in use for the end of a shift, for staff to reflect on their day and discuss with colleagues any difficult situations and what went well.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Monthly lessons learnt bulletins were sent to all staff. These included what happened, what the recommendation was and any changes in practice. These bulletins include sharing learning from other providers.

There was evidence that changes had been made as a result of feedback. Including a protocol created regarding staff entering patient's property.

Are Acute wards for adults of working age and psychiatric intensive care units effective?

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

Good

Good

We rated effective as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

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

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Records showed physical health screening and observations were completed at admission.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We saw physical health care plans in place for patients.

Staff regularly reviewed and updated care plans when patients' needs changed. Records showed they were reviewed at least monthly.

Care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. This included access to psychology, exercise, medicines and community activities, particularly on White House.

Staff delivered care in line with best practice and national guidance. (from relevant bodies e.g. NICE) Training delivered in relation to managing violence and aggression and de-escalating situations met the requirements of Violence and aggression: short-term management in mental health, health and community settings, NICE guideline [NG10] with 84% on South Hampton ward and 81% on White House.

Staff identified patients' physical health needs and recorded them in their care plans. Action included increasing monitoring for those patients with readings of high blood pressure and heart rate.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. We saw examples of patients having care plans related to choking

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Substance misuse awareness groups took place on White House. The hospital was non smoking, and patients were supported to move to e-cigarettes or nicotine replacement therapy.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Self assessments were completed at admission. Mental Health clustering tool was completed, which is a needs assessment tool to rate the care needs of a patient. Records included outcome measures for patients.

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Monthly key performance indicator information was collated for commissioners, audits also took place of compliance with the Mental Health Act, physical intervention, care plans.

Managers used results from audits to make improvements. Findings from audits were discussed at the clinical governance meetings.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the patients on the ward. Each ward had nurses, a social worker, psychology staff, occupational therapists, consultant psychiatrists and speciality doctors. There was a vacancy for an occupational therapist for the White House which was being covered by a locum.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. All staff including agency staff had a corporate induction to the service including a security induction. At ward level staff completed a ward based induction and had a checklist to work through with an experienced colleague. Staff also completed observation competencies which needed to be signed off before they could conduct observations. We reviewed the agency induction checklists for agency staff working at the time of the inspection, we found paper agency ward induction checklists in place which were stored on the ward. For South Hampton ward, there were three out of six agency induction checklists missing, we raised this with the manager of the service, and these were completed with staff and the inspection team viewed these on 29 September 2022. All were in place for agency staff that had previously worked on White House and were working at the time of the inspection.

We explored the organisational induction for agency staff and there were gaps within one of the systems however the information was held within another system so the information was gathered from there, there was no overarching system to provide the required information. This meant start dates and agency inductions were difficult to locate.

Managers supported staff through regular, constructive appraisals of their work. With 100% compliance for South Hampton and 96% for White House.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. The supervision policy stated staff should receive managerial supervision at least quarterly and clinical supervision monthly. The supervision audit showed that staff had had supervision in the last three months and met the requirements of the policy.

Managers supported medical staff through regular, constructive clinical supervision of their work. Medical staff confirmed this took place.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes were taken and agenda items included lessons learnt, staffing, training and service updates. Managers provided updates and learning from neighbouring services too.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Learning disability, autism and personality disorder training were offered with levels of South Hampton; Autism 75%, Learning Disability 67% personality disorder 75% and for White House; Autism 44%, Learning Disability 36% and personality disorder 48%. Staff had identified learning needs of substance misuse, as a number of patients had a dual diagnosis. Leaders were trying to source the training.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We observed a multidisciplinary review for one patient. Updates were provided from all disciplines and the patient was involved in the meeting and their views were listened to.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handovers were detailed with information shared including observation level, presentation, incidents, safeguarding, activities and positive words.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. Feedback from commissioners was positive about the service, that staff were responsive, good at sharing information and skilled at assessing deterioration in mental state, staff are supportive, caring and welcoming.

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

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

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

Good

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Information regarding the advocacy service was displayed on the ward.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Copies were on patient files too.

We reviewed the patient in seclusion and found all reviews had been appropriately completed for them.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Discharge plans included accommodation plans for the future.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The Mental Health Act administrators completed Mental Health Act Audits.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

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

Good

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Examples of best interest decisions included access to mobile phones, finances, taking blood for monitoring of impact of medicine on the patient.

Are Acute wards for adults of working age and psychiatric intensive care units caring?

Good

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. We conducted four short observations for inspection (SOFI), across both wards and observed that the interactions between staff and patients was positive; including patients in activities and showing warmth and respect to patients.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. Patients were involved in their multidisciplinary meetings where their progress was reviewed, and actions identified.

Staff directed patients to other services and supported them to access those services if they needed help, especially as part of the discharge planning process.

Patients said staff treated them well and behaved kindly. Patients said staff were nice and treated them well.

Staff understood and respected the individual needs of each patient. We observed this during the interactions between staff and patients.

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

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients said they were shown round and given a welcome pack, however patients whose first language was not English, told us the information was in English.

Staff involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment. Staff booked interpreters for patients whose first language was not English, however this was mainly for meetings and explaining their rights.

Staff involved patients in decisions about the service, when appropriate. Community meetings took place weekly on White House ward. Suggestions from patients were acted on, for example to have skipping ropes and we saw skipping ropes in use. Feedback for improvement included some staff putting the light on when doing observations at night and leaving the vistomatic windows in the open position. On these occasions, patients privacy would not be respected.

Due to acuity and a COVID19 outbreak, South Hampton had not had a meeting each week. If meetings did go ahead, patients did not want to discuss the items on the agenda. However, from September 2022, the occupational therapist coordinated the meeting, and these seemed to take place with contributions from patients.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patient surveys took place including at the point of discharge. Findings were then collated into an action plan. People's council meetings took place monthly. Representatives also attended the regional peoples council meeting to share views with their peers.

Staff made sure patients could access advocacy services. We saw the advocate present on the ward during the inspection.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Family members told us the staff were very caring towards their loved one and did provide updates when contacted. They were involved in the ward rounds and felt listened to. If families have had to raise issues they said staff were responsive to this and they had been resolved.

Staff helped families to give feedback on the service. Family members told us they had not received any information about the service, including how to complain. Also, at admission when loved ones were very unwell, staff told family they couldn't provide updates without the consent of their loved one, who was too ill to give their consent at that time. Family members also told us it could be difficult to get through to the ward staff on the phone.

A carers event took place in July 2022 which received positive feedback from those that attended, including spending time with other people in the same situation.

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

Good

Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Good

We rated responsive as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Neighbouring trusts block booked beds at both wards, to enable a fast and responsive admission for patients as the trusts did not have enough beds for the demand for the service.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. This was discussed in the clinical governance meetings.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Some patients were initially admitted to South Hampton, the PICU and as their recovery progressed, they moved to White House, the acute ward. This enabled the sharing of information and staff teams to see the progress with individuals.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. These were discussed at the clinical governance meeting.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The staff team liaised with the community teams and families to plan discharge.

