Care Quality Commission

Good 🟢

West London Mental Health NHS Trust

High secure hospitals

Quality Report

Broadmoor Hospital
Crowthorne
Berkshire
RG45 7EG
Tel: 01344 773111
Website: www.wlmht.nhs.uk

Date of inspection visit: 4 June 2018 - 8 June 2018
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RKL51	Broadmoor Hospital	Ascot ward Canterbury ward Chepstow ward Cranfield ward Dover ward Epsom ward Folkestone ward Harrogate ward Kempton ward Leeds ward Newmarket ward Sandhurst ward Sandown ward Sheffield ward Woburn ward	RG45 7EG

This report describes our judgement of the quality of care provided within this core service by West London Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by West London Mental Health NHS Trust and these are brought together to inform our overall judgement of West London Mental Health NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good	🟢
Are services safe?	**Requires improvement**	🟠
Are services effective?	**Good**	🟢
Are services caring?	**Outstanding**	☆
Are services responsive?	**Good**	🟢
Are services well-led?	**Good**	🟢

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

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

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

Summary of findings

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Overall summary

We rated the High Secure Hospital managed by West London Mental Health NHS Trust as **good** because:

- The trust had made significant improvements within the hospital since our last comprehensive inspection in November 2016.
- Patients were very positive about the staff and we observed staff interactions with patients which were respectful and kind. Staff spoke about patients with hope and knew the patients they worked with very well. We heard many positive examples of staff going the extra mile to provide a caring service which made patients' needs central.
- Staff took into account patients' culture, religion and social interests when planning and delivering care and treatment. Staff had an excellent understanding of the individual needs of the patients they worked with and they demonstrated patient-focused and patient-centred practice which put patients' needs at the heart of the work they did.
- The hospital and staff were committed to ensuring that the patient voice was embedded in the governance processes and in decisions about the strategic development of the hospital's clinical model. Patients were actively involved in a range of forums, groups and surveys, so they could raise issues and also identify areas for improvement. They had been engaged in the development work of the new hospital environment and the decisions made by the patient group had led to changes.
- While there were still staff vacancies, the hospital had focused on ensuring that the patient experience was affected as little as possible in terms of activities being cancelled.

- The hospital had undertaken significant work to reduce the use of long term segregation. This involved specific projects on several wards; including staff supporting patients to spend as much time out of their rooms as possible.
- Staff could articulate learning from incidents and how they had changed practice because of incidents, complaints and feedback.
- Staff morale had improved further since the last inspection. Arrangements were in place to keep staff informed and enable them to escalate issues they wanted addressed.
- The trust had a strong ethos of research and developing best practice and innovative solutions including using technology to improve the outcomes for patients in their care.

However:

- The hospital continued to have high vacancy levels for nurses and this had an impact on the delivery of care. Some activities were cancelled due to staff shortages.
- Some medication was not stored at the recommended temperature and staff were not seeking advice or reporting incidents consistently when this was the case.
- Some emergency medication was not immediately available to all staff. It was not clear that the potential impact of this had been considered and mitigated.
- Some emergency equipment had been checked but had expired.
- Staff did not assess and record patients' capacity to treatment consistently. Staff had not recorded some seclusion reviews correctly and some patient records did not clarify why patients were subject to long term segregation.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Our rating of safe stayed the same. We rated safe as requires improvement because:

- There were high levels of staff vacancies, particularly on wards, which had an impact on the delivery of care to patients. Whilst the hospital provided a wide range of therapeutic activities and improved record keeping monitored the attendance of patients, there were still some activities cancelled particularly at weekends.
- Staff did not always review seclusion in line with the requirements set out in the Mental Health Act Code of Practice and there was no clear record of the reasons why this divergence had taken place.
- Some records of patients who were subject to the conditions of long term segregation did not have clear explanations of the reasons they had entered long term segregation on their care records.
- Staff on some wards had not taken immediate action to address temperatures when they recorded fridge and ambient room temperature outside the recommended range where medication was stored. Some equipment in emergency response bags was outside its expiry date despite staff completing checks and recording it as within expiry date.
- Some emergency medication was not immediately accessible to all members of staff who may need access to it. There were no clear assessment of the impact of this or how potential risk may be mitigated.
- Some care was delivered in buildings and wards which were not appropriate for the delivery of modern healthcare.
- Some staff told us that they did not have access to personal alarms due to alarms breaking or not being available although wall-based alarms were available throughout the hospital. After the inspection, the trust told us that they had ordered more alarms.

However:

- The trust had undertaken significant work on creative recruitment strategies to ensure that the impact of staffing levels on patient activities was minimised. Managers had improved the accuracy of staff recording of activities.
- Risk assessments were of a high quality and staff updated the information in them to reflect current risk levels.

Requires improvement ●

Summary of findings

- Staff updated environmental risk assessments quarterly. Staff were aware of key environmental risks on the wards they worked on including the risks posed by ligature anchor points and blind spots. Information was available on the wards in a short and comprehensive format, so staff coming onto the wards had immediate information both of the key risks and how they were mitigated.
- Wards were clean and the infection control procedures in place ensured that key areas of concern were identified where there were lapses.
- Staff had a good understanding of incidents across the service and gave us clear examples of learning from incidents.
- The hospital had worked extensively on strategies to reduce restrictive practices, including projects to reduce long term segregation to ensure that people subject to the conditions of long term segregation could leave their rooms as much as possible. They had worked with the other English high secure hospitals to progress this work and ensure that best practice was shared between them.
- The hospital had undertaken a project to examine incident reporting and the quality of data in relation to restrictions to inform practice and learn how this could be used to minimise the use of restrictive interventions.
- Staff within the hospital had a good understanding of safeguarding and worked with the Local Authority to ensure that patients were safeguarded.

Are services effective?   Good ●

Our rating of effective improved. We rated effective as good because:

- Staff were positive about the extensive training opportunities they had within the trust and we saw that the trust provided training on a wide range of specialist areas which were linked to the work within the hospital.
- Staff had a good understanding of the Mental Health Act (MHA) and the Mental Capacity Act (MCA) and knew where to access assistance if they had any queries.
- Wards had dedicated multi-disciplinary teams that worked effectively together.
- The occupational therapists within the hospital worked to a specific model, which had clear associated outcome measures to evidence the impact of their work.
- Staff had a good understanding of physical healthcare and there were effective systems in place to ensure that the physical healthcare of patients was monitored and reviewed regularly.

Summary of findings

- Patients had access to a range of psychological interventions in accordance with National Institute for Health and Care Excellence (NICE) guidance.

However:

- Some assessments of capacity to consent to treatment lacked consistency and clarity.
- The hospital did not have a consistent way to share and record handover information. Different wards had different approaches to nursing handovers and some handovers had little risk information shared.

Are services caring?   **Outstanding** ☆

Our rating of caring improved. We rated caring as outstanding because:

- We spoke with 68 patients during this inspection. The great majority were very positive about the way staff treated them and about the motivation of staff to provide high quality care. This was a striking finding – given the nature of the patient group detained in a high secure hospital.
- Patients told us that staff treated them with dignity and respect. They gave us many examples of staffing 'going the extra mile' and patients told us that the quality of care and consideration that they received, was beyond their expectations.
- Staff took patients' cultural, religious, social and individual needs into account and these were incorporated into the delivery of care. Staff had an excellent understanding of the individual needs of the patients they worked with. They were constantly displaying patient-focused and patient-centred practice which put patients' needs at the heart of the work they did. They spoke about patients with respect, empathy and thoughtfulness in their work.
- The hospital and staff were committed to ensuring that the patient voice was embedded in the governance processes and in decisions about the strategic development of the hospital's clinical model. Patients were involved in checking standards were being maintained and in giving ideas for improvements. Patient representatives were involved in some clinical improvement group meetings and were participants at the catering forum meetings. Patient feedback had informed the plans to redevelop the hospital.
- There was a well-established monthly patients' forum, which was attended by senior managers within the trust and within the hospital. Patients could raise issues, and there were action plans to ensure issues were addressed. The meetings were

Summary of findings

well-attended and were important to the running of the hospital as they provided a way for information to be shared from patients to the management team and from the management team to patients.

- The hospital had carried out considerable work to ensure that carers' needs and views were identified and were heard through the development of services. The service had developed an information pack for carers and was implementing the 'triangle of care'. Carers were part of the carers' strategy meeting and there were regular carers' forums. Each ward had a carers' champion to ensure that the needs of carers were considered.

Are services responsive to people's needs?

Our rating of responsive improved. We rated responsive as good because:

- Managers and staff within the hospital had a good oversight of patients' progress through hospital and were aware of the issues that delayed discharge and transfer. They worked collaboratively with other care providers to support these plans.
- Staff were aware of the diverse needs of patients including their cultural and spiritual needs and worked to ensure that the hospital environment was inclusive for patients in terms of race, culture and sexual orientation.
- Wards took part in activities which linked with local communities including raising money for charities and participating in national art competitions.
- Staff had a good understanding of the trust's complaints system, and complaints were reviewed by the hospital. Patients knew how to make complaints.

Good ●

Are services well-led?

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

- The hospital had undertaken significant work to improve the culture within the hospital. We saw that this had an impact as staff were more positive about the hospital and trust management than in previous inspections.
- Staff engagement had improved and there were channels through which staff could feedback to the trust. There were regular staff forums including ones for administrative and security staff. There were also meetings for new starters to better understand their support needs.

Good ●

Summary of findings

- The NHS staff survey results had improved between 2016 and 2017, which reflected an improvement in morale in the hospital.
- Staff on the wards and within the management of the hospital had a good understanding of the information available to help them monitor the quality of care. They used this information to improve the services.
- The service had built formal and informal links and learning networks with other high secure hospitals and equivalent in the UK, Republic of Ireland and across Europe.
- There was a strong research culture within the hospital which promoted the development of best practice and to understand how to provide care for patients within the hospital.

Summary of findings

Information about the service

Broadmoor Hospital is one of three high secure hospitals in England. It is managed by West London Mental Health NHS Trust and is the 'high secure services' division within the trust as part of the clinical service unit 'forensic and high secure services'. It has a dedicated executive director who is a member of the trust board. The service provides approximately 200 beds for men who require care and treatment in conditions of high security. At the time of our inspection, there were 184 patients in the hospital with 22 patients on trial leave to other hospitals. The hospital has 212 commissioned beds but ensures that there are always beds available for emergency admissions.

Broadmoor Hospital consists of a range of buildings, from the original Victorian wards which were opened in 1863 to modern buildings. The older buildings house the assertive rehabilitation wards. The Paddock Centre, which opened in 2005, houses some of the admission and high dependency wards. This means that the condition of the buildings varies enormously within the same hospital. Some buildings, particularly the older Victorian buildings such as Kent House, York House and Sandhurst ward in Bedford House are not appropriate environments for the delivery of modern mental health care. A new hospital is being built adjacent to the current hospital buildings and is scheduled to open in spring 2019. It will replace all current wards apart from the Paddock Centre.

Services within Broadmoor Hospital are configured into two pathways, mental illness and personality disorder, on the following wards:

Mental Illness services:

Ascot ward – high dependency (12 beds)

Cranfield ward – intensive care (mental illness and personality disorder) (11 beds)

Harrogate ward – assertive rehabilitation ward (20 beds including a bed for patients with physical healthcare needs)

Leeds ward – assertive rehabilitation (20 beds)

Newmarket ward – admission (12 beds)

Sandhurst ward – assertive rehabilitation (12 beds)

Sandown ward – admission (12 beds)

Sheffield ward – assertive rehabilitation (20 beds)

Personality disorder services:

Canterbury ward – assertive rehabilitation (14 beds)

Dover ward – assertive rehabilitation (14 beds)

Folkestone ward – assertive rehabilitation (14 beds)

Epsom ward – high dependency (12 beds)

Kempton ward – admission (12 beds)

Chepstow ward – high dependency (12 beds).

All patients admitted to the hospital are detained under the Mental Health Act 1983 (MHA).

Our inspection team

The team that inspected Broadmoor Hospital consisted of one CQC inspection manager, 12 CQC inspectors, six Mental Health Act Reviewers, one CQC pharmacist specialist, one CQC assistant inspector, two members of staff from the CQC Mental Health Act complaints team, one member of staff from CQC business support and one CQC inspection planner. There were also four specialist advisors including two mental health nurses who worked in forensic services, one consultant forensic psychiatrist and one allied health professional who had forensic experience. There was also one expert by experience that had experience of using forensic mental health services. One CQC intelligence analyst provided support off-site.

Summary of findings

Why we carried out this inspection

We undertook this inspection of Broadmoor Hospital to check whether the provider had made the improvements required following our previous inspections. CQC also wished to form a view about the current quality and safety of care provided at the hospital so that it could provide advice to the Department of Health and Social Care as part of the authorisation process for the three high secure hospitals in England.