Staff supported patients when they were referred or transferred between services.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. White House was a newly built service, with rooms over two floors, it was spacious and had a variety of areas for patients to access including cinema rooms, activity rooms, kitchens, lounges, dining room and multifaith room.

South Hampton was a smaller ward with a through lounge and dining area and a quiet room with a games console in.

The service had quiet areas and a room where patients could meet with visitors in private. This was off the reception area and children could safely visit in there too.

Patients could make phone calls in private. Patients had access to mobile phones, unless they had been assessed not to, due to risk.

The service had an outside space that patients could access easily on White House, this was large and on the ground floor which patients could come and go from. However, on South Hampton, there were two small outside space areas which were downstairs and shared with other wards so patients could only access them at set times and there needed to be enough staff to safely facilitate this. There was a large outside space on the ground floor from when the ward had a different purpose and the fence had been removed so this space could not be used at the time of the inspection, if this was in use this would make access easier for staff and patients and there would be more space and there wouldn't need to be the coordination with other wards.

Patients could make their own hot drinks and snacks and were not dependent on staff on White House. Patients asked staff for drinks on South Hampton, due to the risk of having open access to hot drinks. We saw staff were responsive when patients asked for drinks or food.

The service offered a variety of good quality food. At the White House the chef was based in the building and served meals to patients, patients spoke positively about this and the quality of the food. However, on South Hampton we received variable feedback about the food, and we saw patients buying take aways and families told us they took food into their loved ones. The service had started to review the food and had completed a survey with patients regarding food, they were exploring other options of serving food and improving the patient experience. We observed a mealtime and saw there was a Perspex screen in front of the serving hatch with a small gap for food to be passed through. One patient was bent down trying to communicate with staff through the hatch, this did not seem a welcoming meal time experience for the patient.

Patients' engagement with the wider community

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

Staff helped patients to stay in contact with families and carers. Visits were facilitated, families were invited to review meetings and families told us the service were very welcoming when they visited.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. For some patients getting ready for discharge, particularly at White House, the activity coordinator had assisted patients with making links in their local communities to pursue activities, including gyms.

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

Good

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Whitehouse was fully accessible and South Hampton was partly accessible, some areas of the ward including access to outside space would be difficult to navigate if you had mobility difficulties.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Both wards had a service user guide, however on South Hampton ward, this was more aimed at family and friends of patients. It included information on support services in the community and how to complain. Families we spoke to had not received the information. The guide for White House was aimed at patients, was accessible and included how to complain.

The service had information leaflets available in languages spoken by the patients and local community. We saw Mental Health Act rights in a patients first language, however other information had not been translated, the patient told us it would be helpful to have information about the service translated.

Managers made sure staff and patients could get help from interpreters or signers when needed. These were booked for meetings and important talks including explaining Mental Health Act rights.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

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

Patients knew how to complain or raise concerns. There had been four complaints at South Hampton and three complaints at White House in the six months prior to the inspection.

However, family members told us they had not received any information about the service, and did not know how to complain.

The service clearly displayed information about how to raise a concern in patient areas. Posters were available in easy read format for those individuals who would benefit.

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

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. There was a designated complaints officer who investigated the complaints and provided feedback.

Managers investigated complaints and identified themes. Following investigation of complaints, two were upheld on White House, one relating to discharge and one related to an item going missing.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

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

Good

Managers shared feedback from complaints with staff and learning was used to improve the service. These were discussed at team meetings and clinical governance meetings.

The service used compliments to learn, celebrate success and improve the quality of care. White House had received a compliment in the six months prior to the inspection, for the support provided by the activity coordinator with activities that were enjoyable and aided their recovery.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good

We rated well led as good.

Leadership

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

Leaders provide clinical leadership. Ward managers were present and visible on the wards and knew the patients well and the registered manager visited the wards, provided support to the staff team and was knowledgeable about the patients.

Leaders had the skills, knowledge and experience to perform their roles. Managers accessed continuous professional development days which were usually facilitated by the Hospital Director or guest speakers.

The organisation has a clear definition of recovery and this is shared and understood by all staff. The service had models of care which were stage one admission and assessment, stage two formulation, stage three treatment and stage four transition and discharge. These were used to explain to patients their recovery journey, they were discussed with the multidisciplinary team to identify progress and next steps.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. The registered manager was knowledgeable about staffing within the service, what the service was doing well and areas for further improvement.

Leaders were visible in the service and approachable for patients and staff. We saw the registered manager and ward managers spending time on the wards and engaging with patients and staff. Both were responsive to their presence. Staff said how supportive ward managers and the registered manager was.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

Staff know and understand the vision and values of the team and organisation and what their role is in achieving that. The values of the service were integrity, trust, empower, respect and care.

All staff have a job description. We reviewed three staff files and saw that they had a job description, including those staff who had had several roles in the service.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff attended team meetings and could approach the leaders directly. Staff also completed an annual staff survey where an action plan had been created that managers were overseeing.

Staff could explain how they were working to deliver high quality care within the budgets available. Examples of innovative practice were shared including engaging with community organisations to enhance the activities offered on White House, these included the opportunity for patients to be involved in CV skill development and IT skills, also the food hygiene course, all of these would provide skills for patients that they could use in the community.

Culture

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

Staff felt respected, supported and valued. They told us they could make suggestions to leaders which were listened to and considered.

The service had a staff group that feels positive, satisfied and has low levels of stress. Although shifts could be stressful if there was high acuity or incidents, staff had the opportunity to debrief at the end of the shift. Reflective practice was also available for staff to access.

Staff feel valued and part of the organisation's future direction. Within the service staff felt valued by their colleagues and leaders.

Staff felt positive and proud about working for the provider and their team. Both wards were new, and staff told us they enjoyed the new experience of working in a different type of ward environment, they enjoyed their role and were satisfied seeing the progress that patients made.

Staff appraisals included conversations about career development and how it could be supported.

The service celebrated success. Annual staff awards took place. Staff were encouraged to nominate people. This was discussed at staff meetings to raise awareness.

The service responded proactively to bullying and harassment cases. All staff told us they were aware of the whistle blowing process and would feel comfortable raising issues with their manager or the registered manager.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The service monitored morale, job satisfaction and sense of empowerment. This happened through supervision, appraisal and staff surveys.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff forums had been set up for people with protected characteristics.

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

Good

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

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

The provider's governance framework ensures that the provider is complying with the Mental Health Units (Use of Force) Act 2018 and its guidance. Accessible information was available for patients and staff had attended accredited training.

Governance policies, procedures and protocols are regularly reviewed and improved. Policies showed the date of creation and the date of review.

There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. There was a standard agenda to ensure consistency and items included lessons learnt, governance, staffing and safeguarding.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Examples included changing curtain rails following an incident.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The findings of these were reviewed at the clinical governance meeting. A staffing review had been completed which showed staffing requirements and the progress in achieving these.

Data and notifications are submitted to external bodies and internal departments as required. Statutory notifications were submitted to CQC.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Service has a whistle blowing policy in place.

We reviewed three staff records and found that one did not have a full employment history. The paper application form only asked for work history for the last 5 years, however the online application process asked for full work history. This did not meet the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management of risk, issues and performance

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

There was clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. Leaders attended a variety of meetings where performance and compliance was compared with neighbouring services. The Divisional Clinical & Operational Governance Committee Health Care (North) division took place monthly and was attended by the Hospital Director, the regional clinical governance meeting took place quarterly and was attended by ward managers, Registered managers attended the regional operations governance meeting. This meant there was oversight and information sharing with fellow services at all levels of leadership.

Staff maintained and had access to the risk register at facility or directorate level. Staff at facility level could escalate concerns when required. Ward managers were aware what risks were on the risk register for their wards.

Managers had the ability to submit items to the provider risk register. Staff could escalate items to be added to the risk register through their manager.

Staff concerns matched those on the risk register.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

The service monitors sickness and absence rates.

Information management

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

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff. There were centralised electronic systems that a variety of management information could be exported from.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Ward managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Monthly dashboards were created which included incident data and the managers provided context to the incidents to assist with the review of them.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed. Including CQC statutory notification, also to care coordinators and safeguarding teams.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

Service user guides included service confidentiality agreements which were explained including in relation to the sharing of information and data.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the intranet, bulletins and newsletters. Monthly lessons learnt bulletins were shared with all staff and included learning from other services within the provider too.

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

Good

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. This included surveys and carer events and involvement in their loved ones individual reviews.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback. Peoples council meeting had attendance from senior leaders at the meetings who could implement change.

Directorate leaders engaged with external stakeholders – such as commissioners and Healthwatch. Regular contract review meetings took place with commissioners and they were involved in individual patient reviews.

Learning, continuous improvement and innovation

The organisation encourages creativity and innovation to ensure up to date evidence based practice is implemented and imbedded. provides examples of innovative practice or involvement in research.

All staff have objectives focused on improvement and learning.

The service had a staff award event annually.

South Hampton Ward is a member of the Quality Network for Psychiatric Intensive Care Units (QNPICU). The service had successfully completed the self and peer-review components of the QNPICU's peer-review cycle. The service had a peer review in December 2021 with an outcome of meeting 73% of the standards. The service had annual reviews to remain part of the network.

Requires Improvement

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

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

Safety of the ward layout

Staff had completed thorough risk assessments of all ward areas however, risks identified were not always reduced or reviewed regularly. The last fire risk assessment was completed in August 2021. The internal recommended renewal date of August 2022 had not been met. The fire risk assessment incorrectly referred to the hospital as a high secure facility and had not been updated since the mixed deaf and hearing forensics wards moved locations in January 2022. Additionally, the action plan identified that not all significant findings from the previous fire risk assessment had been completed. We queried if all actions were now completed and the registered manager confirmed that all fire compartmentalisation works were now complete and there was a rolling program to replace all fire doors.

On the wards staff recognised the specific needs of all patients in relation to fire safety. All patients had a clear personal emergency evacuation plan and fire marshals were identified on handover sheets. On Bridgehampton, staff practiced using the evacuation chair, so they understood how it felt from the patients' perspective when being evacuated via stairwells. The service had emergency lighting which indicated the presence of a fire to deaf patients.

Staff were able to observe patients in all parts of the wards and there was no mixed sex accommodation as each ward was single sex.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff completed ligature audits annually and these were easily located on each ward. On West Hampton ward two patient representatives worked with the ward manager to identify ligatures and complete the audit.

Staff had easy access to alarms and patients had easy access to nurse call systems. Visitors onto the ward, including the inspection team were issued with alarms.

Requires Improvement

Forensic inpatient or secure wards

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. Hand sanitiser dispensers were located at ward entrances and posters displayed details on hand hygiene. The provider's dress code policy emphasised and provided clear guidance about bare beneath the elbow expectations.

Seclusion room

The seclusion room on Lower West ward allowed for clear observation. It had a clock and access to a bathroom and outside space. The two-way communication system was not working however this had been logged with maintenance.

The other wards had quiet spaces where patients could deescalate; patients were not prevented from leaving these areas when used.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment. Staff completed daily audits.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm. However, staff were not able to meet all the individual needs of patients.

Nursing staff

The service had enough nursing and support staff to keep patients safe but not all staff were able to communicate with patients and meet all their individual needs. However, staffing levels met the required numbers and managers monitored skill mix each shift to maintain safety.

The service had reducing vacancy rates, reducing rates of bank and agency nurses over the previous 12 months. On West Hampton ward there was 2.4 whole time equivalent registered nursing vacancies and 4.8 support worker vacancies; Lower West ward had 0.8 registered nursing vacancies and 2.7 support worker vacancies; Bridge Hampton ward held no vacancies and was slightly over the required staffing level.

The service had consistent usage of bank and agency support workers; this was closely monitored, and recruitment was ongoing. On Lower West, over the prior 12 months, agency usage of support workers averaged 33% and bank staff averaged 14%. In August 2022 their agency usage was 28% and bank 9%. On Bridge Hampton ward, over the previous 12 months agency support worker usage averaged 12% and bank staff 11%. In August 2022 agency usage was 14% and bank 9%. On West Hampton the prior 12 months support worker agency usage averaged 13% and bank staff averaged 14%. In August 2022 agency usage was 16% and bank was 24%.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers reviewed staffing each day and moved staff, when necessary, to support other wards. Bank and agency staff were highlighted on

both rotas and handovers and usage was monitored to ensure the best skill mix possible per shift. The service also clearly recorded and shared details of any agency staff that they did not want to return to the wards. For example, if they found or suspected that staff had slept on shift or not treated patients with dignity. The provider block booked agency staff where possible for continuity.

Some patients and staff felt that the service was short staffed across all the wards. They described occasions when there were no, or minimal numbers of British sign language speaking staff on shift and we saw examples of leave and training being cancelled due to staff shortages. We reviewed staffing data and saw of 20 support staff on Lower West ward, there were 12 staff who had started after 1 January 2022 and two of these staff worked off ward or were on maternity. This meant that the relatively new staff team may not yet have had the opportunity to attend and complete all the of the British Sign Language training provided by the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All bank and agency staff had an organisational induction which included the security arrangements for the service. Staff also completed ward based inductions and competency questions before being allowed to conduct patient observations.

The service had reducing turnover rates.

Managers supported staff who needed time off for ill health and levels of sickness were reducing. In September 2022 West Hampton had no sickness recorded. Bridge Hampton and Lower West's sickness figures were 1.4% and 3.2% respectively. The most recent figures on all wards were lower than the average for the previous 12 months.

The ward managers could adjust staffing levels according to the needs of the patients. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers held daily meetings and reviewed staffing needs to cover observations, patient meetings and planned leave. Managers were able to increase staffing levels to reflect patient risks.

Patients had regular one to one sessions with their named nurse. Patients also had named support workers who they could approach.