Previous inspections and Mental Health Act monitoring visits:

CQC undertook a comprehensive inspection of West London Mental Health Trust in November 2016. At this inspection, Broadmoor Hospital received an overall rating of 'requires improvement'. It was rated requires improvement in safe, requires improvement in effective, good in caring, inadequate in responsive and requires improvement in well-led.

The report that was published in February 2017 stated that the provider must make the following improvements:

Action the provider MUST take to improve:

- The trust must ensure that there are sufficient qualified and experienced staff on the wards.
- The trust must ensure that patients have access to activities and therapeutic engagement according to their care plans.
- The trust must ensure that assessments of capacity to consent to care and treatment reflect the individual needs of patients and capacity is considered robustly to reflect the treatment that is provided and that these assessments of capacity are recorded comprehensively.
- The trust must continue to ensure that staff engagement is prioritised and that staff voices are heard in the running of the hospital.
- The trust must ensure that reviews of seclusion and long-term segregation, including three-monthly external reviews of long term segregation are carried out and recorded comprehensively as recommended in the Mental Health Act Code of Practice and that any cogent reasons for diverging from the Code of Practice are comprehensively recorded to ensure the safety of patients who are subject to these restrictive practices.

Action the provider SHOULD take to improve:

- The trust should ensure that involvement and communication with carers is prioritised and that carers are provided and that carers are provided with necessary support and information to facilitate involvement.
- The trust should ensure that environmental risk assessments include blind spots and areas in the ward where there may be risks as well as risks which are specifically related to ligature anchor points.
- The trust should ensure that temperature control is managed in the seclusion rooms on Epsom ward.

In July 2017, CQC undertook a focussed inspection specifically to follow up the outstanding issues relating to the warning notice which had been served on the trust following the previous inspection. At that inspection, we found that the hospital had made significant improvements. However, in the report, which was published in October 2017, we stated that the provider must make the following improvements:

Action the provider MUST take to improve:

- The trust must continue to work actively to ensure that there are sufficient qualified and experienced staff on the wards.
- The trust must continue to ensure that patients have access to activities and therapeutic engagement and that cancellations are minimised.
- The trust must continue to work towards ensuring that data collected relating to monitoring of meaningful activities is accurate and reflects the work carried out with patients in the hospital.

Since our inspection in July 2017, CQC has also carried out 8 unannounced Mental Health Act review visits to the following wards:

- Woburn ward
- Sandown ward
- Epsom ward
- Newmarket ward
- Chepstow ward
- Canterbury ward
- Folkestone ward
- Harrogate ward

Summary of findings

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about Broadmoor Hospital, asked a range of other organisations for information and sought feedback from carers by attending a carers' forum meeting.

During the inspection visit, the inspection team:

- visited all 15 wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 68 patients
- spoke with 10 family members of patients
- spoke with 138 members of staff including ward managers, nurses, consultant psychiatrists, doctors in training, health care facilitators, occupational therapists, social workers, advocates, clinical psychologists and non-clinical support staff

- spoke with the clinical director, deputy director of nursing for Broadmoor, deputy director for high secure services, service director and executive director for high secure and forensic services
- looked at 71 care records
- reviewed medication management on four wards, including checking prescription charts, medication records and associated Mental Health Act documentation for 54 patients
- observed ten handover meetings, three reflective practice meetings, two community meetings, two clinical team meetings, a multidisciplinary team lunch with patients and a ward internal referral meeting
- observed the hospital patients' forum, a seclusion monitoring review group meeting, an internal referral and transfer meeting, a staff forum, a security staff forum, an equality and diversity group meeting and an incident review clinic
- held 13 focus groups attended by 76 members of staff from different staff groups, including focus groups for black and minority ethnic (BME) staff held before and during the inspection
- reviewed 35 comments cards received from staff and patients
- checked a range of policies, procedures and other documents related to the running of the service.

What people who use the provider's services say

We received 32 comments cards from patients. Fourteen comments cards were positive with the main themes relating to the quality and kindness of members of staff, feeling safe and feeling listened to, being supported in contacting family, and feeling the benefit of hospitalisation. Eleven comments cards were predominantly negative with the main theme being lack of staffing and lack of activities. Seven comments cards were neither positive nor negative but contained either factual statements or unrelated comments.

Predominantly, the feedback we received directly from patients we spoke with in the hospital was positive. Thirty-nine patients out of the 68 we spoke with specifically confirmed the kindness and respect of

members of staff. Other feedback we received that was predominantly positive included patients talking about enjoying some of the activities and groups that they accessed. Patients told us that the patient forum and community meetings made a difference, that they enjoyed the food and found that their religion was respected. Three patients told us that they felt their specific needs were not being met, 12 patients told us about shortages in staffing and activities being cancelled and four patients told us that their health or disability needs were not being met. A small minority of patients had negative views about the quality of food and some patients complained about the décor in the older ward buildings.

Summary of findings

Good practice

- Staff throughout the hospital were strongly committed to promoting the patient voice and empowering patients in their own care. Patients were also involved in the strategic development of the hospital. Staff were responsive to patients' individual needs and this was evident through the way that staff interacted with patients and from patients' feedback about the quality of care they received from staff members. Patients and staff gave us examples of going beyond expected duties to ensure that the individual needs of patients were met.

- Patients' individual needs were met in a person-centred way which incorporated a sensitivity and understanding of cultural, spiritual, personal and religious needs. This included access to a range of chaplaincy support which provided creative support for patients with a wide range of spiritual and religious needs which was delivered sensitively. We saw that there was a programme of events which highlighted the need to understand different cultures and backgrounds. The hospital promoted an inclusive culture for patients who identified as gay and transgender. Through a range of events, policies and the work of the Equality and Diversity Forum, the hospital ensured that patients from a wide variety of backgrounds felt an intrinsic part of the hospital community.

- The hospital had carers' strategic forums and patient forums which were consulted on the future direction of the hospital and trust in a meaningful way and the organisation listened and responded to patient feedback and had made changes to plans on the basis of feedback.

- The trust had developed a reciprocal arrangement with a local acute hospital trust. This meant that nursing staff from Broadmoor received training in the treatment of minor injuries which aimed to avoid acute hospital attendance for patients. In return they provided the acute hospital with training around the management of patients with mental health difficulties. This helped both trusts and benefitted people in the local community.

- The hospital had developed quick access information, presented on one page of paper, about the specific ligature and environmental risks on each ward along with the key mitigations. This made it very easy for staff, especially staff new to the ward, to be aware of the environmental risks.

- The hospital continued to fully engage in research across disciplines from a central Broadmoor Hospital Research Hub which collated research evidence. Staff across the hospital presented nationally about research which took place at Broadmoor and hosted monthly learning events which focussed on learning in high secure settings.

Areas for improvement

Action the provider MUST take to improve

- The provider must continue to ensure there are sufficient staff and that where there are staff shortages, these have minimum impact on patients' access to activities, treatment and rehabilitation.

- The provider must ensure that episodes of seclusion are reviewed in line with the Mental Health Act Code of Practice and that these reviews are recorded and that reasons for long term segregation are clearly available in care records

- The provider must ensure that they consistently maintain and monitor medicines at their correct temperatures and promptly remedy any faults that arise.

- The provider must ensure that medicines are monitored and used within their manufacturer's recommended expiry dates.

- The provider must review equipment available for emergency use to ensure systems in place to ensure expiry dates are adhered to are effective.

Summary of findings

- The provider must review the accessibility of adrenaline for anaphylaxis use so that it is immediately accessible when needed in an emergency as recommended in the Resuscitation Council (UK) guidelines.

Action the provider SHOULD take to improve

- The provider should ensure that staff record capacity to consent to treatment clearly in patient records.

- The provider should ensure that nursing handovers share key risk information in a consistent manner for staff coming onto shift.

- The provider should ensure that staff across the hospital have a greater understanding and awareness of the Freedom to Speak Up Guardian role.

- The provider should ensure personal alarms are replaced in a timely way.

CareQuality Commission

West London Mental Health NHS Trust
High secure hospitals
Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ascot ward Canterbury ward Chepstow ward Cranfield ward Dover ward Epsom ward Folkestone ward Harrogate ward Kempton ward Leeds ward Newmarket ward Sandhurst ward Sandown ward Sheffield ward Woburn ward	Broadmoor Hospital

Mental Health Act responsibilities

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

Staff across the hospital had a good understanding of the Mental Health Act 1983. Training related to the Mental Health Act was compulsory for all clinical staff and the compliance rate across the hospital was 90%.

The trust had strong systems of oversight about the use of seclusion, long term segregation (LTS) and restraint. However, while the oversight and systems were in place to ensure that this was monitored, there were some gaps in individual records of seclusion.

Three monthly external reviews of LTS took place. This was an improvement from our inspection in November 2016 when we found that these had not been taking place consistently.

Detailed findings

At this inspection, we found there was some improvement but there were still some gaps in the recording of seclusion reviews.

We undertook a review of postal and telephone monitoring within the hospital and found that the hospital had systems in place to ensure that were this happened, it was in accordance with the guidelines specified in the High Security Psychiatric Services (Safety and Security) Directions 2013 and the Mental Health Act Code of Practice.

We found that there were some inconsistencies in the reporting of capacity to consent to treatment which meant that these were not always clear.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a good understanding of the Mental Capacity Act and understood how it worked in practice within the hospital setting.

Training in the Mental Capacity Act was compulsory for all staff and compliance with this training was at 82%.

We saw some good examples of mental capacity assessments which had been carried out and documented making clear reference to the principles of the Mental Capacity Act where capacity was assessed for decisions relating to their physical health. For example, patients with diabetes had been assessed to see if they had capacity to make decisions about their diet if there was any doubt about this.

However, we found some records where capacity to consent to treatment was not recorded consistently.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

Safety of the ward layout

- Although some parts of the hospital were not suitable for the delivery of modern mental healthcare and a new hospital was nearing completion, at the time of the inspection, some refurbishment work was taking place on some of the older wards to ensure that the impact of the poor environments was minimised as much as possible before the hospital move took place.

- During our inspection of November 2016, we found that some blind spots were not identified on ward environmental risk assessments. During this inspection, we saw that up-to-date ligature and environmental risk assessments were available on all wards. As well as full ligature risk assessments, each ward had a one-page summary of the key ligature and environmental risks and their mitigations. This was available in paper form in the nursing offices. It meant that any member of staff coming onto a ward had quick access to clear, accessible and easily understandable information about any potential environmental risks on the ward and how these risks were managed. It was especially useful for staff who were moved to wards they were not used to or where there were particularly detailed ligature risk assessments. Staff working on the wards had a good understanding of the environmental risks on the ward and could explain how these risks were managed. This was an improvement from our last inspection visit.

- Throughout the patient areas within the hospital, environmental risk assessments, including risks from ligature anchor points and blind spots, were carried out annually with quarterly updates.

- The hospital used wall-based alarm systems for staff and patients to call for assistance. These were augmented by personal alarms, which were allocated on each ward. Staff on wards across hospital told us that they were concerned that sometimes there were not enough alarms on the ward for all staff. For example, some staff on Sandown ward told us that all the alarms were not working and this meant some staff could not access them. We were also told this by staff on other

wards. We received two comments cards from staff raising concerns about faulty alarms, bells and radios. This meant that there was a risk that some members of staff may not feel they were provided with equipment to ensure their safety on the wards.

- Some staff had access to body-worn cameras, which recorded interactions on the ward for review. CCTV is in communal areas in the wards in Bedford House and in the Paddock Centre. This could be monitored live by a member of staff if necessary.

- Between April 2017 and May 2018, there was one incident linked to slow response times from staff to an alarm. This was still being investigated at the time of our inspection. There were no incidents where staff had reported feeling unsafe due to the lack of access to personal alarms. In the event of a fault in the alarm system, there was a clear contingency plan which would be implemented. After the inspection, the trust told us that additional orders of personal alarms had been made.

- The hospital had a central security team, which consisted of clinical and non-clinical staff that had an oversight of physical security within the hospital. There was a security liaison team of nurses who provided a link between the ward teams and the security teams. There was a specialist team within the hospital to provide specific support with incidents. Its members had additional training relating to the prevention and management of violence and aggression and they used personal protective equipment in their interventions when required.

- The hospital was required to undertake an annual security audit to ensure its compliance with the High Security Psychiatric Services (Safety and Security) Directions 2013 issued by the Department of Health and Social Care. This audit was carried out in October 2017 by members of staff from the security teams at Rampton Hospital and Ashworth Hospital. Broadmoor Hospital received a 'green', substantial compliance rating. Members of staff from the security team at Broadmoor assisted in undertaking these audits at Rampton Hospital and Ashworth Hospital.