Patients sometimes had their escorted leave or activities cancelled, when the service was short staffed. Staff from more settled wards were moved to cover shifts on other wards when there was a staffing shortfall. One patient on West Hampton explained that they were unable to attend their local church service due to staffing challenges; a patient on Bridge Hampton was unable to attend a planned home visit as there were no drivers available and a patient on Lower West was recorded as being unable to have a bath as there were not enough staff to facilitate this. The patient had a shower instead. Staff also described staff shortages. An activities worker described helping wards with observations cover and handover notes recorded that staff had been unable to attend British Sign Language training due to staffing pressures. However, we did see that staff prioritised patient leave, and that leave was regularly taken.

The service recorded when activities or leave were cancelled. There were 13 occasions identified where planned activities had been cancelled in the previous 12 months across the three wards; Bridge Hampton recorded five instances and Lower West and West Hampton each recorded four. Seven of the activities were cancelled due to short staffing. There were also two instances recorded on both West Hampton and Bridge Hampton wards where planned leave did not take place.

The service also recorded and reviewed when shifts were unable to be covered by bank or agency staff. There were 16 occasions when this occurred across Lower West and Bridge Hampton wards. However, these were all between September 2021 and March 2022.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Wards held effective handovers which were well documented. Notes covered observation levels and rationale, leave status, presentation, incidents, safeguarding, medicines, meaningful activity and positive words. Handovers were also signed so that deaf staff working in the service were fully informed. One member of staff described one shift where they were unable understand handover as the service had not been able to source an interpreter to translate, however this was not a regular occurrence.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. Staff and patients said that doctors were accessible, and we saw that medical staff were fully integrated in the ward team.

The medical director was able to recruit locums when they needed additional medical cover.

Mandatory training

Staff had mostly completed and kept up to date with their mandatory training. Overall training compliance figures were:

- Bridge Hampton - 97%. The lowest compliance figure on Bridge Hampton ward was 88% for Health and Safety.
- Lower West – 92%. The lowest compliance figure was 80% for Immediate Life Support and Automated External Defibrillator and Ligature training.
- West Hampton – 81%. Basic Life Support and Automated External Defibrillator and Ligature training was the lowest compliance figure at 70% but all other courses were 77% or higher.

The service also provided bank staff training figures. Overall registered nursing bank staff had completed 89% of their mandatory training. Bank support workers had completed 87% of their mandatory training. The lowest figure recorded for bank support staff was 64% for Basic Life Support and Automated External Defibrillator and Ligature training. All other courses were over 80%.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was a standing agenda item at the daily managers' meeting, and we saw that training was discussed and reviewed.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well, but they did not always achieve the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Requires Improvement

Forensic inpatient or secure wards

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used recognised risk assessment tools to identify and evaluate patient risks; HCR-20, the Historical Clinical Risk Management 20 tool and START framework, the Short-Term Assessment of Risk and Treatability. One record had a visual prompt document with British Sign Language symbols to ensure patients were able to consent. Risk assessments included warning signs, risk enhancing factors, environment, risk reducing factors and risk history. Physical health risks including falls, choking risks and risks relating to ailments were also identified and reviewed.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risks were reviewed, discussed and recorded at handovers and within patient records. However, on Bridge Hampton, although risks were reviewed within the narrative of the daily handover notes, we saw that staff did not complete the summary of the previous 24hrs section as on the other two wards.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff were centrally located in communal areas as well as allocated to individual or regular observations.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. When appropriate, patients were searched following leave. Patients were informed of the provider's search protocols.

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards including the requirements of the Mental Health Unit (Use of Force) Act 2018 and its guidance. Use of restraint was reviewed at the monthly governance meetings. A policy of the use of force was in place and posters and easy read information was available for patients.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Levels of restrictive interventions were reducing. Over the previous 12 months there had been 90 restraints on Bridge Hampton ward; 175 on Lower West ward and three on West Hampton ward. Data relating to these incidents showed that restraint was used to primarily to prevent harm to self or others on the wards. Most restraint recorded was standing or seated restraint and the provider recorded the level of hold used. We observed that the service had increased observations for one patient who was restrained recently to prevent harm to others, and this was reflected in their care plan.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. Over the previous 12-month period there had been five seclusion episodes on Lower West ward and one for a patient from West Hampton ward.

Bridge Hampton and West Hampton had quiet spaces where patients could deescalate; patients were not prevented from leaving these areas when used.

The wards each had an in date blanket restrictions register that identified restrictions in the service. However, the rationale for some of the restrictions was unclear and not all restrictions were individually applied. Restrictions included limited garden access, limited or no internet access, limited or no mobile phone access, limited access to certificate 18 media, limited access to the kitchen, limited access to the laundry, use of plastic cutlery and set access times for fresh air. On Lower West patients had restricted access to the kitchen; we were told this was because of the risks posed by one patient. Staff said that the service provided text only mobile phones to patients and that patients had to request access to internet sites at ward round before being granted access to other devices. In order to reduce the restriction, the action identified on the register was 'Individual patient's internet access to be discussed to determine if limited access is necessary'. If patients wished to watch certificate 18 programmes this also had to be requested via ward round. The reason cited for the use of plastic cutlery was to reduce risk. Although this had been discussed and agreed by the current patient group, this restriction was unnecessary for all patients and should have been individualised. Garden access was restricted during security protected times, such as when cutlery was used in the communal areas, however cutlery was a restricted item, so the rationale was unjustified. We viewed an advocacy report from quarter one 2022 that also raised restricted access to the garden as an issue for patients in the service. Additionally, on Lower West and Bridge Hampton wards, garden doors were locked and had to be opened by staff. However, on West Hampton ward, some patients had been given fob access so that they could access the garden independently. Bridge Hampton's blanket restriction register had not identified that there was limited garden access as access needed to be facilitated by staff. The ward manager confirmed that they had also requested fob access to remove this restriction.

The organisational policies specified that the Registered Manager of each hospital was to decide on the appropriate use of basic or smart phones in accordance with the service type.

Where a service has unnecessary restrictions that are not individually assessed and applied there is an increased risk of a closed culture forming. Additionally, unnecessary restrictions placed on individuals offers no therapeutic value to patients.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with safeguarding training. 100% of Bridge Hampton staff, 95% of Lower West staff and 82 % of West Hampton staff had completed their online safeguarding training. All registered nurses, ward managers and safeguarding leads had also completed the appropriate intercollegiate training level suitable to their role.

Staff knew how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Requires Improvement

Forensic inpatient or secure wards

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. Any children visiting used the family room which was located off ward.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

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

Patient notes were comprehensive, and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. For the most part paper folders and electronic files were well organised and staff knew how to find relevant information quickly. However, on Bridge Hampton ward, some of the paper files had become bulky and the binders were breaking. Staff were unable to locate the outcome of a physical health appointment for one patient when asked.

When patients transferred to a new team, there were no delays in staff accessing their records Managers ensured that all staff including bank and agency staff had access to the electronic record keeping systems.