Maintenance, cleanliness and infection control

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- The trust had an infection control lead based at Broadmoor Hospital. Each ward had a link nurse who led on infection control and some wards had identified two members of staff for this role. These members of staff attended regular monthly meetings to ensure that information was passed back to the ward. This meeting also ensured infection prevention and control information from the wards was discussed centrally within the hospital. Audit information relating to infection control was shared. There were also quarterly trust-wide infection control meetings to share information and best practice. Gaps identified through audit were followed up.

- However, despite these arrangements, some members of staff on the wards were not aware of the current infection control guidance and did not know where to find it. The trust had implemented a system where current information and infection control policies and procedures were online but some members of staff still expected them to be available on the ward in paper form.

- On Leeds ward, we saw the mattress in the seclusion room was worn and fibres were exposed. Members of staff on the ward did not know when mattress checks should take place. Mattress audits were supposed to be carried out on every ward on a monthly basis and the service collated this information to identify which wards had not submitted mattress audits. In April 2018, five wards did not complete mattress monitoring checks in time to be discussed at the monthly infection control meeting.

- Staff throughout the hospital had a good understanding of the importance of hand hygiene. We saw that hand hygiene information was available throughout the hospital and that hand hygiene audits were undertaken on each ward regularly. These audits included checking that nails were not long and were free of nail varnish and extensions and that hand washing took place in a way that ensured all parts of the hands were clean. Where there were gaps in the audit, these were identified so that action could be taken. The outcomes of these audits were discussed in the regular infection control meetings.

- For the most recent Patient-Led Assessments of the Care Environment (PLACE) assessment (2017) the hospital received a score lower than other similar hospitals for the three applicable aspects of the care environment scoring 74% for cleanliness compared to 98% nationally,

79% for condition and appearance compared to 95% nationally, and 68% for disability, compared to 86% nationally. Some of the scores are likely to reflect the age and condition of some of the current buildings.

Seclusion rooms

- We checked the seclusion rooms on all the wards we visited, unless they were in use. All wards had at least one seclusion room and some wards had more than one. The condition of seclusion rooms varied significantly depending on the state of the ward environment. The seclusion rooms in the Victorian buildings were not fit for purpose. They were situated on ward corridors and did not have ensuite access. Because of this, patients were not secluded in these seclusion rooms for more than 24 hours. If a patient needed to be in a seclusion room after 24 hours, he was transferred to another ward. The new hospital design will eliminate this problem.

- Seclusion rooms on the other wards met the requirements of the Mental Health Act Code of Practice. We saw that they had toilet and shower facilities. Patients could communicate with staff when they were secluded, and the rooms had accessible clocks so patients could orientate themselves to time.

- At our previous inspection in November 2016, we identified some concerns around a draught experienced by patients who were secluded in one of the two seclusion rooms on Epsom ward. Due to the imminent move to the new hospital, additional work had not taken place to mitigate the concerns. However, contingency plans were in place to use other seclusion rooms where this was not an issue and to use blankets, where possible, to mitigate potential discomfort when this seclusion room had to be used. When the hospital is moved to the new site, there will be two empty 'decant' wards in The Paddock Centre which will allow access to additional seclusion facilities.

Clinic rooms

- Each ward had a designated clinic room. Clinic rooms were clean and well-ordered. Members of staff on the ward knew where to find emergency equipment and medication. When equipment was cleaned, it was marked with a sticker which indicated when it had been cleaned and checked.

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- Emergency equipment was stored in two 'grab bags' on the ward. Members of staff were aware of their location. They also knew how to access emergency medicines, ligature cutters and the ward defibrillator.
- On Canterbury, Newmarket and Ascot wards, we found that the emergency equipment in the green grab bags contained items which were past their expiry dates. These bags should be checked weekly on each ward. On Ascot ward, we found that some burn dressings had expired in May 2018, despite staff recording that they had checked them. On Canterbury Ward, we found that some eye pads, a thermal blanket and an ice pack had expired in April 2018, despite staff recording daily checks of them and on Newmarket Ward, there were eye pads which had expired in April 2018. This meant that checks on these emergency bags were not effective; staff did not remove and replace items that had expired in a timely manner. Following the inspection, the trust informed us that all emergency equipment bags in the hospital had been checked, expired equipment had been replaced and the trust had developed new procedures to address this.

Safe staffing

Nursing staff

- The trust carried out a bi-annual review of staffing numbers within the hospital.
- We had seen some improvements in staffing levels between the inspection in November 2016 and the inspection of July 2017. However, during our last inspection in July 2017, we identified that there were still insufficient suitably qualified staff on the wards to meet the needs of patients and that this had impacted on patients' ability to access therapeutic activities.
- On 31 March 2018, there were 48 vacancies for registered nurses, which represented a vacancy rate of 20%. At our previous inspection in July 2017, there had been 50 vacancies for registered nurses. Therefore, there had been a slight improvement. However, there were new staff who had been offered and accepted posts in the future. We saw that 41 offers had been made for registered nursing posts with members of staff due to start before the end of 2018, with another 16 registered nursing posts being offered for 2019. Eight new healthcare facilitators had starting dates before September 2018.

- Staff turnover rate over the year from April 2017 to March 2018 was 17%. This was lowest on Harrogate and Folkestone Wards which were assertive rehabilitation wards, where only one member of staff had left, and it was highest on Newmarket Ward which was an admission ward, at 38%.
- We checked the fill rate of nursing and healthcare facilitators during the three months from January 2018 to March 2018. The fill rate is determined by comparing the actual hours worked by staff to the planned hours of staff cover. At our last inspection in July 2017, the fill rate for the three months prior to our visit had been 96% for registered nurses during the day and 92% for registered nurses at night. It had been 90% during the day for healthcare facilitators and 104% at night for healthcare facilitators. When the staff fill rate was over 100%, this meant that more than the required numbers for a specific shift had been provided. At this inspection, the fill rate for registered nurses during the day was 102% and 89% at night. For healthcare facilitators it was 85% during the day and 102% at night. There had been a slight improvement in the cover of registered nurses during the day. Some wards were particularly affected by shortages of staff, for example, Cranfield ward, the intensive care ward, had a fill rate of 86% for registered nurses during the day. This meant that there were some wards where staff shortages were still noticeable both to staff and patients.
- The sickness rate for the hospital was 7% from 1 April 2017 to 31 March 2018. The most recent month's data for March 2018 showed a sickness rate of 7%. Sickness rates ranged between 6% and 9% across the 12 months. This was comparable to the sickness rates reported at the last inspection in November 2016.
- The hospital recorded 78 (17%) staff leavers from 1 April 2017 to 31 March 2018. This was higher than the 14% reported at the last inspection in November 2016. All wards except Harrogate, Folkestone and Woburn had higher turnover rates compared to the last inspection.
- Fifty-one members of staff out of the 138 we spoke with individually told us that their work was impacted by shortages in staff. Six members of staff told us that they felt unsafe on the wards they worked in. Most staff that had concerns about staffing levels told us that it affected patient care through the cancellation of activities or association time. We received one comment card from a member of staff regarding shortages of staff and one member of staff contacted us through the CQC

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contact centre with concerns about staffing levels prior to the inspection. Ten members of staff told us that staffing had improved noticeably. Twelve of the 68 patients we spoke with had concerns about staffing levels on their wards or told us that activities or association time was frequently affected by poor staffing levels. Five patients told us that they had access to lots of activities.

- Some staff told us that they had not been able to take breaks. On Chepstow ward, we saw that night staff had noted that they had not been able to take breaks at night during three shifts in May and on Folkestone ward, we saw that there were eight nights where members of staff were not able to take breaks due to staffing levels. This meant that staff may be under increased pressure during these long shifts and there may be a risk of impact on patient care. From 1 October 2017 to 31 March 2018, there had been 39 reported incidents related to shortages of staff. In the six months prior to the previous inspection from 1 January to 30 June 2017, there had been 58 incidents reported relating to shortages of staff. Some staff told us that they did not always raise incidents when the ward was short of staff. This meant that the trust was not able to capture fully some of the concerns which were articulated to us during the inspection.

- Site managers worked on a rota system so that there was always one on duty. They worked over three shifts. They were responsible for ensuring that wards are safely staffed and if staff need to be redirected to other wards they would supervise this. Since our last inspection in July 2017, there had been a change in the process of managing redirections with a shift coordinator not working on a ward but joining the site coordinator centrally to support their role. The site coordinator could join a ward team for a shift in an emergency. Some clinical team managers told us that they now had more input in deciding which staff would be redirected if this was necessary. One member of staff who had undertaken the unit coordinator role told us that the opportunity to work outside ward numbers alongside the site coordinator was positive as it offered additional career development opportunities.

- The hospital had a recruitment lead specifically for Broadmoor Hospital. They had been proactively developing recruitment strategies by building links with a number of universities and developing a preceptorship programme. The trust had focussed on

recruiting some learning disability nurses and some adult nurses to work on wards. In 2016/7, 66% of students on final placement at the hospital had been recruited substantively following graduation.

- The hospital recruitment strategy outlined the long and short terms aims of the trust in targeting both recruitment and retention. It included a number of initiatives across the trust, including the Capital Nurse Programme which focuses on recruiting apprentices and on giving newly registered nurses opportunities in a range of settings during their first years in practice. There were five nurse apprentice placements for Broadmoor Hospital and five places for higher apprenticeships for assistant practitioners.

- At our last inspection in July 2017, we identified that while there were continued vacancies for registered nurses and health care facilitators on the wards, there had been a trajectory of improvement. At this inspection, while we found there were still substantial and significant numbers of vacancies across the hospital, the hospital management team had worked proactively on recruitment and retention.

- Patients on Ascot, Cranfield, Epsom, Kempton, Chepstow, Newmarket, Sandown and Woburn Wards had additional restrictions of night time confinement (NTC). This is where patients are locked in their bedrooms between 9.15pm and 7.30am and is permitted in accordance with the High Security Psychiatric Services (Safety and Security) Directions 2013. All patients in the hospital are entitled to be offered a minimum of 25 hours per week meaningful activities but with the additional restrictions placed on patients who are subject to NTC, it is particularly crucial that patients with these restrictions have access to meaningful activities.

- At our last inspection in July 2017, we found that, in the three months prior to the inspection, around 20 of the patients who were subject to the restrictions of night time confinement were not offered 25 hours a week of meaningful activities. At this inspection we found that this was much improved. Of the 98 beds where patients were subject to the restrictions of NTC, an average of five patients per month had not been offered 25 hours a week meaningful activity. From 1 September 2017 to 30 April 2018, the hospital offered each patient an average of 46 hours per week of meaningful activities. This

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included activities offered during the day, in evenings and at weekends. This meant that there had been a significant improvement in activities offered since the last inspection visit.

- At our last inspection in July 2017, we found that the way that activities were recorded was not always accurate and this meant that the data collected by the hospital could not be relied upon. At this inspection we found some improvement. Staff recorded activities offered and undertaken by patients in a number of ways. Members of staff recorded ward-based activities manually in books which were based on the ward. This information was then transferred into the trust's electronic database. Additional information was inputted by staff who worked across the hospital, for example, sports and leisure staff entered this information independently, as did clinical psychologists and occupational therapists. While there were still some discrepancies regarding the definition of meaningful activities, the hospital was committed to reflecting this information accurately. A tablet device was due to be piloted in July 2018; this should make it easier for ward-based staff to enter information about activities accurately. We observed a demonstration of this software and saw that it had the potential to improve accuracy of ward-based information gathering significantly. We found that the collection of accurate information about activities offered and undertaken had already improved.
- Between 1 October 2017 and 31 March 2018, 190 sessions of activities run by staff in the rehabilitation and therapy services department had been cancelled due to low staffing. This was 2.3% of the activities which were offered to patients. In the six months prior to our last inspection in July 2017, 589 sessions had been cancelled, which amounted to 3% of activities offered to patients. While staffing levels continued to have an impact on the quality of patient care, there was a marked improvement with fewer sessions being cancelled since our last inspection.

Medical staff

- At the time of our inspection, there were no vacancies for consultant posts with 15.3 WTE (whole time equivalent) posts filled. There were three WTE vacancies for doctors in training. The trust also employed a GP who worked in the physical health centre.

- There was adequate medical cover during the day and at night to ensure that a doctor could attend the wards quickly in case of an emergency.

Mandatory training

- The compliance rate for mandatory and statutory training courses at 31 March 2018 was 94% across the hospital. Of the training courses listed, four had completion rates below the trust target of 90% but above 80%.
- Of the 15 wards within this core service, 14 achieved the trust target of 90% for training compliance. Kempton Ward achieved a compliance of 87%.
- The training compliance reported for the hospital during this inspection was higher than the 89% reported at the last inspection in November 2016.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We checked 71 risk assessments and care plans across the hospital. Patients had comprehensive risk assessments which were completed on admission and were updated as necessary. The hospital used the HCR-20 (Historical Clinical Risk Management) risk assessment tool to ensure that all aspects of patient risk were covered.
- Patients had personal emergency evacuation plans which flagged significant issues that staff needed to be aware of in the case of the need for evacuation.

Management of patient risk

- Staff across the hospital had a very good understanding of risk and changes in risk were recorded clearly.
- Some wards used the dynamic assessment of situation aggression (DASA) tool to identify changes in risk, particularly at handover, but this was not consistently used throughout the hospital. Other wards used 'traffic light' systems to highlight changes in the risk status of patients to staff so that key information could be picked up by staff coming onto a ward. We observed ten handovers between the morning and afternoon nursing shifts. We found that these handovers varied in the level of detail given about changing risk and there was no standard method for key handover information to be collected and disseminated. Some wards had thorough handovers which were mindful of risk and changes in risk, but some of the handovers we observed were more

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superficial. The latter passed on information about the morning shift but did not assign tasks for the afternoon or explicitly cover any changes in risk levels. This meant that there was a possibility that key risk information may not be shared between shifts.

- All patients were on observations at a minimum frequency of every 15 minutes on the acute wards and 30 minutes on the rehabilitation wards. We saw that observation records were comprehensively completed by staff. When patients were on higher levels of observation the relevant recording took place.

- All patients were subject to searches which took place in accordance with the High Security Psychiatric Services (Safety and Security) Directions 2013.

Use of restrictive interventions

- The hospital had had 341 incidents of restraint (on 96 different service users) within the last year. This was an increase from the 220 restraints recorded in the preceding 12 months. The use of restraint was most prevalent on Cranfield ward with 85 taking place within 12 months. Members of staff in the hospital could explain the use of restraint and reasons that there had been an increase. These included one ward changing from medium dependency to high dependency care and the use of mechanical restraint for specific patients in accordance with their agreed care plan. There were 154 incidents of prone restraint, which accounted for 45% of the restraint incidents. This was higher than the incidents of prone restraint in the previous year (110) although it was a smaller proportion of the total number of restraints. There had been 16 incidents of the use of rapid tranquillisation of the 12 months between 1 April 2017 and 31 March 2018, with the most incidents on Ascot ward with 6 and Epsom Ward with 5. There had been 9 incidents of the use of rapid tranquillisation in the previous 12 months.

- There were 322 incidents of seclusion between 1 April 2017 and 31 March 2018. Incidences of seclusion were most prevalent on Woburn Ward with 72.

- Where rapid tranquillisation had been used, members of staff were well-informed about the guidelines established by the National Institute for Health and Care Excellence (NICE) and trust policy on this issue. We saw that patients had received the relevant post-administration physical health checks.

- Between 1 April 2017 and 31 March 2018 there were 52 incidents of the use of mechanical restraint in the hospital. Fifty of these incidents had taken place on Cranfield ward and they involved two patients. During the inspection visit, we checked these records, the patients involved and the monitoring and oversight that the trust board had received regarding each of these incidents. We saw that the use of mechanical restraints in these incidents was closely overseen by the hospital management and the trust board who authorised their use. We also saw that staff in the hospital had considered the use of mechanical restraint as the least restrictive option for the patients involved. They had discussed the matter with the relevant patients and one of their families. This was not an option which had been taken without putting the needs and best interests of the patients at the heart of the decision. It had been used to improve the quality of the specific patient's life; we spoke with one of the affected patients who was now able to spend more time outside their bedroom as a result. All use of mechanical restraint in the hospital required executive level authorisation and was monitored at trust board meetings, as well as the monthly seclusion monitoring and review meetings.

- All incidents of restraint which were carried out for longer than 10 minutes were reviewed by the prevention and management of violence and aggression (PMVA) lead in the hospital and discussed in the hospital-wide clinical governance meeting.

- Some patients in the hospital were subject to long term segregation (LTS). This was used when a patient for their own safety or for the safety of others, was required to be provided with nursing care and treatment in isolation from other patients for more time than is the case with seclusion. Patients who were subject to the conditions of LTS had access to 'association time' where they would have contact with staff or other patients or otherwise have time out of their rooms. The hospital worked with an average of 46 patients in long term segregation (LTS) each month. The highest number of patients in LTS at one time was 40 in March 2018 and it was lowest in April 2017 when it was 20. At the start of our inspection, on 4 June 2018, there were 36 patients in conditions of LTS. This was not a significant change from the number of patients who were provided with care in long term segregation at our last inspection visit in November 2016. The highest numbers of individual patients who had been subject to the conditions of LTS were on Woburn ward, Cranfield ward, Ascot ward and Epsom ward.

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- Staff had a good understanding that the least restrictive practices should be used at all times. Members of staff on the wards could articulate clearly how they did this in practice and records showed that members of staff tried all possible alternative options before resorting to restrictive interventions. We saw examples of care plans that detailed types of restraint including patient preference and feedback and how to use them. When patients moved between wards, we saw examples of members of staff from the new team liaising with the previous care team to help understand how best to manage interventions when they were necessary. They used organisational knowledge to ensure the best outcomes for the patient.

- The service had a clear strategy to reduce restrictive practice which had been well-established over a two-year period and was constantly developing. This work had been carried out alongside the other high secure hospitals in England. It included the appointment of a senior 'reducing restrictive practice' lead working across the hospital and the strategy had significant support from senior management within the trust. The HOPE(S) model and the barriers to change checklist which had been developed by Ashworth Hospital were now in use. These tools provided a framework for exploring how patients could work towards leaving long term segregation. There was now a sustained focus on assessing, in tandem with the patient, the areas that might be preventing them from moving away from restrictive interventions, particularly long-term segregation. Staff members were constructively challenged to consider their preconceived ideas and relevant patients had well-developed plans to leave LTS. As well as the barriers to change checklist, staff completed positive behavioural support plans for patients on LTS.

- Members of staff across the hospital told us that they were engaged with these projects. Specific quality improvement work had been employed on four wards to focus on reducing restrictive practice. These were Epsom, Cranfield, Newmarket and Sandown. We saw the impact on specific wards, for example, on Epsom ward, during our inspection in June 2015 there were 12 patients on LTS, but on this inspection visit there were only two patients on LTS. On Cranfield ward, although there had not been a significant reduction overall in the use of LTS, the patient experience was significantly different as the focus had been on increasing meaningful activities and time out of bedrooms. We saw that patients from Cranfield, the hospital's intensive care ward, now attended off-ward activities, such as going to the hospital café and patient shop. Patients spent more time in communal areas of the ward engaged in activities; this had the potential to improve their quality of life in the hospital significantly.

- The hospital had also used staff with specialist additional training in PMVA on wards to provide practical assistance and reassurance to ward-based staff. This helped ward staff to feel supported when they took carefully considered risks to aid patient recovery and well-being.

- The hospital had started a project in October 2017, led by the hospital violence reduction specialist and the deputy director of nursing based at Broadmoor, to look specifically at the data quality of incident reports relating to the use of restrictive practice and, particularly, the use of restraint. This involved reviewing all incidents in the hospital which were flagged as 'restraint' and matching this with information on the day to day electronic notes system to check that incidents were recorded correctly so that the data collected was accurate. We had access to the findings of the review covering the period January 2018 and April 2018. We saw that this project had led to the production of accurate detailed data about the use of restraint which could be interrogated. Issues and themes could then be taken forward through local and trust-wide governance processes. The review demonstrated an improvement in staff recording of restraint and it led to specific learning and recommendations, including care plan reviews and the development of behavioural support plans for patients who were frequently restrained.

- Senior staff within the hospital monitored and reported regularly on the use of restrictive practices. The hospital held a weekly Broadmoor restrictive practice group which focussed on learning, dissemination of information and sharing good practice. All wards were invited to attend, but the focus was on wards where patients were subject to the restrictions of LTS. The restrictive practice group was also available for consultation and advice at other times. They were committed to using data and improving data quality to ensure that care and treatment was always delivered to patients with the least restriction possible.

- The hospital had started work on the safewards model with training in April 2018 and a roll out to some of the

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acute wards in May 2018. This model addresses how to assess and change ward culture and how to work with patients to make any changes required. This was in its early stages at Broadmoor, but members of staff were learning from the implementation of the safewards model at the trust's forensic services in London.

- The hospital attended quarterly meetings with the two other English High Secure Hospitals to look at ways that they work to reduce restrictive practices.
- Patients who were subject to the restrictions of long term segregation (LTS) were reviewed regularly. However, we saw that there were some discrepancies and gaps in the recording of the monitoring which was taking place.
- At our last inspection in November 2016, we saw that there were some recording gaps regarding reviews of LTS and that three-monthly external reviews were not taking place. At this inspection, regular three-monthly reviews now took place and patients at Broadmoor were reviewed by a staff team either from Rampton Hospital or Ashworth Hospital, with staff from Broadmoor doing the same for their hospitals. We found these reviews happened regularly and the feedback was recorded and, if necessary, acted upon by the hospital.
- However, we checked 22 records of LTS or seclusion (some records covered patients who had been in seclusion and were then transferred to LTS) and found that there were gaps in 11 of them. The LTS records on Cranfield ward were completed comprehensively, but on other wards we found that staff did not consistently complete hourly written records on the condition of the patient, as required in the Mental Health Act Code of Practice and the local trust policy.
- We checked three records on Ascot ward and found that a clear rationale for using LTS was not available in any of these three care records.
- We checked six seclusion records across Kempton ward, Sandown ward and Newmarket ward, some of which related to patients who had since been changed to long term segregation.
- Where two-hour nursing checks of seclusion had taken place, the recording showed that they were only completed by one nurse. Staff told us that this was a recording issue and that two nurses completed these reviews, but this was not clear in any of the six care records.
- Staff on Sandown, Newmarket and Kempton wards did not consistently record required reviews of seclusion.

The Mental Health Act Code of Practice requires an independent review of seclusion after 8 hours of being secluded (or for 12 hours intermittently during a 48-hour period) and a MDT review once in every 24-hour period of continuous seclusion. For example, on Sandown ward we saw one patient whose period of seclusion started on 24 March 2018, but his first internal MDT review was not recorded until 28 March 2018. On Newmarket ward, one patient, who had been admitted into seclusion on 10 April 2018, had an internal MDT recorded on the same day but no independent review within 24 hours of the seclusion starting. Staff did not record any reason why they departed from the Mental Health Act Code of Practice.

- Long term segregation, use of seclusion and the use of mechanical restraint was reviewed monthly in seclusion monitoring and review meetings across the hospital chaired by the Clinical Director. The NHS commissioner who led for the hospital and the CQC had open invitations to these meetings to ensure independent oversight and advocates were also represented. These looked at each patient who was subject to LTS, as well as how reviews were recorded. On the individual wards, we saw that patients who were subject to LTS were discussed in clinical improvement groups and the amount of times patients who were subject to LTS spent in 'association' that is, outside their bedroom with staff or other patients, was recorded so this could be monitored.
- Staff across the hospital and from different disciplines told us that the focus of these meetings had changed in tone. There was now a greater emphasis on what activities patients could do while they were secluded and how time spent in seclusion could be reduced. Members of staff told us that this was very positive and benefited the patient experience.
- We observed some interventions, including seclusion and LTS reviews, for patients under these conditions. All patients were treated with care and respect, issues of risk and updates to care and treatment were discussed. We saw a patient in seclusion on Sandown ward being taken by a member of staff to play football in the airing court.

Safeguarding

- All staff had training in adult safeguarding and staff we spoke with on the wards had a good understanding of the local safeguarding protocols. Each ward had an

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allocated social worker who led on safeguarding referrals and the hospital had bi-monthly safeguarding forums which were attended by a representative of Bracknell Forest safeguarding team. We spoke with the Bracknell Forest safeguarding team before the inspection and they were positive about the relationship with the trust and the openness of the hospital regarding referring safeguarding concerns to the local authority. They told us that they had been asked to deliver training within the hospital and told us that the hospital was open to challenge regarding issues of safeguarding.

- The hospital has a designated visitors' area which included a separate child-friendly area or under 18s visiting the hospital. Some patients received adult visitors on the wards. This was assessed based on risk and need by the ward team and all wards had rooms available which were appropriate for such visits to take place.

Staff access to essential information

- The hospital used electronic care records which stored key information about patients securely. Staff told us that they received training in the use of this electronic database system. Other information was available to staff through the trust intranet and incident reporting systems. Staff we spoke with told us that they had access to the necessary information to carry out their jobs.