Records were stored securely. Electronic data was password protected and paper records were stored in filing cabinets in the duty office.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Information was available in easy read formats and staff described signing or using interpreters for additional explanation.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely.

Staff stored and managed most medicines and prescribing documents safely. On West Hampton ward, in the locked controlled drugs cupboard, there was an unlabelled disposals kit with two tablets inside. The nurse stated that these had been dropped by a patient and should have been disposed of. These were correctly disposed of and by the following day, the registered manager had displayed posters raising awareness with staff to prevent reoccurrence.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

Requires Improvement

Forensic inpatient or secure wards

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance and documented observations in patient records.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with the organisation's policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff described being supported when incidents occurred. Staff attended weekly reflective practice sessions led by the psychology team and updated the debrief book each shift. However, some night staff were not able to attend these when they took place during the day.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. On Lower West staff had created a visual timeline of incidents for one patient. This allowed the patient to reflect on previous incidents and set a new focus for their future. On Bridge Hampton ward staff described using role play to act out incidents and using simplified sign language to help patients reflect on under understand the impact on their behaviours.

Staff received feedback from investigation of incidents, both internal and external to the service. Monthly lessons learnt bulletins were sent to all staff and incorporated learning from across the Cygnet organisations. These included details of what had happened, what the recommendation were to improve and any changes in practice as a result.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. For example, following an incident a patient had minor whip lash when they were not wearing a seatbelt extender, leave forms were updated with a prompt to raise awareness as well as reminders in team meetings.

Managers shared learning with their staff about never events that happened elsewhere.

Requires Improvement

Forensic inpatient or secure wards

Are Forensic inpatient or secure wards effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

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

We reviewednine care plans in detail. Staff completed comprehensive mental health assessments of each patient on admission.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Patients had grab and go sheets relating to physical health, hospital passports and health and wellbeing passports.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans covered all aspects of patients care; health, communication, problems, rights, healthy living, activities, relationships, safeguarding and covid.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated. Care plans included symbols and were written in deaf friendly language. On Lower West we saw one visual incidents review that had been created in an easy read British sign language format. There were photographs of the patient signing and they could see the progress they had made.

Best practice in treatment and care

Staff provided a range of clinical treatment and care for patients based on national guidance and best practice. However, therapeutic activities offered did not meet the needs of all the patients. Staff ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff did not provide the full range of care and treatment suitable for the patients in the service. Although they delivered clinical care in line with best practice and national guidance, the therapeutic activities offered did not meet the needs of all the patients. Activities were not tailored to the individual and offered seven days a week.

Each patient had an activity planner however we observed that many patients did not participate in on ward scheduled activities; there were no activity workers on evenings and weekends which resulted in patients spending time in bedrooms or watching television. On Bridge Hampton ward we compared activity planners with handover information.

Requires Improvement

Forensic inpatient or secure wards

For one patient we saw regular home visits, attendance at meetings and video sessions with family. The handover recorded that the patient liked Lego and Star Wars but their activity planner did not have any activities based on these interests. 11 of the handovers over a 23-day period recorded that the patient had mainly spent time in their bedroom or watched television in the communal area. The same patient was also on home leave for six of the 23 days described.

Another patient's record on Bridge Hampton ward did not record any organised activities three days out of seven. We saw that there was limited detail and poor record keeping in relation to activities in handover notes.

During the inspection we conducted Short Observations For Inspection, (SOFI) on all wards including four on Bridge Hampton ward across three days. We saw limited therapeutic interaction with one patient who was on increased observations and we observed a beading group taking place that few patients participated in. Most patients on the ward were sat in their bedrooms or in communal areas sleeping or watching television.

We reviewed handover notes from Lower West and West Hampton wards for weekends. Although some patients used local leave and there were some references to playing cards or games there were no activity sessions recorded. Under the heading 'Meaningful Activities …' many patients were regularly recorded as sleeping, watching television, spending time in their bedroom or spending time in the communal area interacting with staff and peers.

Many patients across all wards said that activities could be improved, particularly at weekends. Staff told us that they tried to facilitate activities at weekends.

Staff identified patients' physical health needs and recorded them in their care plans. Patients had physical health care plans in place, and we saw that physical health monitoring was completed regularly and recorded.

Staff made sure patients had access to physical health care, including specialists as required. However, on Bridge Hampton ward, staff were unable to locate the outcome of a hospital appointment when asked.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These were regularly reviewed and updated in the care records we reviewed.

Staff used technology to support patients. Patients used videoconferencing technology to contact families and Care Programme Approach meetings were recorded on DVDs.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. However, managers had not made sure they had enough staff with the specific skills needed to provide high quality care such as suitable British Sign Language training.

Requires Improvement

Forensic inpatient or secure wards

The service had a full range of specialists to meet the needs of the patients on the ward. Each ward had nurses, a social worker, psychology staff, occupational therapists, consultant psychiatrists, activity staff and speciality doctors. The service employed many deaf staff across all disciplines.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. Staff described the three-week induction and said they felt it prepared them for their roles.

Managers supported staff through regular, constructive appraisals of their work. All staff had received an annual appraisal.

Managers supported staff through regular, constructive clinical supervision of their work. The service logged all supervision sessions and staff confirmed they regularly received supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Team meetings occurred on both day and night shifts so that all staff could participate. Team meeting minutes were also recorded and shared among staff teams.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff told us that they could request additional training and that they had received training in autism and personality disorders as this was reflective of the patient groups. Policies and training were also in place to support staff in their understanding of professional boundaries and reinforce the value of therapeutic relationships.

However not all staff had completed British Sign Language training and compliance figures were lower than expected. On Bridge Hampton ward 62% of staff had completed level one training and 66% of those staff had completed level two training. On Lower West ward 54% of staff had completed level one training and 29% of those staff had completed level two training. On West Hampton, 62% of staff had completed level one training and 28% of those had completed level two training. Patients and staff said that when there was poor availability of signers this placed additional pressure on patients and staff that signed in order to cover any communication gaps. Managers explained that when experienced staff left the service this impacted on the immediate availability of qualified signers because it takes nine days to complete each British Sign Language level. We queried if there were any contractual arrangements with NHS England that specified what training levels and how many staff were to be British Sign Language trained. The provider said they were not aware of any up to date NHS England contractual requirements regarding the ratio percentage for British Sign Language, however their current target was 65% of the staffing matrix for the deaf patient population. Best practice guidance specifies that clinical staff should have Level 2 certification and non-clinical staff in direct contact with service users (including receptionists) should have Level 1 certification. Basic British Sign Language skills should also be provided to all staff who need it during their induction.