Medicines management

- During this inspection, we undertook specific medicines management reviews on four wards but also checked clinic rooms on other wards. We found that medicines were stored safely and securely.
- On Newmarket and Ascot wards we saw that some liquid medication had been opened but had not been annotated with either the opening date or the approximate new expiry date; some of the liquid medication needed to be used within a certain period once opened.
- We found inconsistencies in the recording of fridge temperatures and follow-up actions when there were readings outside the recommended range. For example, on Canterbury ward, the maximum fridge temperature was recorded at over 19C for a period of 46 days during March and April 2018 with no follow up action recorded. On Ascot ward, fridge and clinic room temperatures

were not recorded on 66 occasions since December 2017. When temperatures were recorded, if they were outside the recommended range, there was no evidence of action having been taken. The fridge temperature was recorded at over 8C on 15 occasions since December 2017, but nothing had been done to resolve the matter. After the inspection, the trust informed us that they were taking immediate action, including replacing some fridges, installing additional air conditioning in clinic rooms in The Paddock Centre and using standalone temperature-controlled drugs cabinets until the air conditioning was installed. However, the hospital did not have systems in place to routinely address this issue through audits and governance processes.

- Trust policy stated that incidents where the fridge temperature was not within the recommended range should be reported. However, we found that only one incident relating to fridge temperatures had been raised in the 12 months between 1 April 2017 and 31 March 2018; this was on Harrogate ward in June 2017. This meant that the systems in place to address these issues were not effective.
- On Ascot ward and Newmarket ward, we found that staff had stored Clopixol Accuphase in the controlled drugs cabinet. We found some of this medication had expired. While this was a secure place to store medicines, the expiry state had not been audited as they are not controlled drugs so they were overlooked. Following the inspection, the trust told us that they had adopted procedures to prevent this happening in the future.
- On Ascot and Canterbury wards, emergency medicines were stored in a locked cupboard in the clinic room. There was a notice in the clinic room showing where the medication was located. However, this meant that emergency medication, such as Adrenaline could only be accessed by staff who had a key and would require removal in the event of an emergency separate to the retrieval of an emergency bag. The Resuscitation Council guidelines suggest that this medication should be immediately accessible. There was no clear impact assessment which explained how the potential risk may be mitigated.
- Members of staff reviewed the effects of medication on patients' physical health regularly using recognised measures such as the Glasgow anti-psychotic side-effect (GASS).

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- Pharmacists regularly attended wards and clinical team meetings and could provide advice and information for patients.

Track record on safety

- Providers must report all serious incidents to the Strategic Information Executive System (STEIS) within two working days of an incident being identified.
- Between 1 April 2017 and 31 March 2018 there were 27 STEIS incidents reported by the hospital. Of the total number of incidents reported, the most common type of incident was 'disruptive / aggressive / violent behaviour' with 10 (an additional 14 were categorised as 'pending review'). One unexpected death was categorised as 'pending review'.
- We asked the trust to provide us with the number of serious incidents from the past 12 months. The number of the most severe incidents recorded by the trust incident reporting system was broadly comparable with STEIS.
- The number of serious incidents reported during this inspection was similar to the 29 reported at the last inspection (1 November 2015- 31 October 2016).
- Since the last inspection in July 2017, there had been two deaths in the hospital. Both deaths had been investigated and attributed to physical health issues.

Reporting incidents and learning from when things go wrong

- Members of staff across the hospital received quarterly bulletins with information about incidents and associated learning. Staff also told us that when serious incidents happened on wards they were not based on, they received email information about them and any lessons learned.

- There was a weekly incident review group. We observed this during the inspection visit. Senior management were well-represented. Each incident which had been investigated was checked to make sure that the review report was of sufficient quality and learning points were discussed and disseminated. We saw examples where this group had made decisions to escalate concerns following the review of incident investigations.
- Staff across the wards told us that incidents were discussed in staff meetings and clinical improvement group meetings on the wards, but sometimes these discussions were not clearly evidenced in the minutes from these meetings. Staff also discussed incidents in clinical team meetings where each patient was discussed. This meant that staff had a good understanding of the issues and incidents on the wards in which they worked, across the hospital and the trust. We were given examples of incidents where staff could describe the learning that had taken place and how, as a result, practice would change. Some staff told us that they had sensed a change with the start of a move away from a 'blame' culture to one where they felt more able to raise issues or concerns without worrying they would be marginalised.
- There was a strong structure in place for staff to receive support following incidents, including structured debriefs led by clinical psychologists within the service.
- Members of staff told us that when they reported incidents, the outcomes of the incident reviews and investigations were fed back to them, including any learning resulting from the incidents. Any positive feedback regarding how incidents were managed was also fed back to them.
- Members of staff understood their responsibilities in relation to the duty of candour and the hospital had a policy which reflected this.

Are services effective?

Good ●

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We checked 71 care plans throughout the hospital. They were of a good quality and reflected individual patient needs and wishes. The practice development team based in the hospital had provided additional training to ward-based staff in care planning including additional guides on best practice in care planning. The practice development team also carried out audits of care plans regularly. We saw that on some wards, for example, Woburn, staff were developing positive behavioural support care plans with specific patients.

- Care records clearly reflected physical healthcare needs. We saw that where patients had additional specific needs based on their physical health, for example, where patients were diagnosed in long term conditions such as diabetes, chronic obstructive pulmonary disease (COPD) or hypertension, additional information was provided about actions to take to monitor or provide support for those needs.

- Staff undertook regular physical health checks of patients depending on their needs. Staff used the National Early Warning System (NEWS). They entered information regarding physical health monitoring on the electronic patient record database and, although there were gaps in electronic recording, we saw that the checks had taken place and were recorded manually. Members of staff knew what actions to take when scores were outside the healthy range or displayed significant changes for individual patients.

Best practice in treatment and care

- We checked 71 care plans throughout the hospital. Care plans were comprehensive although access to therapies was not always clearly documented. However, this was recorded in care records. The hospital delivered individual psychological therapies and patients had access to psychotherapy. Clinical psychologists aimed to see each patient individually at least once a month. The frequency of input was monitored so that gaps could be accounted for at individual patient level. Patients also had access to a diverse range of group therapy which ensured the hospital met NICE recommended guidelines for therapeutic input. Specific groups included cognitive behavioural therapy for people with psychosis and a group specific to patients who had lost a parent. Individual therapeutic interventions including a range of therapies including EMDR (eye movement and desensitising and reprocessing) therapy, music therapy and arts-based therapies.

- The hospital had a recovery college. There were a number of therapeutic work-based activities, which took place off wards in dedicated workshop areas. This included carpentry, pottery and art groups. The recovery college had an educational programme, which included basic literacy and numeracy, and supported patients who were taking degree level courses through the Open University and similar. The hospital had sports and leisure facilities which were used by patients. Staff from the Recovery College and sports and leisure departments went to wards to provide additional support to patients who were not able to access off-ward activities.

- The hospital had specific groups focused on patients who were leaving the hospital and 'moving on' groups to help talk about anxieties that patients might face when leaving the hospital, particularly if they had been there for significant periods of time. Some of these groups were co-facilitated by an ex-patient who worked as an expert by experience.

- The hospital had access to a primary healthcare centre, and the trust employed a GP who had responsibility for the oversight of physical healthcare of patients. There were four Registered General Nurses (RGNs) based in the healthcare centre; however, one post was recently vacated and another member of staff was off work temporarily. There were also three healthcare facilitators attached to the primary healthcare centre. The hospital had a service level agreement with a local acute trust to provide input from the local urologist, neurologist, plastic surgeon and general surgeon, as well as specialist diabetes care. Members of nursing staff told us that they had a reciprocal arrangement with the local acute trust whereby nursing staff were provided with additional training on minor injuries to minimise transfers to the local acute hospital. In return, nursing staff at Broadmoor Hospital provided the local acute hospital staff with training on working with people with mental illness or personality disorder, which potentially benefitted the local community.

- Patients were assessed regarding their physical healthcare within six hours of admission by a ward doctor and nurse. Staff also made a referral to the GP if

Are services effective?

Good ●

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

necessary. The information was registered on the hospital-wide electronic database and this was accessible to the GP. The primary healthcare centre and nurses ran health promotion sessions, including a programme run with the hospital occupational therapy and sports support team to reduce obesity and raise awareness of exercise within the hospital. Named nurses on the wards could refer patients to the hospital dietician. The hospital had a promoting healthy living group, which included representatives of the catering department, the patient shop, GP, dietician, the service director and occupational therapists.

- Ward staff told us that nurses from the physical health centre provided training relating to physical health, including identification of sepsis and management of diabetes. They felt they could seek advice and support as necessary.

- There was one bed in the hospital which was designated a 'physical healthcare bed'. This was on Harrogate ward. It was used for patients who needed a period of convalescence on discharge from acute hospitals or for those who needed additional input and facilities to meet their physical healthcare needs. The room was in Harrogate ward on the ground floor. It had a hospital bed and ensuite facilities. When this bed was in use, additional members of staff were provided to Harrogate ward to ensure that any patient who needed it was on, at least, one to one observation.

- Members of staff throughout the hospital were committed to improvement through audit programmes. The hospital had participated in 22 clinical audits as part of their clinical audit programme 2017-2018. Audits carried out regularly by clinical staff included regular audits of patients who were prescribed above the BNF (British National Formulary) recommended doses of medication and the use of rapid tranquillisation. Staff ensured that audit programmes within the hospital led to improvements. For example, an audit had identified that formulation had not been well-documented by the clinical psychologist team. This year the team was focusing on improvements in this area. We saw that the staff attitude to constant improvement in practice was widespread and evident in all staff groups at all levels across the hospital.

- The occupational therapy team adopted a new model of practice called VdTMOCA (Vona du Toit Model of Occupational Creative Ability). This model used specific tools and outcome measures for forensic settings. Since

our last inspection in November 2016, this model had become more embedded and its impact was more apparent. We saw some of the benefits of this model of occupational therapy. Patient progress was more easily measured and monitored and the impact of occupational therapy interventions with individual patients could be demonstrated. Occupational therapists told us it had made them more cohesive as a team and it had raised their profile within the hospital. Occupational therapists in the team had been involved in developing this model specifically to meet the needs of the patients at Broadmoor Hospital. They had presented at national conferences about the way this model had been used at Broadmoor. Members of nursing and medical staff on the wards, as well as patients, talked enthusiastically about the value and impact of occupational therapy on rehabilitation and recovery.

- There was a nurse-led practice development team based in the hospital which delivered some specialist training, provided bespoke training when required and worked on projects such as developing patient-focussed care plans with a recovery and rehabilitation focus. They also provided additional supervision to nursing staff either for development or where there were identified practice issues.

Skilled staff to deliver care

- Each ward had access to a multi-disciplinary team, which included a ward-specific occupational therapist, clinical psychologist, social worker and activities coordinator. During our visit, some of these posts were vacant. When there were vacant posts, members of staff allocated to another ward, covered vacant posts as well. As well as ward-specific teams, the hospital also employed a speech and language therapist, a dietician and a physiotherapist who worked across all the wards.

- Each ward team had regular weekly reflective practice sessions facilitated by clinical psychologists. The clinical psychology team also ran restorative justice sessions for staff and patients. Members of staff told us that they found these sessions helpful. They were open to staff of all disciplines. We observed three reflective practice sessions with the permission of those who were involved and saw that they were open and honest spaces for staff to talk about issues which affected them in practice.

Are services effective?

Good 🟢

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- Members of staff throughout the hospital, including non-clinical staff, were very positive about the trust and hospital-specific induction and training and development opportunities. Staff on the wards told us that they received weekly newsletters with information about the specialist training available to them.

- Ward staff at all levels told us they had access to specialist training for working with people with personality disorders and mental illness. Some staff told us that they had had specialist training for working with people with learning disabilities. One member of staff told us that this was the fifth NHS trust they had worked for and this was the best induction and training experience that they had received. This was representative of the feedback we received.

- We saw that the trust was supporting five members of staff to undertake a MSc in psychotherapeutic approaches in mental health and one member of staff was being supported to undertake an MSc in advanced nursing practice which was being funded by Health Education England. As well as this, 11 members of staff were undertaking a 'mentorship in practice' course at the University of West London and eight members of staff were being supported to take assistant practitioner courses. Five nursing degree apprenticeships started in April 2018 and there were five members of staff training in higher apprenticeships as health assistant practitioners. Some non-nursing clinical staff told us that they felt there were limited developmental opportunities for them within the hospital and trust.

- The hospital offered specialist training, including specific training around delivering clinical supervision, autism spectrum disorder awareness, motivational interviewing and maintaining therapeutic boundaries. These were booked through the trust intranet; however, some staff were not aware of the training opportunities which were available to them.

- Staff received a corporate induction, a hospital induction and, if relevant, a ward-based induction, including time on the ward where they were supernumerary. Staff who were new to a ward were not redirected from that ward during their initial period at the hospital.

- Some staff took an active role in research and external opportunities for professional development. While many staff told us they were supported to do this, some had funded themselves to take advantage of these opportunities.

- All staff we spoke with told us that they had access to regular supervision. However, two members of staff who were bank staff told us that they were not always clear about where they should receive supervision from and how bank staff were supported. After the inspection, the trust told us that all bank staff had been sent communications about accessing supervision sessions and that posters had been used to inform and remind bank staff about the access they have to supervision. Some staff had separate clinical and managerial supervision, for example, on Chepstow ward, the manager told us that ward staff had the opportunity to choose clinical supervisors. Non-clinical staff also had access to regular supervision. Levels of clinical supervision from ward-based nursing staff were 77% completion in the year between April 2016 and March 2018. This ranged from 119% on Leeds ward (where staff had had more than the sessions required annually) to 67% on Ascot and Sandown wards.

- The trust's target rate for appraisal compliance was 90%. On 31 March 2018, the overall appraisal rate for non-medical staff within the hospital was 86%. The rate of appraisal compliance for non-medical staff reported during this inspection was higher than the 81% reported at the last inspection in November 2016.

- Eight wards failed to achieve the trust's appraisal target including Cranfield ward with an appraisal rate of 88%, Woburn ward at 78% and Sandown ward at 77%.

- Some social workers and allied health professionals told us that there were vacancies in the social work team and the occupational therapy team so that staff covered more than one ward. This meant that the resources available to each ward could be stretched.

Multi-disciplinary and inter-agency team work

- Each ward was staffed by a multi-disciplinary team which, as well as doctors and nurses, included social workers, occupational therapists, clinical and/or forensic psychologists and activity coordinators.

- Staff shared information in handovers, but the quality of the information shared was inconsistent. We observed some handovers where risk was clearly discussed, and patients' needs were explained in an empathetic and knowledgeable way, for example on Woburn ward and Harrogate ward. However, on some wards, such as Newmarket, Sheffield and Leeds, handover information was not delivered so well. On these wards, handovers

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did not systematically share information about current risk or assign tasks for the shift ahead. Some wards used a 'traffic light system' to identify current risk and changes in risk in a visible way. This was particularly useful for staff who were unfamiliar to the ward or who had come in after a period of absence.

Adherence to the MHA and the MHA Code of Practice

- Staff across the hospital had a good understanding of the Mental Health Act 1983 and the Mental Health Act Code of Practice as it related to the work which they undertook. Where relevant, staff were also aware of the specific requirements of the High Security Psychiatric Services (Safety and Security) Directions 2013, for example, regarding patient and visitor searching. Training on the Mental Health Act was mandatory for all clinical staff and the compliance rate was 90%.

- We found that while three-monthly external reviews of long term segregation were now well-embedded at the hospital, there were some gaps in recording some of the general hourly reviews of patients who were subject to long term segregation in patient care records and we found some gaps in nursing and medical reviews for patients who were in seclusion.

- The hospital had a team of mental health act administrators who were based onsite. Ward staff knew how to contact this team for information and guidance. The Mental Health Act Office retained the Mental Health Act paperwork for all patients in the hospital. Members of staff in this team sent reminders to the relevant responsible clinician to ensure reviews took place at appropriate intervals.

- We observed a seclusion monitoring and review group (SMARG) and requested minutes from similar meetings which had taken place in the three months prior to the inspection. We saw that each patient who was subject to restrictions regarding seclusion or long-term segregation was discussed at a monthly meeting. This involved the medical and nursing staff from each ward where these interventions were being used, as well as the clinical director. This meeting also included an invitation to a representative of the commissioner. However, despite the trust policy stating that a safeguarding representative should be present at these meetings this did not always happen. Representatives from the advocacy team were involved in these meetings. Data relating to long term segregation and

seclusion monitoring was reviewed and audits of documentation relating to seclusion and long-term segregation were discussed. This allowed any gaps to be identified and followed up.

- Patients who were placed into conditions of long term segregation were referred internally to the hospital safeguarding lead as advised by the Mental Health Act Code of Practice. However, we found ward staff were not always aware that this had taken place.

- We checked capacity and consent forms across the hospital. At our previous inspection in November 2016, we identified concerns in the way that these forms were completed as we found that the record of capacity did not include sufficient evidence that conversations with patients had taken place. At this inspection, we found some improvement, but there was more to do. Some staff told us that the documentation was confusing due to the use of a double negative in a question. If staff selected the wrong answer they could not access further questions about capacity to consent, so these were overlooked. We looked at 20 capacity to consent documents and found that five contained contradictory details within the form regarding whether the patient had capacity or lacked capacity to make this decision. We saw that three of the assessments lacked narrative about the conclusions drawn. However, some assessments were documented in a clear way which evidenced conversations having taken place with patients. From January 2018, the hospital introduced monthly audits of capacity and consent. Where gaps were identified in these audits, the Mental Health Act office followed them up. The areas covered in the audit included current consent status and, documentation for prescribed medication (or section 62 requests for emergency treatment). In addition, the audit covered high dose anti-psychotic therapy records. However, the hospital had identified gaps in the effectiveness of this auditing process as not all audit forms had been completed. To address this, the hospital proposed nominating specific members of staff on each ward to carry out this audit and offering additional training if necessary. This demonstrated that the hospital was proactive in undertaking audits, but also able to identify where the audit processes needed to be more robust.

- An advocacy service, commissioned by NHS England, was based on site. Each ward had an allocated advocate who visited the ward regularly. Patients told us that they

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were aware of how to contact advocates when necessary. Advocates were involved in independent reviews of long term segregation, they took part in weekly clinical team meetings and care plan approach (CPA) meetings when required.

- Medical staff throughout the hospital were aware of the procedures in place to request second opinion doctors (SOADs) when required. Some doctors told us that the response of the Care Quality Commission to these requests could be slow.

- During our inspection visit, we reviewed the arrangements in place for monitoring mail and telephone calls in accordance with section 134 of the Mental Health Act 1983 and the High Security Psychiatric Services (Safety and Security) Directions 2013.

- We met with the Director of Security, the Security Operations Manager, the Security Liaison Manager and two full-time postal monitors for the hospital. We also visited the postal and telephone monitoring departments and one ward where we spoke with staff, examined patient records and spoke with a patient who was subject to withholding of all correspondence and monitoring of all telephone calls. We also considered all the relevant trust policies.

- On the day of the visit, 22 patients were subject to the withholding of all correspondence and 26 patients were subject to the monitoring of all telephone calls. We were satisfied that there were robust systems in place for postal and telephone monitoring and that these were implemented in accordance with the Mental Health Act, the High Security Psychiatric Services (Safety and

Security) Directions 2013 and trust policy. During the last 12 months, the CQC received two appeals from patients in relation to the withholding of mail and adjudications were carried out by CQC. In both these cases, the hospital accepted CQC's recommendation and we saw that changes had been made.

Good practice in applying the MCA

- Staff across the hospital showed a good understanding of the Mental Capacity Act (2005) and the Mental Capacity Act Code of Practice. We saw that this was reflected in care records. Staff discussed individual patients within clinical team meetings. We observed that, where relevant, discussions included explicit consideration of consent and capacity.

- The trust had policies which related to the use of the MCA. Staff could access these through the trust intranet. Members of staff throughout the hospital were clear where they could seek additional guidance on the application of the MCA. Ward social workers provided additional support and information relating to the MCA and staff could also ask for advice from the Mental Health Act administration office.

- We saw that information regarding the Mental Capacity Act was available on all wards for staff.

- Mental Capacity Act training was mandatory across the hospital. By 31 March 2018, 82% of staff had completed this training. This was below the trust target of 90% but this was a significant improvement from the previous inspection in November 2016 when the compliance for this training was 61%.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- The majority of feedback we received from patients was positive about staff. This was particularly notable given the nature of patients admitted to the hospital under the conditions of high security. Patients told us that clinical and non-clinical staff across the hospital treated them with care, kindness and sensitivity and that staff treated patients as individuals and showed understanding of their individual needs. Patients gave us examples of how the quality of interactions with staff members had made a difference to their patient experience and recovery journeys.

- Staff had a very good understanding of the individual needs of patients, including their personal, cultural and social needs. Patients and staff told us about how staff members went 'the extra mile' to deliver quality and empathetic care. Members of staff on the wards spoke in a sensitive manner about patients' likes and dislikes and the ways they wished to be provided with care. They discussed patients with respect and hope.

- We observed that patients were comfortable about approaching staff, reflecting the positive therapeutic relationships which had developed. The relationships between staff and patients were strong, caring, supportive and sensitive. For example, on Dover ward, we saw how the ward manager responded sensitively to two patients who approached the office at a busy time. Staff role modelled respectful and considerate behaviour. They actively listened to patients with patience and responded in thoughtful ways.

- On Sheffield ward, the staff and patients had a monthly MDT lunch where the whole ward team and patients sat down and ate together. This displayed a sense of community within the ward which supported the development of positive relationships.

- On one ward, staff displayed commitment to caring for a patient with significant physical healthcare needs. They had received additional training in stoma care to ensure that the patient could stay on the ward and not have to move to the specialist physical healthcare bed on a ward he was unfamiliar with. This displayed a high level of commitment and compassion to the needs of an individual patient at a very difficult time for him.

- Throughout the hospital, we saw examples of thoughtful and creative work by staff to involve patients and engage with them on the wards. Examples of this included pieces of work which staff and patients were engaging in together, for example, jigsaw puzzles on Chepstow ward.

- As with Ashworth Hospital and Rampton Hospital, there is a specific CQUIN (commissioning for quality and innovation) to develop a 'sense of community' on six wards. A CQUIN is a target established by NHS England, commissioners of the high secure hospital service. At Broadmoor, an additional two wards have taken up this work. Specific work with a project lead was being undertaken to improve ward dynamics and create enabling environments. Examples included patients and staff dining together, patients becoming engaged in charity work to raise money for local and national charities, sending welcome cards to newly admitted patients and establishing peer workers on some of the rehabilitation wards.

- The hospital had expanded its use of peer support workers. At our last inspection in 2016, peer worker had started on one ward. It had now expanded to another ward with plans to expand further through the hospital.

- The 2017 patient-led assessments of the care environment (PLACE) score for privacy, dignity and wellbeing was 81.7%; the national average across England was 90.6%.

The involvement in care

Involvement of patients

- Patient voice was central to strategic decisions within the hospital such as decisions made around the redevelopment of the new hospital site and changes to the clinical strategy following on from the move.

- Prior to ward transfers, patients visited the wards they were transferring to wherever possible. Some wards had welcome leaflets and information for patients transferring to them. There were also some peer representatives on the assertive rehabilitation wards who were assigned to assist newly admitted patients to settle into the ward and answer any questions they may have.

- We saw on Cranfield ward, which is the psychiatric intensive care ward, patients had contributed to a leaflet designed for staff new to the ward, explaining their needs from a person-centred perspective and asking staff not to make assumptions. Cranfield ward had also

Are services caring?

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Outstanding ☆

developed a patient magazine which had been published on a bi-monthly basis with patient involvement, including quizzes and short articles. This helped build a sense of community on the ward.

- Weekly community meetings were well-established on the wards. We attended two community meetings and looked at the minutes of community meetings on all the wards we visited. We saw that these were chaired by patients and were minuted. Patients had discussed issues which were important to them and impacted the ward, for example, the schedule for the football world cup and how this would affect activities and meal times. Community meetings led to changes and they were used to gather feedback but also to respond to feedback. Minutes from community meetings were available and accessible to the patient group on wards and they were seen as important feedback mechanisms to improve the service delivery and see patients and equal partners with a stake in the ward community.

- We saw evidence of patient involvement when checking care records and care plans. Some patients had chosen not to be involved but most care plans clearly reflected the patient voice and where the patient voice was not evident, reasons for this, such as choosing not to be involved, were documented. Most patients were aware that they had care plans and knew about the care programme approach process and felt they were consulted.

- We attended the hospital-wide patients' forum. This was a well-established monthly forum consisting of a representative appointed from each ward and members of the senior management team in the hospital. Meetings were minuted and had associated action plans to ensure that issues raised by patients and patient representatives were followed up. We saw examples of patients engaging in this forum. One item of discussion was the petition which had been signed by 71 patients challenging the proposal to extend the scope of night time confinement (NTC) to patients on rehabilitation wards when the new hospital opens. We saw that the petition had been raised at board level within the trust and other issues raised by patients were considered by the trust and hospital management.