Staff and patients said that the lack of available signers mostly affected weekend shifts. We reviewed one month's rotas for all wards and saw that of 16 weekend shifts on Lower West, six had no deaf staff or signers. 67% of patients on this ward were deaf. Following the inspection, the provider said that the rotas provided reflected the incorrect training levels and that there were only two shifts without any qualified signers. We reviewed the updated rotas and saw that the numbers of staff with suitable levels of signing training or skills was still lower than expected for a ward where 67% of

the patient group were deaf. On Bridge Hampton ward, where all patients were deaf, there were two shifts where one deaf staff member was supported by only one other level one signing staff member. On West Hampton two shifts had no deaf staff or signers and 14 shifts had either a deaf member of staff or a level two signer staff on shift. However, this ward had only one deaf patient.

In addition to ward staff, the service had a British Sign Language interpreting team that worked Monday to Friday from 7am to 7pm. Managers said that the team also worked flexibly and supported planned requests out of these hours. For example, one of the interpreting staff was attending a trip to London to translate for a patient. When the interpreting staff were unavailable, staff could use an online interpreting service which was available 24 hrs a day, seven days a week. However, in care plans we saw that appointments had to be cancelled due to interpreter unavailability.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Families and patients were welcome to attend and contribute. All staff described good interactions between the multidisciplinary team. Staff spoke respectfully about other roles and valued their contribution and expertise.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. Ward teams worked closely with the acute and psychiatric intensive care units which were managed by the same service manager. There was also a visible presence on the ward of British Sign Language interpreting staff.

Ward teams had effective working relationships with external teams and organisations. Feedback from external agencies including commissioners and advocacy was positive. Case Managers said that care and treatment plans, risk assessments and formulations were well supported by the communication team and were produced in deaf friendly and easy read formats. They described the teams as very responsive and proactive.

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

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

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Requires Improvement

Forensic inpatient or secure wards

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Discharge planning was evident in care plans and discussions with patients and staff.

The Mental Health Act administrators completed Mental Health Act Audits. And shared these with managers to ensure the service correctly applied the Mental Health Act.

Good practice in applying the Mental Capacity Act

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

Staff received, and were up to date, with training in the Mental Capacity Act. They had a good understanding of at least the five principles, and we saw that capacity was regularly reviewed and discussed.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards including access to the organisation's policies.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff described how capacity was assessed on an individual basis for specific reasons, for example, access to finance or vaccinations. This was clearly recorded in patient files.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff, families and advocates input to best interest decisions.

Are Forensic inpatient or secure wards caring?

Requires Improvement

Forensic inpatient or secure wards

Good

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were mostly discreet, respectful, and responsive when caring for patients. One patient on West Hampton said that staff did not always knock on the door before entering their rooms and another said that staff could be noisy at night.

Staff supported patients to understand and manage their own care treatment or condition. Patients were visibly involved in their care plans and we saw personalised communication strategies. Staff on Bridge Hampton described using role play following an incident with one patient who had a learning disability.

Staff mostly gave patients help, emotional support and advice when they needed it.Most patients said staff treated them well and behaved kindly. They described most staff as polite and caring. On Lower West patients said that staff were respectful towards them, but one patient felt that staff were not interested in their wellbeing. We conducted Short Observations For Inspection, (SOFI) on all wards. We observed positive interactions and activities taking place on Lower West and West Hampton wards. Staff and patients were both relaxed and appeared to have natural and respectful relationships.

On Bridge Hampton patients mostly felt safe but a few shared that some staff had a bad attitude, or that they felt ignored. We observed staff not responding to one patient's needs during the inspection. There were limited activities and therapeutic engagement taking place on the ward; many patients stayed in the communal areas watching television and napping. We raised this with staff who said that some patients were more difficult to engage. We did not see activities that were always tailored to patients' individual interests, however group activities such as baking, arts and crafts and walking groups did take place.

Staff understood and respected the individual needs of each patient. We observed this during the interactions between staff and patients.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff understood signs to watch out for, shared safeguarding concerns at handover and escalated as needed.

Staff followed policy to keep patient information confidential.

Involvement in care

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

Requires Improvement

Forensic inpatient or secure wards

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. In addition to patient information packs, peers showed new patients around the wards and acted as buddies. Information packs followed a set format and explained what to expect.

Staff involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Staff used role play, individualised easy read documentation and signing documentation. The service also used foreign language and British Sign Language translators to aid understanding.

Staff involved patients in decisions about the service, when appropriate. When the wards moved from an alternative building, patient's chose the paint and furniture colours. On Lower West patients had requested funding to upgrade the garden; it had an estimated completion date of quarter three in 2022. Patients attended regular community meetings, patient council meetings and the organisation had their own patient experts by experience that they engaged in decisions about the service.

Patients could give feedback on the service and their treatment and staff supported them to do this. Each ward held regular community groups and patients were nominated to represent their ward on the patient council. Patients completed satisfaction surveys to identify areas for improvement. Although there were mixed responses, general areas for improvement included food, staffing levels and activities. In response to the 2022 patient survey managers had created an action plan to drive improvement.

Staff supported patients to make advanced decisions on their care. Advance decisions were clearly recorded on patient documentation and handovers.

Staff made sure patients could access advocacy services. Advocates from deaf and hearing services attended the wards regularly. Advocacy services described the service as proactive; they said that staff on Lower West had a good understanding of patients' needs and actively involved advocates to provide additional support. Advocates from Bridge Hampton said that that sometimes patients had to seek staff with the required skills when staff were unable to sign.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We spoke with eight carers. All carers told us they were kept informed. They were invited to meetings and most felt their opinions were listened to. Families all praised staff and felt their loved ones were well looked after. Families were encouraged to keep in touch with their relatives. They described staff facilitating home visits, having regular phone and videocalls as well as ad hoc phone calls. One patient virtually attended a family member's wedding. Families were invited to attend carers events, open days, tours of the units and were given welcome packs with relevant ward information.

One family from Lower West said that staff 'do everything well and that staff are fantastic'. One family from Bridge Hampton said that their loved one was 'really happy at the service' and another said that they had never had any issues, the service was 'absolutely amazing' and described staff as 'genuinely nice people who care'.

However, one family from Lower West felt that access and focus on the health and fitness of their relative could improve and another felt that daily activities were lacking; they said that there were no alternatives to planned activities when their relative didn't wish to attend.

Staff helped families to give feedback on the service. All families said that they knew how to complain and feedback. They said that staff, including managers and social workers, were responsive to any concerns raised. At a July 2022 carers event, families said they appreciated the opportunity to have contact with other families that were in the same situation as them. Families fed back on updated welcome booklets and were invited to make suggestions about how to improve services and service user experience.

Staff gave carers information on how to find the carer's assessment. The service's social worker had regular contact with all families and directed them to relevant services.

Are Forensic inpatient or secure wards responsive?

Good

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

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, most patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers made sure bed occupancy did not go above 85% and when patients went on leave there was always a bed available when they returned.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to, however there were not always suitable placements to move patients onto. Placements for deaf forensics patients pose a challenge nationally. This is because many step-down or community services do not have enough British Sign Language speakers to communicate with and properly care for deaf patients. Additionally, Ministry of Justice restrictions also limit where some patients can be moved to. The average length of stay for patients discharged in the previous 12 months was 86 weeks on Bridge Hampton ward, 152 weeks on Lower West and 515 weeks on West Hampton ward. The average length of stay for current patients in the service was 458 weeks on Bridge Hampton, 115 weeks on Lower West ward and 163 weeks on West Hampton ward.