- An ex-patient came into the hospital regularly to help run sessions through the recovery college, including a 'moving on' group which helped prepare patients for discharge to medium secure units. This included talking about how to deal with the stigma attached to being an

ex-Broadmoor patient. He had also attended the carers' forum and been involved in induction training for new staff. This meant that patients were able to engage with a peer and develop strategies when they were moving towards discharge from a different perspective.

Involvement of families and carers

- We spoke with ten family members of patients at Broadmoor Hospital. While we would not expect that feedback in a high secure hospital is universally positive, we received mostly positive feedback. Some people we spoke with were very positive about the support that they had received and others told us that they had not felt supported by the trust.

- Each ward had an assigned carers' champion who was a member of nursing staff on the ward who took responsibility for leading on carers' issues.

- Some of the care records we looked at demonstrated carer involvement or outlined the extent of their role in relation to the patient. For some patients, who did not choose to share information with their families, this was documented. One patient told us he had been supported to re-establish contact with his family and that this had been very important to him and having the input from the hospital had been very helpful.

- The trust had started to implement the 'triangle of care' with the aim of improving carer involvement and feedback within all its services. The hospital had a bi-monthly carer's strategy meeting which was attended by senior managers in the hospital, carer representatives and carers' champions from the wards. These meetings considered strategic approaches to carer involvement, trust progress on the 'triangle of care' work and areas of development, such as carer awareness training and carers' newsletters.

- There was a regular three-monthly carers' forum, which was held on a Saturday and attended by senior members of staff in the hospital, including social work managers and the hospital chaplain. Families had been given the opportunity to visit the new hospital site. We observed one carers' forum meeting and saw that staff were open and eager to keep families informed about information that was relevant to them regarding the hospital and to listen to feedback from the group. There was also a carers' support group which was run by carers for carers and which was held at the hospital but did not have staff involvement. It was used by carers to provide peer support for each other.

Are services caring?

Outstanding ☆

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- Since our last inspection in November 2016, the trust had updated its carers' information pack which had information about what carers could expect when a member of their family was admitted to the hospital. This included information about claiming for travel expenses and information about the advocacy service, the social work department and national contacts for carer support and information.
- Some carers accessed family therapy through the hospital's clinical psychology team.
- Social workers led contact with carers and were allocated according to the ward where the patient resided. Some carers told us that there had been

frequent changes in their social workers and that sometimes this was not helpful, but generally they were very positive about the contact they had with social workers. Social workers offered advice about accessing carers' assessments and signposted them to the relevant local authority. This could cause some frustration as the responses from local authorities were variable. The hospital social work manager told us that some network meetings had started to take place so the carer and the clinical team to could discuss issues that fell outside the regular care programme approach (CPA) meetings, but these were not widespread yet.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Bed management

- At the time of our inspection, there were 184 patients in the hospital with 22 patients on trial leave. The hospital had 212 commissioned beds but ensured beds were always available for emergency admissions.

- Between 1 January 2018 and 31 March 2018, the average occupancy rate in the hospital was 91%.

- We observed the weekly hospital-wide transfers meeting where ward managers and consultants met with the clinical director to discuss each patient who was ready to transfer to another ward within the hospital or be discharged from the hospital. The hospital had good oversight of any delays in the progress of patients through their recovery pathways. Staff reviewed every patient; this ensured that any potential delays were flagged. Decisions were made about which rehabilitation ward was best for a patient with relevant ward managers and consultants present. Staff took the current patient mix and any potential incompatibilities of patients into account when making decisions. Following these meetings, internal assessments were carried out by the receiving ward team when patients were due to be transferred. We observed one transfer meeting on Canterbury ward where staff were discussing a patient's potential move from a high dependency ward. The ward manager made the decision about the whether to accept the referral and did not seem to be under any undue pressure to accept.

- The hospital had a weekly admissions panel which considered all new referrals from external referrers and reviewed the assessments which had taken place. The panel then made the decisions about whether the patient met the criteria for admission. The hospital had scope to accept patients in emergencies if necessary. There were always available beds to ensure that emergency admissions could be managed.

Discharge and transfers of care

- At the time of our inspection, three patients on admissions wards were waiting for transfers to high dependency wards within the hospital. They had been referred in April 2018, however, the treatment and

support they were currently receiving was equivalent to that which would be provided on a high dependency ward. Four patients had been referred to rehabilitation wards. These referrals were made on the first day of our inspection visit so had not yet been progressed. There were six patients waiting to be readmitted to prison, one of whom had been waiting since January 2018.

- Between 1 April 2017 and 31 March 2018, 38 patients had been discharged from the hospital. Twenty-five of these patients had been discharged from assertive rehabilitation wards.

- As of the first day of our inspection, 4 June 2018, there were four patients on the waiting list to be admitted to Broadmoor, one from prison who was awaiting an additional assessment, one from a medium secure hospital who was waiting for a ward which did not have a vacancy at that time and two from other high secure hospitals who were waiting for assessments to be carried out by nursing and medical staff. There were seven additional patients waiting for assessment, four of whom were in prison and three who were at medium secure hospitals.

The facilities promote recovery, comfort, dignity and privacy

- The facilities on the ward varied significantly within the hospital as the wards were of different styles and types. All wards had areas where patients could safely store personal belongings. Private telephone areas were provided on all wards, however, in some circumstances, staff observed patients using the telephone. Wards had areas for meetings and groups to take place.

- Patients, particularly in the rehabilitation wards, had opportunities to personalise their bedrooms.

- All wards had access to outside space, although this varied depending on the ward. Most wards could offer garden access on request, but this was dependent on the level of risk and the requirements of the ward, as sufficient staff had to be freed up to observe the garden area.

- Information was available in the ward areas on noticeboards about how to make complaints and how to contact advocacy services and the CQC.

Patients' engagement with the wider community

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Depending on the stage of their recovery, patients had access to work opportunities such as in the patients' café or shop. This was available for patients who were actively working towards discharge.
- Before discharge to a medium secure unit, patients went on trial leave. At the time of our inspection, 22 patients were on trial leave.
- Each ward had a carers' champion, and the ward social workers had links with family members. Four of the carers we spoke with told us that the ward social workers had provided useful contact between the hospital and the patient. The hospital supported carers to travel to the hospital, aiding with funding transport for CPA meetings and the carers' forum. At the time of the inspection, the hospital was reviewing these payments.
- Patients in the hospital were encouraged to participate in art projects and this included national competitions such as the Koestler award which is an annual art competition aimed at prisoners and patients in secure hospitals. Winners have their artwork displayed in a public exhibition. Patients' artwork had also been displayed in the local railway station in Crowthorne.

Meeting the needs of all people who use the service

- There was a chaplaincy service based at the hospital. This was accessed by referral from the wards and had part-time religion-specific chaplains including Roman Catholic and Muslim religious leaders. This service was also able to provide a generic service for patients from minority religions and patients with a broader interest in spirituality. The team could access volunteers and religious leaders on an ad hoc basis, for example, humanist and spiritualist leaders. The trust's chaplaincy lead also attended patient forums and carer forums to provide additional support if needed and was available to provide wider family support. The team were also accessible for staff support if necessary and provided advice on specific religious or spiritual needs on request. We saw that the chaplaincy service had provided a Buddhist visitor and a Quaker meeting, as well as regular Muslim prayers. There were Roman Catholic and ecumenical church services and they had planned a Hinduism awareness day in the Recovery College. For Muslim patients, staff showed an understanding of the needs of patients during Ramadan, including changing times that medication

was administered to respect patients' religious needs and celebrations were held on site for festivals such as Eid. Members of staff on the wards could access compasses to indicate to patients the direction for prayer. Muslim staff on Woburn ward had written some guidance for colleagues and patients about helping Muslims to observe Ramadan.

- The hospital employed learning disability nurses across the hospital. We spoke with one nurse who had been employed in this capacity and had recently started. They told us that the induction had been excellent and that could use their knowledge and specialist experience to lead on communication strategies on the ward they were working on. We saw that on this ward, care plans included specific communication strategies.
- The hospital had an equality and diversity strategy group which met quarterly. This included representation from senior management in the hospital, as well as the diversity and equality lead for the trust. It considered issues relating to diversity and equality for patients as well as staff. We observed a meeting of this group during our inspection visit. We saw that plans were made to recognise important events for patients in relation to their cultural and religious needs, for example, a buffet was planned for Eid and there were discussions about the celebration of Black History Month.
- Staff across the hospital and on some specific wards had developed their understanding of how best to care for transgender patients. One ward had developed specific guidance around this, which focused on the use of minimum levels of restrictive practice. This learning was shared throughout the hospital.
- Rainbow lanyards, demonstrating inclusive and supportive attitudes to people who were lesbian, gay, bisexual or transgender were worn by some staff throughout the hospital. Members of staff on the wards told us that patients who identified as gay or bisexual were supported appropriately in line with their specific needs.
- Members of staff across the hospital were aware of the process to request interpreters and booked interpreters as necessary. We saw that an interpreter was booked for a carers' forum meeting to facilitate a patient's family member to take part.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good 🟢

By responsive, we mean that services are organised so that they meet people's needs.

- This core service received 119 complaints between 1 April 2017 and 31 March 2018. Thirteen of these were upheld, 20 were partially upheld and 60 were not upheld. None were referred to the Ombudsman. This was a 28% decrease in complaints compared to the previous year.
- The hospital produced an annual report of complaints data and information which was presented to the senior management team. This report included feedback on learning from complaints over the year and the actions taken in response to complaints.
- The main theme of complaints was patient property (18) and staff behaviours (unfair treatment) (18). Three patients had raised complaints about low staffing levels. The wards with the highest number of complaints were Cranfield ward (25) and Chepstow ward (17).
- The hospital received 13 compliments during the last 12 months from 1 April 2017 to 31 March 2018 which accounted for 7% of all compliments received by the trust.
- Patients we spoke with throughout the hospital knew how to access information about complaints and make complaints.

- Learning from complaints formed part of the contents of the quarterly patient safety and governance newsletter, which was provided to all members of staff via email but also available on the trust intranet. An example of learning from a complaint was where a patient complained that patients' doors were being locked for NTC earlier than stated in the trust policy. This led to an investigation using CCTV, which found that this had been occurring. The service sent the patient an apology and used random CCTV checks to ensure that this was monitored in the future.
- Patient complaints and concerns were discussed in ward clinical improvement group meetings. Each ward had a 'you said, we did' board' which followed up issues which had been raised on the wards and ensured that patient feedback and any concerns raised could be linked to outcomes.

- On one ward, we saw that where a patient had made repeated complaints, the ward manager had set aside a weekly meeting with him and his advocate to ensure that his concerns were addressed proactively.

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Our findings

Leadership

- During our inspection in November 2016, we found that staff feedback about leadership and morale in the hospital and within the trust was mixed. During this inspection, in general, the feedback from staff across the hospital was significantly more positive about both the leadership team in the hospital and within the trust. Staff praised the trust chief executive specifically for the work that they had undertaken to promote the equality and diversity agenda.
- Staff were complimentary about the visibility of managers within the hospital, including those with trust-wide roles.
- The hospital management team ensured that managers were appointed into substantive posts.
- Most staff told us that they felt supported by their direct line managers. There were some members of staff who told us that they did not feel consistently supported but this reflected specific wards and individuals, rather than the service as a whole.
- The trust had leadership development programmes including development programmes for band 6 and band 7 nursing staff. There was also a specific leadership development programme for staff from black and minority ethnic backgrounds.
- Some non-nursing clinical staff, particularly social workers and occupational therapists, told us that their opportunities for development were more limited.

Vision and strategy

- Members of staff across the hospital in all areas of work, including clinical and non-clinical staff, demonstrated that they were wholly committed to the trust values. The trust values are 'togetherness', 'caring', 'excellence' and 'responsibility', and we saw examples of these values in action from staff at all levels.
- The senior management team within the hospital had a clear vision for a clinical strategy for the hospital. Much of this strategy was linked to the move to the new hospital building, which will bring some changes to the way the hospital will be run. Information about the new models and strategic direction was shared with staff and patients through the staff and patient forums.