The service had low out-of-area placements and staff supported patients to visit their home environments and keep in touch with families regardless of distance. Families, patients and staff described traveling to London and South Wales to maintain contact.

Managers and staff worked to make sure they did not discharge patients before they were ready.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Some deaf patients, when appropriate, were moved to Bridge Hampton ward to be part of the larger deaf community.

Staff did not move or discharge patients at night or very early in the morning.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Delayed discharges were discussed at governance meetings.

Patients did not have to stay in hospital when they were well enough to leave. However, delays could occur due to a lack of suitable placements to discharge patients to or Ministry of Justice restrictions.

Staff carefully reviewed patients' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services. Patients would go on leave to get to know the new service.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward mostly supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. Patients could make hot drinks and snacks at any time but feedback about the quality of food was poor. Patients had restricted access to some areas of the wards including the gardens.

Each patient had their own bedroom, which they could personalise and a secure place to store personal possessions.

The service had a full range of rooms and equipment to support treatment and care. Staff could access the rooms but access to laundry was restricted to patients on Lower West and Bridge Hampton wards.

Patients could make phone calls in private and they could use the family room to meet visitors in private.

The service had outside space, but patients could not access it easily. There was a schedule in place for patients to access the shared sensory garden. None of the patients could access this garden independently because access was via a main corridor off the wards on the ground floor. The sensory garden was closed during the inspection because the raised beds had disintegrated and posed a risk to patients. This job was first raised in March 2022 and again at the end of August 2022 when staff found three, three-inch nails from the raised beds.

Patients also had access to ward gardens. However, except for West Hampton, patients could not access gardens without staff as doors were locked. Risk assessed West Hampton patients were able to use fob access to visit their small garden however this was shared with another ward, so patients had restricted times. West Hampton and Bridge Hampton gardens were located on the ground floor. Patients had to be independently mobile to access these gardens without staff support as these wards were located on the upper floor. We raised garden access with managers, and they explained that staff could take patients down using the evac chair or they would take patients on a longer route, using

the lift, down a smaller staircase and through the sensory garden to their own garden if needed. Patients on Lower West ward said that their garden was slippery and that they had requested funding to make it more pleasant. We saw that plans were in place to upgrade the garden. Bridge Hampton had a pleasant garden with seating, planted areas and pet rabbits that the patients cared for.

Patients could make their own hot drinks and snacks and were not dependent on staff, but patient feedback on food was poor. Lunch was served at 11.45 am and dinner at 4.45 pm. During the inspection one patient complained that their meal was burnt, and an alternative meal was immediately sourced. There were also complaints that food was cold, and some described it as sloppy; one patient said they preferred prison food. Most patients we spoke with described food as ok or poor.

Staff acknowledged that food quality could be variable. The service had asked patients to complete a questionnaire to gather feedback; A score of one was awarded for not satisfied, two for neutral and three for satisfied. Lower West patients scored lunch as 1.2 and dinner as 1.8; lunch and dinners were rated one for 'was there a healthy option' question. Bridge Hampton scored their dinners as 2.1 with a score of 1.6 for tastiness of their meal. Lunch on West Hampton was rated 2 and dinner as 2.4. The service had introduced hot trollies in response to feedback about food temperature and the manager on West Hampton said that they had a comments book to feedback about food quality to the chefs.

Patients' engagement with the wider community

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

Staff helped patients to stay in contact with families and carers. Staff supported patients to visit families, to maintain relationships via video conferencing and welcomed relatives when they visited. One patient attended a family member's wedding virtually.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients were encouraged to attend local deaf groups.

Staff made sure patients had access to opportunities for education and work, and supported patients. Patients could attend the on-site recovery college to learn new skills.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs but had not considered how patients with limited mobility would access the gardens independently. Patients had easy read and British Sign Language documentation and there was an array of posters and information in suitable formats. However, on Bridge Hampton ward positive behavioural support plans included complex language with long sentences with one symbol that signified the heading. We queried this with staff who said that they would sign the written parts to patients so that they would understand. On Lower West we saw a personalised incident review that included photographs of the patient. The service also held British Sign Language learning sessions with some patients to improve understanding and communication where British Sign Language was not their first language.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and the local community. The service's translator team had created British Sign Language posters that were displayed in ward areas. Easy read and written information was also available for hearing patients or those with a learning disability.

Managers mostly made sure staff and patients could get help from interpreters or signers when needed. Patients and staff described occasions when there were not enough British Sign Language signers available or the service's translators were not available.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. Staff supported patients to attend local places of worship and religious leaders visited patients in the service.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. Information was included in welcome packs and families could feedback at carers events. One family member described receiving updated contact information when a new ward manager started in post.

The service clearly displayed information about how to raise a concern in patient areas. The British Sign Language interpreting team has created easy read sign posters that were displayed in addition to the provider's standard posters.

The service manager reviewed local complaints and appointed an investigating officer to investigate concerns. If complaints were not resolved at a local level, or if it was not appropriate for the local team to investigate, the complaint then staff would follow the internal escalation process. Bridge Hampton ward had received six complaints between March and August 2022; Lower West had one and West Hampton had three in the same period. Six of the complaints raised related to aids, appliances, premises and equipment and two of the ten low secure complaints raised were upheld. The two upheld complaints related to poor communication on Bridge Hampton and attitude of staff on Lower West. On Bridge Hampton, one patient missed an external event as the ward had not managed to arrange transportation and on Lower West, the patient had missed home leave due to a lack of staff. They also raised concerns about night staff falling asleep, staff arguing and speaking in own languages. Managers shared feedback from complaints with staff and learning was used to improve the service. Information was shared in monthly team meetings and we saw that managers had recorded and shared the names of agency staff that were not to work shifts on the wards.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff described how the advocates and interpreters also supported patients who wished to raise a complaint.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

The service used compliments to learn, celebrate success and improve the quality of care.

Between March and August 2022, the service recorded two compliments from Lower West about the housekeeping team.

Requires Improvement

Forensic inpatient or secure wards

Are Forensic inpatient or secure wards well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

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

Ward managers and team leaders were present and visible on the wards. They knew staff, patients and families well and offered support to patients and staff. We observed pleasant interactions between managers, staff and patients and saw that managers gave patients time to discuss their concerns or future plans.

Leaders had the skills, knowledge and experience to perform their roles. Managers attended monthly continuous professional development away days to share learning and improve practice. One ward manager described how the ward team leaders and managers from across the service would review incidents or closed-circuit television together and offer alternative strategies, learning or improvements.

The organisation had a clear recovery approach that was shared and understood by all staff. The four stages were reflected in care plans and were discussed and reviewed with the multidisciplinary team.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. The registered manager held daily management meetings that ward managers attended to provide updates. The meetings followed a set agenda and covered all areas of patient care from staffing through to compliments.

Staff and patients knew who the registered manager was. They regularly visited the wards to offer support. The registered manager was knowledgeable and responsive to staffs' needs and concerns.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

The values of the service were integrity, trust, empower, respect and care. Values were displayed around the service and staff we spoke with described the care provided in line with the values.

Staff understood their roles and were able to contribute to discussions about the strategy for their service, especially where the service was changing.

Staff attended regular team meetings and could approach the leaders directly. Staff also completed an annual staff survey. The 2022 staff survey had a 49% response rate. The staff survey results were mostly positive and many of the more negative comments related to pay. The provider had identified areas for improvement following the survey.

Requires Improvement

Forensic inpatient or secure wards

Culture

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

There were close working, supportive relationships between the ward managers, the service manager and staff.

Staff told us they enjoyed their roles and valued their teams although some staff said they felt stressed when there were limited British Sign Language or deaf staff on shift. They said that when this occurred patients would understandably seek them out for support.

Staff felt positive and proud about working for the provider and their team.

Staff appraisals included conversations about career development and how it could be supported. One nurse on West Hampton had approached the ward manager to get approval to participate in a research project and another overseas nurse said that they had joined the service as there were opportunities to develop and grow.

The service celebrated staff success. Staff nominated colleagues for the annual staff awards. This was discussed at staff meetings to raise awareness.

The service responded proactively to bullying and harassment cases. All staff told us they were aware of the whistle blowing process and would feel comfortable raising issues with their manager or the registered manager.

Staff had access to support for their own physical and emotional health needs through an occupational health service. The provider had a communications and information policy that reinforced and set clear expectations in relation to the needs of deaf patients and staff.

The service monitored morale, job satisfaction and sense of empowerment. This happened through supervision, appraisal and staff surveys. Staff surveys indicated that staff found their role rewarding and had positive relationships with their colleagues. Managers considered the potential for closed cultures and in addition to the staff survey, visited the service at night to speak with staff and observe care. The one record we viewed showed honest feedback from staff that reflected what was shared during the inspection.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff forums had been set up for people with protected characteristics.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

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

The provider's governance framework ensured that the provider was complying with the Mental Health Units (Use of Force) Act 2018 and its guidance. Accessible information was available for patients and staff had attended accredited training.

Requires Improvement

Forensic inpatient or secure wards

There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. There was a standard agenda to ensure consistency and items included lessons learnt, governance, staffing and safeguarding. Meetings served a clear purpose and were well managed.

Data and notifications were submitted to external bodies and internal departments as required.

The service had a whistle blowing policy in place and staff told us they were confident in raising concerns.

Governance policies, procedures and protocols were regularly reviewed and improved. Policies showed the date of creation and the date of review.

Managers had access to accurate and up to date information to help them maintain oversight of the care provided and challenges faced.

Actions were mostly monitored well and completed in a timely fashion. However, we did see that items that were not actioned from the 2020 fire risk assessment and maintenance requests relating to the sensory garden that were outstanding. Managers assured us that all actions pertaining to fire safety were now complete.

Additionally, the provider's system to capture patient activity was not always accurate. Patient records did not match the electronic activity planners and staff were not updating the electronic planners to accurately reflect activity participation. This meant that assurance information was not fit for purpose.

Although the provider had identified blanket restrictions in the service and discussed these with patients, the rationale for some of the restrictions was unclear and not all restrictions were individually applied.

Staffing was improving and was monitored at all levels of the organisation. However, recent staff turnover had impacted on the availability of British Sign Language signing staff which had impacted on patient care and staff stress. Managers were aware of this and tried to deliver a suitable communication mix on shifts until newly trained staff were fully trained.

Management of risk, issues and performance

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

There was clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. The Hospital Director attended the monthly Divisional Clinical and Operational Governance Committee Health Care (North) division meetings; ward managers attended the quarterly regional clinical governance meetings and the registered manager attended the regional operations governance meeting. This allowed for shared information and oversight with fellow services across all levels of leadership.

The service's risk register was held at directorate level; however, staff were able to escalate issues through the ward managers and internal governance processes. Risks were regularly updated, and controls were identified to minimise the impact of any risks. For example, compliance with annual physical health checks were at 100% and choking risk assessments and access to GPs were in place to minimise the impact from the lack of dietetic input. The service also had identified noncompliance with the provider's observations policy as a risk, and we saw that the provider had introduced competency-based assessment and training for all staff to reiterate the importance of observations.

Requires Improvement

Forensic inpatient or secure wards

The service maintained an audit and recruitment log that recorded staff information including checks for criminal records, right to work, forms of identification provided etc. However, we reviewed four staff files to check their compliance with the Health and Social Care Act regulations and found one file had not accounted for a six-month employment gap. This was raised with the Registered Manager to complete.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Information management

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

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff. There were centralised electronic systems that a variety of management information could be exported from. The service audited and reported all aspects of patient care including discharge information, physical health, the numbers of patients on increased observations and their rationale, incidents, safeguarding and complaints etc. The service also collected and reviewed all aspects of staffing data from training and supervision through to bank and agency use. This information was regularly shared with managers in the service. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff had access to equipment and information technology needed to do their work, but some staff felt that there were not enough computers on the wards. Information governance systems included confidentiality of patient records. All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

Staff made notifications to external bodies as needed. Including CQC statutory notifications and sharing or raising concerns with care coordinators and safeguarding teams.

Service user guides included service confidentiality agreements and mutual expectations, so patients understood their responsibilities around patient confidentiality.

Engagement

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

Information was shared with staff, patients and carers about the work of the provider via the intranet, bulletins, newsletters, carers meetings etc. Staff had regular meetings and information was shared via monthly lessons learnt bulletins that included learning from other services. Patients were involved in the peoples' council, which senior managers and governors attended, and families attended events organised by the service's social worker.

Patients and carers gave feedback on the service via surveys, community meetings and carer events. Families said that they were always invited to meetings about their relatives' care and that they could approach the ward managers or social worker with any queries.

Directorate leaders engaged with external stakeholders – such as commissioners and Healthwatch.

Requires Improvement

Forensic inpatient or secure wards

Learning, continuous improvement and innovation

Staff objectives were focused on improvement and learning and there was a broad range of self-directed online courses that staff could access to pursue their interests and personal development goals.

One staff member from West Hampton ward had approached their ward manager to work on a clinical research programme about how accessing religion affected mental health.

The service also had an annual staff award event.

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
Treatment of disease, disorder or injury Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care • Staff had not minimised the use of restrictive practices. The rationale for some restrictions was unclear and not all restrictions were individually applied. Where a service has unnecessary restrictions that are not individually assessed and applied, there is an increased risk of a closed culture forming. Unnecessary restrictions placed on individuals offers no therapeutic value to patients. • Staff did not provide the full range of care and treatment suitable for the patients in the service. Although they delivered clinical care in line with best practice and national guidance, the therapeutic activities offered did not meet the needs of all the patients. Activities were not tailored to the individual and offered seven days a week.