Culture

- For staff working at Broadmoor Hospital, the 2017 NHS staff survey showed staff engagement, staff motivation at work, support from immediate line managers and recognition and value of staff by managers and the organisation had all improved from the 2016 NHS staff survey.
- The trust recognised valuable contributions by members of staff through awards for team of the month, employee of the month and with an annual awards ceremony. Wards also received awards when they topped the rankings for the highest rate of mandatory training. Staff were offered additional rewards from the trust, for example, all staff were offered a small amount of credit in the staff canteen as a thank you at Christmas and after events, such as CQC inspections. Board meetings were scheduled to take place at Broadmoor on a quarterly basis. Staff told us that there was increased visibility of the trust board in the form of regular meetings, availability and presence within the hospital.
- Most staff said that they felt able to raise concerns and knew how to do so. Two members of staff told us that they did not have confidence in the whistleblowing procedures within the hospital although they were aware of them.
- There was little understanding or knowledge of the Freedom to Speak Up Guardian role within the hospital. While there were signs up through the hospital, staff we spoke with did not tend to know how this role fitted in with them raising concerns and how they could receive support to speak out. The trust planned to support the role through freedom to speak up champions but they were not in place at the time of the inspection. Most staff we spoke with told us that they felt there were open lines of communication with the senior management team. This was more evident among clinical staff than non-clinical staff. A few staff members told us that had experienced poor relationships with their immediate line managers and found it difficult to raise concerns or complaints as a result. Some felt that the concerns they had raised had not been heard, however, these did not relate to issues of patient safety.
- Staff, predominantly in the rehabilitation wards, told us that they felt the redirection of staff from rehabilitation wards to more acute wards had an impact on morale, but we also heard that this had reduced since our last inspection visit.

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- Doctors who were in training told us that they were well-supported by the trust and the hospital.
- One member of staff told us about a near miss incident, in which they had acknowledged their fault. They told us that the outcome of this incident review was positive and this gave them confidence in the leadership culture within the hospital.
- Staff understood their responsibilities regarding the duty of candour and we saw examples that where mistakes had been made, the trust had ensured that apologies were made to patients.
- Some staff from black and minority ethnic backgrounds told us that they were not aware of the trust BME network or how they could access this. The trust had acted to try and improve the representation of black and minority ethnic staff at senior management levels. Despite this, some staff, who were not managers, told us that they did not see any impact of the WRES (workforce race equality standard) action plan on non-management staff. For example, members of staff within the hospital were not aware of initiatives which promoted black history month for staff, although there were activities and celebrations for patients.

Governance

- The trust had a central governance team based in London, and there was also a governance team based onsite at Broadmoor. They provided support, guidance and information regarding issues relating to governance, including the management and investigation of incidents, complaints and feedback. Each ward held a monthly clinical improvement group meeting which reviewed data provided centrally, as well as information which was collected locally from the day to day work on wards. Learning from incidents and complaints was fed through to these meetings.
- Each ward had an operational policy which ensured that expectations were clear about how the ward operated and what patients and staff should expect when working or being provided with treatment on each ward.
- Since our last inspection in July 2017, the trust had developed initiatives to review governance and data quality within the hospital. A project had started in October 2017 to review the quality of incident reports relating to restraint. This allowed for a further interrogation of factors which might impact higher uses of restraint. It also identified themes across the hospital relating to patient's subject to high levels of restraint.

There was also a weekly incident review clinic which ensured that investigation reports were checked by the senior management team in the hospital to ensure that investigations and associated action plans were robust.

- There was a strong system of clinical audits through the hospital, including audits undertaken by doctors in training and allied health professionals. The audits ensured that quality was reviewed frequently and systems were in place to identify any gaps in the delivery of good quality, safe care. Examples included care plan audits, health and safety audits and infection control audits. There was evidence of changes being made as a result of audits and of audit processes being amended to better capture important information. Staff undertook an annual review of reflective practice and its effectiveness in the hospital.
- We reviewed minutes of trust board meetings, senior management meetings at the hospital and across the trust and local governance meetings. Key information from a ward level was raised appropriately. Procedures, such as those in place to oversee the use of restrictive interventions, including mechanical restraint and long-term segregation were discussed at the highest levels within the trust. The trust board and management had a good overview of the quality of care being delivered at Broadmoor hospital and knew where the key risks lay so they were sighted about how to manage the risk and work on improving the service.
- Recruitment and retention of staff was flagged as a concern through the trust. The trust had responded by putting additional focus on recruitment from universities as well as international recruitment. It had procedures in place to respond quickly to any enquiries at recruitment fairs and local open days. In addition, the trust had recently moved to offer additional incentives to recruit healthcare facilitators and some allied health professionals where there were gaps. This demonstrated the priority the trust was giving to reducing staff shortages.
- The trust had commissioned an external expert to carry out a piece of work reviewing all incidents across the trust over a period of time. The brief was to look at how the investigations had been carried out and to assess the effectiveness of the action plans following the investigations. This had led to some recommendations

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being made about how the trust investigates incidents and how action plans are developed. This information was shared across the trust to drive improvements in this area.

Management of risk, issues and performance

- Staff throughout the hospital were aware of the key risk areas on their wards and across the hospital.
- Key information about risks, and data relating to the performance of the ward, was shared through the local governance team. Each ward reviewed this information at their monthly clinical improvement group meetings. Some members of staff told us that this data was not always accurate, but they fed this back so improvements could be made.
- Ward managers had access to data regarding their team performance, including up-to-date information about incidents, supervision rates and rates of mandatory training, as well as other key performance indicators such as patients having access to time with their key nurses.
- Each patient had a specific personal emergency evacuation plan which was held on the ward. This covered the patient's risk and compatibility with other patients in the hospital that staff needed to be aware of in case of an emergency. Staff had a good understanding of the individual needs of patients and actions to take in an emergency.
- The hospital and the trust had robust contingency plans in operation in the case of a failure of power, adverse weather conditions and a range of other events.
- The risk register reflected the areas of concern that we found during this inspection. The risk of insufficient staffing was rated high on the risk register.

Information management

- The trust used a standard database for ward staff, which collated most clinical information relating to patients. The physical health centre also used a second database. Staff on the ward could not access the database used by the physical health centre but staff in the physical health centre were able to access the database used by the rest of the hospital as necessary.
- The hospital had strong information governance procedures in place to protect the confidential

information of patients. The database system limited access to relevant staff. It recorded who had looked at specific patient records and the reason that they had done so.

- There was a local user group within the hospital for the specific IT and database system that the trust used. This comprised of clinicians from a range disciplines, including consultant psychiatrists, nursing staff and allied health professionals, as well as the trust's IT project manager. Work was taking place to enable the system to be more responsive to the needs of staff at Broadmoor. There was significant clinician input to changes.
- We saw that some bespoke modules had been added to the database entry system at the request of clinical staff. There was now scope to add seclusion and LTS reviews directly onto the database, as well as physical health information. This meant it was more easily available on wards.
- As well as databases that managed patient information, staff had access through the trust intranet to additional information systems including the incident reporting system and staffing information which tracked supervision and appraisal records, as well as mandatory training. Ward managers could access this information directly and use this information to assist them in managing the ward.
- The hospital had undertaken specific projects to improve the quality of data, including the project which aligned incident reports of restraint with progress notes to check that incidents were being correctly reported.

Engagement

- Staff received regular information about the trust and the hospital through the trust intranet as well as information displayed on plasma screens at the staff entrance to the hospital, an area which all staff needed to pass through to access the site.
- The hospital arranged monthly, drop-in staff forums in the staff canteen. These were open to all staff in the hospital and run by the senior management team. We observed one staff forum prior to our inspection and received minutes from previous staff forums. This forum included updates on what was happening around the hospital and trust as well as other information which would be useful for staff, including updates about the redevelopment programme.

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- The staff forum had space for staff to raise issues with senior managers in the hospital and the trust and we saw that the discussion was robust and included challenges to the hospital management. Staff told us that they valued the staff forum. Following the staff forum, feedback and minutes were distributed throughout the hospital.

- As well as the general staff forum, there were also quarterly security staff forums. Feedback was given to staff following these forums; there were also specific bulletins for security staff and admin staff focusing on issues affecting them. One nurse working on a ward told us that they had been involved in meetings looking at the local operating procedures for the new hospital and that they were able to give feedback and felt that their input had been heard.

- The hospital had initiated focus groups for new starters to ensure that issues raised by staff new to the hospital could be addressed in a timely manner.

- Staff discussed issues of diversity at the quarterly equality and diversity group. This included issues relating to staff as well as patients, for example, ensuring the new hospital had hearing loops in place to meet the needs of staff with hearing aids.

- Some staff told us that they had received significant support from the trust regarding disabilities or returning to work after injuries or illness.

- We reviewed the trust strategy in response to the WRES (workforce race equality standards) and saw that there was a strong strategic focus on leadership development. This included ensuring that recruitment panels for senior management were balanced regarding race and ethnicity and improving the BME leadership development programme. However, some staff who were not in leadership roles told us that they were not aware of initiatives based in London, such as the trust BME network.

- Patients and staff, primarily who were based on the assertive rehabilitation wards, raised concerns about the proposed move to night time confinement (NTC) across the hospital when the hospital moves into the new building.

- Patients had put together a petition which had been signed by 71 patients out of the 90 who were affected by this decision. Staff raised concerns with us about the impact of this change on patients on assertive rehabilitation wards who were moving towards discharge and patients moving from admission or high

dependency wards to rehabilitation wards and their progression to recovery. Staff stated that the lack of NTC on rehabilitation wards could be a motivator that helped some patients to progress. The Department of Health and Social Care was carrying out a consultation throughout the summer about the High Security Psychiatric Services (Safety and Security) Directions 2013 and the Broadmoor patient's forum was invited to feedback to the government about this. NTC is addressed in the current directions.

- The hospital had a working group discussing NTC, which included patients and staff. It was considering how the extension of night time confinement could be implemented and listening to feedback from patients about this. Ideas and proposals from these meetings were discussed at senior management meetings within the hospital.

Learning, continuous improvement and innovation

- The hospital has a dedicated high secure research lead and has a Broadmoor research hub. The team had been engaged in a range of research, including work to review the most useful outcome measures for the patient group and to develop effective care and treatment for patients who have experienced trauma.

- The research projects and service evaluations underway demonstrated the hospital's willingness to engage in developing and improving care for patients within the hospital but also understanding patient need on a broader level.

- The research team hosted six-monthly seminars within the hospital which were open to staff working in other high secure and medium secure services and in prison settings. Seminars scheduled during the last six months have considered medico-legal challenges for forensic mental health professionals and care pathways for mentally disordered offenders. A seminar was scheduled for June 2018 to look at new developments in high secure care. It involved staff from Ashworth, Rampton, The State Hospital in Scotland (Carstairs) Dundrum Hospital in Dublin and high secure units in Flanders, as well as staff from category A prisons in England. These forums and seminars focussed on sharing outcomes from research and best practice and peer experience.

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- Staff from Broadmoor had presented research at leading conferences, including poster presentations. They had also had peer-reviewed papers published in professional journals.
- Every six months, the hospital held an audit, service evaluation and quality improvement project presentation day. This allowed staff involved in this work to share it across the hospital. The most recent event took place in January 2018 and included awards for an audit undertaken of HCR-20 completion rates (HCR-20 refers to the standard risk assessment tool used in the hospital) and for a service evaluation of 'pareto' patients which looked at the use of seclusion, incidents and the use of medical resources. Pareto refers to the principle that focusing on the small number of people who require the most involvement of medical and nursing professionals could potentially reduce the use of restrictive interventions.
- Key members of staff working on programmes to reduce restrictive practice and, particularly, reducing LTS shared best practice from Broadmoor with staff and patients in the trust's London forensic services.
- Members of staff across the hospital have maintained formal links with other high secure hospitals in England and across the UK and the Republic of Ireland. For example, GPs from the three English high secure hospitals meet regularly to share experiences and best practice. Security liaison staff told us that they had visited Rampton to share best practice. A multi-disciplinary team including nurses, a clinical psychologist, social worker, medical and security staff had visited Dundrum Hospital in Dublin to share learning and, particularly, research work being undertaken at Broadmoor Hospital to develop routine outcome measures. A consultant psychiatrist, who was part of the working group to develop the database system, had made informal contacts with counterparts at Rampton Hospital and at the State Hospital in Scotland as they use the same database system to compare how it was being used and to share information. These networks, both formal and informal led to greater learning about work practices across high secure hospitals.
- The hospital was trialling several initiatives relating to the use of IT and technology to improve the care of patients. This included the development of software and tablet devices to improve recording of activities on wards but with the potential to use this software for collecting more data in the future. The hospital had also fitted two seclusion rooms with remote sensors, which allowed for physical health checks to take place without staff entering the room. This system was in place and was due to start piloting in July 2018.
- Cranfield ward was accredited as a psychiatric intensive care ward by the Royal College of Psychiatrists, College Centre for Quality Improvement (CCQI) for a five-year period from 2016. The hospital is working with NAPICU (National Association for Psychiatric Intensive Care Units) and other high secure hospitals to develop specific standards for a high secure psychiatric intensive care unit. This work is supported by the Royal College of Psychiatrists and was due in draft form in the summer of 2018.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing