

Good 

Northumberland, Tyne and Wear NHS Foundation Trust

# Forensic inpatient/secure wards

## Quality Report

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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)
RX4E4	St Nicholas Hospital	<b>Aidan Ward</b> <b>Bede Ward</b> <b>Cuthbert Ward</b> <b>Oswin Ward</b>	NE3 3XT

This report describes our judgement of the quality of care provided within this core service by Northumberland, Tyne and Wear NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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 Northumberland, Tyne and Wear NHS Foundation Trust and these are brought together to inform our overall judgement of Northumberland, Tyne and Wear NHS Foundation 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

### Mental Health Act responsibilities and Mental Capacity Act / 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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# Summary of findings

## Overall summary

We rated Northumberland, Tyne and Wear NHS Foundation Trust Forensic Inpatient/Secure wards as good because:

The service was built around a principle of person centred practice, which was representative of the trusts values, this was demonstrated through the interactions we observed between staff and patients. Staff were seen to demonstrate dignity, respect and an understanding of individual needs within their interactions with patients.

There was an open culture in the service and patients were able to approach staff or managers for support at any time. Patients' views were sought through regular 1:1 time, weekly multidisciplinary meetings and clinical case reviews; these were reflected in patients care planning, individual therapeutic programme and outcome measures. Patients were also encouraged to provide feedback on the service through the use of comments cards and regular community meetings.

The service held a weekly multidisciplinary single point of referral meeting which included representation from NHS England. All new referrals were discussed to decide if the service could meet the needs of the patient and which ward would provide the most appropriate care pathway. Patients received a multidisciplinary pre-admission assessment, which included an assessment of patients' physical health and any on-going support which may be required following admission.

Patients had the support of a full multidisciplinary team who worked with patients to provide an individualised support package specific to the patients needs including a range of psychological and occupational therapies. Facilities within the service supported this through the provision of therapy rooms, therapeutic kitchen, activity rooms, a gym and an all-weather outdoor sports arena. The service also had links within the community to provide patients access to activities including an allotment and walking groups.

Patient completed both a Functional Analysis of Care Environments and Historical Clinical Risk assessment with staff. These were live documents which were updated as needs changed or a minimum of every three months. Oswin ward had also developed a formulation pathway for patients which included input from the patients and all relevant professionals to ensure the service had a full risk profile of the patients.

The principles of relational security were embedded within the service and all staff we spoke to were able to describe the importance of this. The use of restraint and seclusion was low, this was seen as a last resort and staff used their knowledge of and relationship with patients to identify potential trigger points and de-escalate behaviours before issues arose

The seclusion room on Aidan did not meet the recommended standards for seclusion facilities, the service was aware of this and work had begun on building new 'Gold standard' seclusion facilities.

When incidents did occur there was a process of providing a debrief for both the staff and patients involved. Incidents were monitored and reviewed; lessons learned were shared across the service and discussed within team meetings. The staff we spoke to were able to articulate their responsibility under the Duty of Candour and provide examples of when they would need to fulfil this responsibility. The trusts electronic incident recording system provided prompts for staff to consider the need for the Duty of Candour.

Staff morale was seen to be high across the service; staff were aware of the trusts visions and values and could describe how these were embedded from the point of recruitment in to supervision and appraisals.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

Good



- Shift patterns were based on safer staffing levels, though the rota was flexible and often staffed above this level.
- The service used Functional Analysis of Care Environments and Historical Clinical Risk Management-20 risk assessments and reviewed every 3 months as a standard or as needs changed.
- Relational security was embedded in to the culture of the ward.
- Use of restraint and seclusion were seen as a last resort, staff used de-escalation techniques in the first instance
- There was a process for reporting incidents and managers received weekly and monthly reports of trends which were discussed in team meetings.
- There were adequate supplies of emergency equipment, oxygen and defibrillators. Stocks of emergency medicines were kept as per the trust resuscitation policy.

However,

- The seclusion room on Aidan did not have the facilities to monitor and control the temperature of the room. The door did not have a hatch therefore needed to be opened to provide patients in seclusion with food or drink. The service was aware of this and work had begun on building new 'Gold standard' seclusion facilities.
- The recording of seclusion observations did not follow a structured approach and did not capture the detail required as outlined in the Mental Health Act Code of Practice 26.124
- Occupational Therapy staff on the ward were only trained in breakaway techniques and did not access full Prevention Management of Violence and Aggression training.

### Are services effective?

Good



- We rated effective as good because:
- Multidisciplinary pre-admission assessments including a physical health assessment were completed for patients.
- Oswin ward had developed a formulation pathway to ensure all relevant professionals are involved in the planning and delivery of patients care.
- All wards had a full multidisciplinary team and held a weekly multidisciplinary team meeting to review patient care.
- Psychologists delivered a wide range of therapy based on the individual need of patients.
- All staff received regular supervision and appraisals

# Summary of findings

However,

- Patient involvement in four of the care plans we looked at on Cuthbert ward were not recorded in detail and did not reflect the person centred approach observed within the service.
- Patient observations were not always recorded prior to patient leave on Bede ward.

## Are services caring?

We rated caring as Good because:

- Patients and carers we spoke to all gave positive feedback on both the support provided and the environment. Patients felt the wards provided a homely environment.
- Patients were provided a range of opportunities to give feedback on the service through regular community meetings, comments cards, comments books or directly to staff.
- Patients were involved in the planning of their care through care plans, clinical case reviews and MDT reviews all of which centred on the patients' needs and were used to develop an individual programme of support for each patient.
- Staff demonstrated dignity and respect in their interactions with patients. There was seen to be a culture of person centred practice embedded in to the service and patients were all seen as individuals.
- We observed an open culture throughout the service enabling patients to approach staff and management for support at any time.

Good

## Are services responsive to people's needs?

We rated responsive as Good because:

- The service provided a range of facilities including activity rooms, gyms, sports arena, therapy kitchen and pool tables.
- The wards were all accessible and each ward had an accessible bedroom.
- Patients received a pre-admission assessment including a physical health assessment to identify any ongoing support required
- The service was able to meet the cultural and religious needs of patients through the provision of a multi-faith room, a religious box containing various religious artefacts and links with community organisations.
- Information was available in different languages if required.
- Activities were available in the ward environment and in the community including sports, cooking, gardening, and walking groups.

Good

# Summary of findings

- Patients could access an allotment where they could grow vegetables that they could use for cooking.
- The service had good links with community organisations including a local museum providing activities on the ward, trainee guide dogs visiting the ward and access to education and training.
- Patients were able to have access to their own room and have a key to their room based on individual risk assessment.
- Patients told us they knew how to make a complaint.
- Referrals were reviewed in a weekly single point of referral meeting to identify appropriate placements with representation from NHS England

However,

- The service often had difficulty finding suitable move on facilities for patients to progress on to which resulted in their ability to accept new referrals

## Are services well-led?

We rated well led as Good because:

- All staff were aware of the organisations vision and values and these were embedded from recruitment through to supervision and appraisals
- Staff were aware of the principles of Duty of Candour and these were embedded in daily working practice.
- Staff were aware of the management structure and felt supported by ward managers and clinical leads.
- Staff knew who the senior managers were and told us they visited the wards regularly.
- Staff received regular supervision and appraisals
- Mental Health Act documentation was in order and staff knew that the central office for Mental Health Act reviewed these
- All staff were able to access the trusts incident reporting system to report incidents.
- The service promoted staff development and encouraged support workers to train to become qualified nurses and for nurses to achieve their degree.
- Staff completed regular clinical audits
- Each ward had a local risk register which fed in to the service risk register and staff were able to add to this.
- Morale was seen to be high through all staff

Good



# Summary of findings

## Information about the service

- Bede Ward was a purpose designed ten bed low secure ward for male patients aged 18 - 65 years who have complex mental health needs including those with a personality disorder. NHS England commission the majority of Bede Ward as part of the Secure Forensic Mental Health Service for Adults, however additional beds are available for purchase by Scottish commissioners.
  - Bamburgh Clinic was a purpose built medium secure admission, assessment and acute treatment facility exclusively for male patients aged 18 - 65 years who have complex mental health needs, including those with a personality disorder. NHS England commissions Bamburgh Clinic as part of the Secure Forensic Mental Health Service for Adults. It is one of a number of centres nationally providing highly specialist multidisciplinary care for adults requiring treatment under the Mental Health Act (1983).
  - The Bamburgh clinic consists of three wards:
- Aiden Ward was a ten bed acute admissions ward providing assessment and treatment for men who may have come into conflict with the law, and/or are thought to be a risk to others or themselves
  - Cuthbert ward was a fifteen bed rehabilitation ward providing assessment and rehabilitation for people with mental health problems within a secure setting.
  - Oswin ward was a sixteen bed ward providing assessment, treatment and rehabilitation for men with personality disorders within a secure setting. Oswin was one of three specialist services across the country who worked closely with the prison service and National Offender Management Service (NOMS) to support serving prisoners diagnosed as having a personality disorder.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Paul Lelliott, Deputy Chief Inspector, Care Quality Commission

**Head of Inspection:** Jenny Wilkes, Care Quality Commission

**Team Leader:** Brian Cranna, (Mental Health Hospitals), Care Quality Commission

Jennifer Jones (Mental Health Hospitals), Care Quality Commission

Sandra Sutton, (Acute Hospitals), Care Quality Commission

The team that inspected this core service comprised a CQC inspector and five specialist advisors, two mental health nurses, a forensic psychiatrist, an occupational therapist and a social worker.

## Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

# Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all four of the wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 14 patients who were using the service
- spoke with 6 parents/carers of people who use the service
- spoke with the managers or acting managers for each of the wards

- spoke with 18 other staff members; including doctors, nurses and social workers
- attended and observed three hand-over meetings, two multidisciplinary ward rounds a clinical case review and a referral allocation meeting.

We also:

- collected feedback from 7 patients using comment cards
- facilitated two focus groups for patients
- looked at 13 care records of patients
- looked at the systems in place for medicines management on four wards
- assessed 9 prescription records

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

## What people who use the provider's services say

- During the inspection we spoke with 14 patients and six carers. We received feedback through two focus groups and seven comments cards.
- The patients we spoke with all said the environment was clean and well maintained. Patients said they felt safe and that they could approach staff at any time. When incidents happened, patients felt staff managed these well.
- Patients all said they had a named nurse and had regular 1:1 time with their nurse.

- Carers all felt involved in the care of their relative and were invited to attend meetings. Where carers were unable to attend meetings they said they were able to provide feedback to staff ahead of the meetings and that staff would inform them of the decisions made. However two carers informed us this was not always the case although they felt this had improved over the last six months.
- Patients raised some concerns with regards to the quality of the meals and the portion sizes provided, stating it would be nice to have 'home made' food.

## Good practice

- Oswin ward had developed a formulation pathway for all patients. This involved input from all relevant professionals including probation and prison staff and the patient ensuring the ward had a comprehensive risk profile for all patients
- The use of restraint and seclusion was generally low across the service. the principles of relational

security were embedded throughout the service and staff were able to use this to identify potential trigger points and deescalate situations before incidents arose.

- Risk assessments were live documents that were updated as patients' needs changed or a minimum of every three months.

# Summary of findings

- The service held a weekly multidisciplinary single point of referral meeting with representation from NHS England to review all referrals.

## Areas for improvement

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

- The trust should ensure the recording of seclusion observations on the Bamburgh clinic meet the requirements of the Mental Health Act code of practice 26.124.
- The trust should ensure the provision of seclusion facilities at the Bamburgh clinic meet the required standard.

- The trust should consider providing all staff who work directly with patients full Prevention Management of Violence and Aggression training.
- The trust should ensure all patient records contain detailed care plans which reflect the person centred support provided and that all observations are recorded in patients notes.
- The trust should ensure staff have adequate time to facilitate a comprehensive verbal handover of each patient on each shift.

## Northumberland, Tyne and Wear NHS Foundation Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Aidan Ward	St Nicholas Hospital
Bede Ward	St Nicholas Hospital
Cuthbert Ward	St Nicholas Hospital
Oswin Ward	St Nicholas 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.

- Patients and staff were able to tell us what patients' rights were under the Mental Health Act and patients records demonstrated patients had their rights explained to them on admission and throughout detention.

- Treatment was authorised correctly and treatment certificates which were providing the legal authority to administer treatment were kept with the patients' medication cards.
- Staff were able to demonstrate an understanding of the Mental Health Act Code of Practice and the service had attained an average compliance rate of 87 per cent with regards to Mental Health Act training.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

All patients were detained under the Mental Health Act therefore Deprivation of Liberty Safeguards were not

# Detailed findings

relevant to the service. However, staff were able to describe the principles of the Mental Capacity Act and their interface with the Mental Health Act including how this was relevant to their role for example; assessing a patients capacity to make an unwise decision with regard to their finances.

# 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

- Physical security measures at the Bamburgh Clinic met the standards for medium secure services as laid out by the Royal College of Psychiatrists. The unit was surrounded by a secure perimeter fence with antyclimb measures in place to prevent access to the roof. Entry to the unit was through an air lock system, controlled by reception staff. All visitors were provided access to a locker to secure prohibited and restricted items outside of the ward environment. Before visitors could enter the ward they were required to consent to a body scan with a portable security metal detector. Reception staff also issued keys and alarms to staff. Key management was good and key checks were in place. All staff carried personal alarms
- Bede ward met the standards for physical security for low secure services as described by the Royal College of Psychiatrists. Entry to the ward was through an air lock system controlled by reception staff, lockers were available for prohibited and restricted items.
- Both the medium and low secure services provided patients access to dedicated space for education, occupational therapy, psychology and therapy, outdoor exercise area and a gym. Rooms were available in an area away from the main ward for patients to receive visitors.
- All ward environments were clean and well maintained. We saw evidence of daily and weekly cleaning schedules demonstrating the tasks undertaken by domestic staff.
- Patient-led Assessment of the Care Environment assessments are self-assessments undertaken by teams of NHS and independent health care providers, including at least 50 per cent patient assessors. They focus on different aspects of the environment in which care is provided, as well as non-clinical services such as cleanliness. In relation to cleanliness, the 2015 Patient-led Assessment of the Care Environment score for St Nicholas Hospital is 100%. This is around 2% above the England average of 97.6%.
- Clinic rooms were clean and there was evidence the equipment was regularly maintained. There were adequate supplies of emergency equipment, oxygen and defibrillators. Stocks of emergency medicines were kept as per the trust resuscitation policy.
- Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Medicines requiring refrigeration were stored appropriately and temperatures were monitored daily in line with national guidance.
- Clinic rooms had separate hand wash facilities and staff demonstrated an understanding of the principles of infection control. Items such as blood pressure cuffs were cleaned after each use and we saw evidence these were also given a weekly decontamination clean.
- Environmental risk assessments were completed annually and reviewed within a monthly tour of the ward by an estates manager and the ward manager. Ligature risk assessments were included within the environmental risk assessment and were reviewed monthly. A ligature point is something which patients could use to attach a cord, rope or other material to for the purpose of hanging or strangulation.
- Where ligature points were identified, these were initially managed through individual patient risk assessment, observation and the security nurse system until a permanent solution could be implemented.
- The layout of the wards and the position of the nurses office resulted in there being some 'blind spots' on the ward however the service was aware of these and managed them through mirrors, staff presence on the ward and the level of patient observation based on individual risk. The wards also had several cabinets which were used to display ornaments or patients craft work. There was a system for checking risk items including cutlery and display cabinets; each ward allocated a security nurse on each shift, this nurse was responsible for completing regular checks of identified areas and risk items.

# Are services safe?

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- All staff were issued with a wireless alarm which could be used to call for assistance or to alert staff when someone needs assistance. The system also provided an alert if a window or door were opened unexpectedly.
- Seclusion rooms were seen to be well maintained and provided patients with access to appropriate washing and toilet facilities. There was a clock visible in each suite to ensure the patient could remain orientated to date and time and a two way intercom system to enable patients to communicate with staff. However, the current facilities did not have a hatch to enable food and drink to be passed through to the patient. Instead two staff were required to open the door to pass food and drink through to the patient. The service was aware of this and work had begun on building new seclusion facilities.

## Safe staffing

- Each ward had a multidisciplinary team including psychiatry, psychology, occupational therapy, social work, activity workers, nurses and support workers.
- Patients had access to a psychiatrist when required. There was sufficient medical cover during the day and night. Ward rounds for each consultant took place every week. A doctor could attend in an emergency and was available on call out of hours.
- The nursing teams on each ward comprised a band seven ward manager, band six clinical lead, band five staff nurses and support workers. Establishment staffing levels varied on each ward based on the level need of the patients on the ward. The trust had set the establishment on each ward against their identified safer staffing levels. However, the ward managers and the staff informed us they were able to request extra staff should this be required to meet the needs of the ward, for example when multiple patients required enhanced observation. We saw evidence wards had been staffed above the establishment levels within the ward rota and safer staffing returns.
- The staffing levels on each ward included a minimum of two qualified nurses and three support workers. A security nurse was allocated to each shift to take responsibility for the security of the ward by maintaining a presence on the ward and completing regular environmental and security checks. Another nurse was designated as a response nurse, who would respond

when personal alarms were activated on a ward within the building. Their role was to support the team on the ward where the alarm was activated and ensured there were adequate staffing levels to carry out physical interventions safely if required and to manage the ward environment.

- All patients had a team of staff allocated to them including a named nurse and a support worker. Patients had dedicated 1:1 time each week with both their named nurse and support worker and could request additional time as required. Ward managers regularly audited patient 1:1 time to ensure this was taking place.
- Patients' leave was rarely cancelled. However, may be postponed due to events on the ward or patients individual risk, both staff and patients told us when this happened leave was rescheduled for the earliest suitable time.
- All wards had vacancies for qualified nursing staff. Oswin ward had the highest vacancy rate of 14.6% which equated to 2.5 whole time equivalent posts; this was above the trust average of 2.8%. However, all wards had plans to fill vacancies through on going recruitment and were waiting for people to commence in post following satisfactory employment checks. Remaining posts were being held vacant for staff that were due to complete their nurse training over the summer.
- All wards reported a low staff turnover with an average of 3.8% of staff leavers over the previous twelve months. Managers informed us that most staff left to take up promotion opportunities within the trust. The service was looking to address this through increasing the number of band six posts across the wards.
- Ward managers tried to mitigate the use of agency staff through using regular bank staff where possible. Where this was not feasible, managers would attempt to negotiate the use of staff from other wards within the hospital, who had experience of the ward. They would then use agency staff to fill the shift on the staff member's substantive ward. Agency staff were only used as a last option and were staff that had worked on the ward previously, therefore were familiar with the environment and the needs of the patients.
- Mandatory training figures were good across the service with an average training compliance of 93 percent. This

# Are services safe?

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

is above the trust benchmark for mandatory training of 85 percent. However all wards were below this benchmark for clinical supervision training with an average attainment figure of 74 percent.

## Assessing and managing risk to patients and staff

- We looked at care records for thirteen patients; all the records we saw contained both a Functional Analysis of Care Environments and a Historical Clinical Risk Management risk assessment. All risk assessments were completed on admission and reviewed regularly through ward round and care coordination reviews.
- We observed two ward rounds and one care coordination review. We saw evidence of patient involvement in discussions to review their risk assessment within these meetings.
- In addition to the Functional Analysis of Care Environments and Historical Clinical Risk Management Oswin ward had developed a formulation pathway for all patients. This involved input from all relevant professionals including probation and prison staff and the patient ensuring the ward had a comprehensive risk profile for all patients.
- Relational security was embedded in to the culture of the service. Staff demonstrated knowledge and understanding of each patients needs in their interactions with patients and were able to describe how they would use this knowledge and their relationship with the patients to identify potential triggers and deescalate situations before incidents occurred.
- In the previous six months the service had not used long term segregation for any patients. There had been a total of 17 incidents of the use of seclusion, 14 of which had been on Bede ward. Seclusion records were stored securely and were accessible to staff. Records demonstrated patients' seclusion was reviewed appropriately by both a nurse and a medical practitioner at the required intervals. However, the records we saw were not maintained in accordance to the Mental Health Act Code of Practice, regards recording observations of the patients' level of awareness and their physical presentation.
- There had been 33 instances of restraint used on ten different patients. Of these 13 instances resulted in the use of prone restraint. Prone restraint occurs when patients are held face down on the floor or other surfaces. This is only recommended as a last resort by the National Institute for Health and Care Excellence, (NICE, NG10, Violence and aggression: short term management in mental health, health and community settings, 2015) due to the high risk of injury or obstruction to the patients airways. These figures were below the national average for secure services.
- Of the 13 instances of prone restraint two had resulted in the administration of rapid tranquilisation. We reviewed one person who had received rapid tranquilisation; there were detailed progress notes explaining the rationale for this, and appropriate monitoring had been carried out in accordance with the trust policy and national guidance.
- Staff received prevention management of violence and aggression training and described only using physical restraint as a last resort in line with the trust policy. Where patients had been restrained face down on the floor staff told us they were trained to turn patients immediately. However, occupational therapy staff only received training in breakaway techniques and were unable to be involved in any incidents of restraint.
- Staff training in both adult and children safeguarding was high with an average of 97 percent attainment.
- Staff showed a good understanding of safeguarding issues and explained how to make a safeguarding alert. There were good links with the local safeguarding authority via the forensic social worker. Safeguarding information was displayed in the wards. A safeguarding policy and procedure was available for staff guidance. Patient's safeguarding concerns were reported and acted upon in a timely way.
- Children were not allowed on to the ward, if a patient had a child who was going to visit this would be accommodated in the visitors' room. The social worker would liaise with the local authority prior to any child under the age of 16 visiting to ensure there were no areas of concern.

# Are services safe?

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

## Track record on safety

- There were no reported serious incidents over the previous twelve months. However, we found that there were systems in place to investigate serious incidents, take action and share the learning with relevant staff.

## Reporting incidents and learning from when things go wrong

- The service used the Safeguard electronic system of incident recording. All staff were able to input incidents onto this system. Incident information was analysed and discussed within the governance framework and managers had access to a monthly dashboard which provided a breakdown of recent incidents by type. Lessons learned from serious incidents from across the service were shared with all staff. Staff were able to give examples of lessons learnt being shared within team meetings.

- Over the previous 12 months there had been 645 incidents reported across the service, the majority, 283, attributed to Aidan ward. Of these 167 were related to violence and aggression however, 234 of the 283 incidents resulted in no harm being caused. Cuthbert had the least incidents recording only 20 over the period.

### Duty of Candour

- The staff we spoke to demonstrated an understanding of the principles of the duty of candour and the need to be open and honest when things go wrong.
- Staff were able to provide examples of involving patients following an incident for example after a medication error.
- The duty of candour was built in to the datix system and staff were encouraged to consider the need for this when completing incident reports.

# 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 reviewed 13 care records. They included a comprehensive assessment including physical health care screening and ongoing monitoring. Records also demonstrated evidence of holistic care planning and risk assessment all of which were regularly reviewed and up to date. However, five care plans were not recorded in detail and did not reflect the person centred approach and patient involvement observed within the service.
- Care planning and the care pathway for the service followed 'my shared pathway' a recognised methodology developed by service users, staff and commissioners of secure care, focusing on individual needs and outcomes.
- The service was in the process of introducing the recovery star secure, a variant of the mental health recovery star, a tool used to measure and support individual progress towards self-reliance and individual goals.
- Prior to admission the service completed a comprehensive assessment of all new patients involving nurses, consultant psychiatrist and other members of the multidisciplinary team if this was felt appropriate. All patients were invited to a pre admission meeting on the ward where initial health screening could be undertaken.
- A GP visited each ward twice a week and we saw evidence in care records of physical health monitoring for patients with ongoing conditions such as diabetes or high blood pressure.
- Patients' records including care plans and risk assessment were stored securely on the RiO computer system. The system included the facility to scan and store paper documents when these were not created in the system. All staff were able to access the system and the patients' notes.
- We saw evidence that patients risk assessments were regularly updated and observations recorded prior to patients leave. However, on Bede ward we were unable to find evidence of staff recording patient observations prior to a patient taking leave.

### Best practice in treatment and care

- All wards had a weekly multidisciplinary ward round where patients care was reviewed. Patients attended the ward round and were involved in the decisions about their care and treatment.
- A GP visited the wards twice a week and reviewed the care of patients with ongoing conditions. Staff were responsible for the day to day monitoring of patients and recorded physical observations including blood pressure and weight in patients care records.
- Where possible staff supported patients to attend dental and chiropody services outside of the ward, where this was not possible the service had an arrangement with local practitioners who would visit patients on the wards.
- Patients were able to choose their meals from a daily menu which included options to meet patients' health and cultural requirements. The kitchen was able to meet any specific dietary needs of patients who were on specific diets to ensure patients' nutritional needs were met. Patients were also able to access a therapy kitchen where they could plan and cook meals with the occupational therapist in 1:1 sessions.
- Staff told us that when prescribing medication, National Institute for Health and Care Excellence (NICE) guidance was followed, (CG76, Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence, 2009), along with recommendations from the Royal College of Psychiatrists, trust policy and British National Formulary (BNF) limits.
- Prescription records were completed fully and accurately, and medicines were prescribed in accordance with the consent to treatment provisions of the Mental Health Act. 'When required' prescriptions contained relevant information to enable staff to administer them safely. However, we found a lack of care planning for some high risk medicines, for example lithium.
- Ward staff told us about the comprehensive support provided by the pharmacy team, which included a visit by a clinical pharmacist several times per week.

# 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.

- Psychologists were part of the multidisciplinary team structure. Each ward had a dedicated psychologist who was able to provide assessments and treatments to patients based on needs identified in individual care plans.
- Psychological therapies as recommended by National Institute for Health and Care Excellence were available on all wards. These included:
  - anger management
  - cognitive behavioural therapy
  - mental health awareness
  - psychosocial interventions
  - self-harm programme
  - substance misuse
  - psychosis awareness
- Occupational therapy was provided in line with the model of human occupation the college of occupational therapists forensic practice standards. Patients could access a range of activities including:
  - cooking
  - health and fitness
  - walking group
  - allotment group
  - occupational activity
  - college
- Oswin ward provided a specific personality disorder group programme including:
  - cognitive style and skills
  - emotional regulation, resilience and self-management
  - understanding relationships.
- Recognised rating scales to assess and record severity and outcomes of patient care were used by staff and patients within care planning and to demonstrate patients progress. These included health of the nation outcome scales and the recovery star.
- Clinical audits were completed by clinical staff. These included consent to treatment audits, historical clinical

risk management-20 audits, Mental Health Act audits and patient leave audits. Information from the audits was analysed and learning shared with staff through team meetings and supervision.

- The service also participated in wider trust led audits including the quality of smoking cessation in a forensic in-patient unit audit and the audit of referrals process for Bamburgh clinic.

## Skilled staff to deliver care

- Each ward had an allocated multidisciplinary team. This included medical staff, psychologists, social worker, occupational therapists, health and fitness instructors and activity coordinators.
- The hospital pharmacist visited the wards regularly and staff told us they felt able to seek support from the pharmacist if needed.
- The service had effective arrangements to provide patients' access to a GP, dentist, optician, chiropodist or dietician if required.
- The staff we spoke to were suitably qualified and experienced in their roles. They informed us they were able to access specialist training relevant to their role through supervision, for example staff had completed training in sensory integration, cognitive behavioural therapy and degree courses facilitated through the university.
- Support workers were encouraged and supported to undertake training to gain a nursing qualification and qualified staff were able to complete degree or masters qualifications.
- We saw evidence that staff regularly received supervision and all the staff we spoke to confirmed they could access management and clinical supervision as necessary.
- Figures provided by the trust indicated that 86.2 percent of non-medical staff in the service had received an appraisal in the year ending April 2016. In the same period 100 percent of medical staff had both received an appraisal and had been revalidated.

## Multi-disciplinary and inter-agency team work

- All wards had a weekly multidisciplinary ward round which patients and their family were invited to attend to

# 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.

discuss the patients' care and progress. Where patients family were unable to attend ward staff would contact them before and after the meeting to obtain their input and provide feedback on decisions made in the meeting. We observed two ward rounds and found these had effectively facilitated discussions around risk reviews and treatment options taking account of patient opinion.

- Patients had regular clinical case reviews which were attended by the multidisciplinary team and any other relevant professionals, which could include staff from services a patient was planning to progress on to as part of a discharge plan. We observed one clinical case review for a patient on Cuthbert ward and observed cohesive multiagency discussions to review the patients current risk profile and progress towards discharge.
- The Royal College of Psychiatrists Quality Network for forensic mental health services report from November 2015 recommended the service allocate more than ten minutes for verbal handovers to ensure staff have adequate time to discuss each patient. We observed two handovers and reviewed the handover protocol and documentation for the wards. Handovers continued to be scheduled for ten minutes three times a day. Staff told us this often was not long enough to provide a detailed handover of all the patients and would often focus on the patients who were least settled. This was confirmed in the handovers we observed which over ran the allocated time. However, staff informed us they were able to take back any time they were required to stay over their allocated shift in order to complete the handover.

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

- The service had an average of 87 % compliance with mental health act training. The staff we spoke to were all able to demonstrate an understanding of the Mental Health Act and the code of practice.

- We found treatment had been properly authorised either by the responsible clinician or by a second opinion appointed doctor and the most recent T2 or T3 treatment certificates were kept with patients' medication cards. These were the legal authority to administer medication to a detained patient.
- Patients' records demonstrated patients had their rights explained to them on admission and regularly throughout their detention. We saw evidence of this being audited on Aidan ward by the ward manager.
- Patients we spoke with were aware of their rights and the option to access advocacy. The staff we spoke with were all able to articulate the patients' rights and how to request an advocate for a patient if requested or if staff felt this was necessary.
- Staff advised us they were able to obtain guidance and advice from the trusts mental health act administration office if needed and could describe the process of contacting the office.

## Good practice in applying the Mental Capacity Act

- The service had a 92 % compliance rate with Mental Capacity Act training and the staff we spoke to were able to outline the principles of the Act and the were aware of the trust policy on Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff were able to describe the interface of capacity and the Mental Health Act and where this may be relevant to their role. However due to the nature of the service most decisions were made under the Mental Health Act.
- All patients were detained under the Mental Health Act therefore Deprivation of Liberty Safeguards were not relevant for the service.

# 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

- We observed a visible person centred culture in the interactions between staff and patients. Staff were seen to be responsive to patients' needs and spoke to patients with dignity and respect.
- Patients spoke highly of the staff and the support they received, telling us staff were approachable and treated them with dignity and respect.
- Care planning and therapy were provided to meet the individual needs of all patients.
- Patient-led Assessment of the Care Environment (PLACE) assessments are self-assessments undertaken by teams of NHS and independent health care providers, including at least 50 per cent patient assessors. They focus on different aspects of the environment in which care is provided, as well as non-clinical services. In relation to privacy, dignity and wellbeing, the 2015 Patient-led Assessment of the Care Environment score for the service was 97.74%, which is above the England average of 86.0%.

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

- Where possible the service used a buddy system to orientate new patients to the ward, where this was not possible they would use the principles of the process to support the patient to settle in to the environment.
- Staff would begin to build a relationship with the patient prior to admission where possible and would provide patients with information on the service before they arrived.
- Arrangements for admission on Oswin ward included the opportunity to provide new patients with a set of clothes following transfer from prison.

- We observed patients being genuinely involved in their care and treatment planning within ward rounds and a clinical case review. Patients were asked for their views and staff were seen to actively listen to the patients' views and to make decisions regarding the patients care based on the patients wishes.
- The carers we spoke to all said they felt involved in their relatives care and that they were invited to all the relevant meeting for their relative. When carers were unable to attend a meeting they could give their views to the staff and that staff would contact them with an update after the meeting.
- The service had a bungalow on the hospital ground where patient's family were able to request to stay if they had travelled a long way to visit their relative or attend a meeting.
- Carers explained how they could give feedback at the monthly carer group meetings and that if necessary they could approach ward staff for information if needed.
- The service used my shared pathway and the recovery star as a model of care, both of which placed the individual at the heart of care planning. We saw evidence of person centred care planning within the majority of patients records we looked at.
- The service held community meetings every three weeks and encouraged patients to attend and to set the agenda. Patients had access to the trusts 'point of you' comments cards and the friends and family cards though these were rarely completed.
- The wards facilitated several planning groups to involve patients in the running of the service, these included:
  - therapy coordination group
  - physical health/activity group
  - food group.

# 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

- We observed the weekly single point of referral this was a multidisciplinary meeting with representatives from all wards. Referrals were discussed and allocated for assessment if the team felt the referral was appropriate for the service.
- Prior to admission, patients met with staff for an initial assessment and to discuss the service, they were provided with information about the relevant ward and where possible were provided the opportunity to visit the ward prior to admission. The exception to this was Oswin ward that provided a service to serving prisoners who were rarely able to visit the ward prior to admission.
- The trust had a target of 30 days to complete initial assessments, on average the forensic service completed assessment within two weeks. Where there were delays in completing assessments these were usually attributed to issues outside of the services control; for example arranging an assessment for a serving prisoner who was detained outside of the services geographical area.
- The average bed occupancy over the last six months was 90 percent. All wards with the exception of Oswin ward were above the 85 percent occupancy rate recommended by the Royal College of Psychiatrists. Occupancy rates for each ward were:
  - Aiden ward 90 percent
  - Bede ward 100 percent
  - Cuthbert ward 100 percent
  - Oswin ward 75 percent
- At the time of the inspection, the occupancy rate for each ward reflected their six month average with the exception of Oswin ward which was slightly higher at 81 percent.
- Although the ward occupancy was higher than the Royal College of Psychiatrists recommended rate this did not

appear to impact on the quality of patient care or the provision of 1:1 and therapeutic time for patients. Managers were able to staff the wards over establishment levels to meet patient needs.

- Each ward had a clear care pathway and the ward managers were able to articulate the pathway for their individual ward and through the service which could include a patient's journey from the assessment ward through to the rehabilitation or low secure ward. The trust also had links with a community based forensic hostel which was part of the services discharge pathway.
- The average length of stay for the current patients was 547 days. The average length of stay per ward were:
  - Aiden 342 days
  - Bede 317 days
  - Cuthbert 775 days
  - Oswin 754 days
- Cuthbert had the highest average length of stay due to the nature of supporting patients rehabilitation and the difficulty in sourcing appropriate facilities for patient discharge. Oswin also had a high average length of stay due to the ward providing assessment, treatment and rehabilitation for the patient group.
- The staff we spoke to informed us that discharge planning was integrated within the multidisciplinary ward rounds and clinical case reviews, this was evidenced in the meetings we observed.
- There had not been any delayed discharges in the last six months. However, ward managers informed us there were issues with finding appropriate placements for patient discharge due to difficulties with funding arrangements, ministry of justice status and availability of appropriate placements.
- In the last six months there had been one patient who was readmitted to Bede ward following discharge.

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

- All wards had a full range of facilities including:
  - clinic rooms
  - quiet rooms

# Are services responsive to people's needs?

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

- therapy rooms
- activity rooms
- games room
- <>  
outside sports arena.
- Payphones were available on the ward and rooms were available where patients could make private calls. Patients on Cuthbert and Bede could access and use their mobile phones based on individual risk. Patients on Aiden and Oswin could access mobile phones during leave from the ward based on individual risk.
- All wards had an outside space which was accessible to patients. Patients could also access an outside sports arena.
- All wards had a visitor's room off the main ward environment where patients could meet visitors. These rooms were well maintained and provided a suitable environment to meet with visitors.
- We examined the weekly menu and spoke with patients about the food available. There was a wide choice of food available for patients and the kitchen was able to cater for patients specific dietary or cultural requirements. The patients we spoke with told us the food was good and provided a wide choice of options. Some patients told us the portions were sometimes small. However, the service had recently responded to this and 'seconds' were available if required. Patients were also able to cook for themselves with support.
- Patients who attended the allotment group were able to grow their own vegetables which they could use to cook with.
- Drinks and snacks were readily available throughout the day based on individual risk assessment, although the service limited access to these at night to promote a healthy sleep pattern.
- Patients' bedrooms were spacious and were all ensuite. However there was limited storage space due to the secure nature of the service. Patients were provided with a key to their room based on individual risk and were able to access their rooms throughout the day based on individual risk.

- Patients had individual activity plans and there was a timetable of activities available each day. Patients could access a range of activates each day including cooking, sports and recreational activates. The service had developed external links to facilitate activates including with the local museum who had visited to provide interactive activities. Trainee guide dogs also visited the wards to interact with patients who could take them for a walk around the hospital.

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

- All wards were on the ground floor and were accessible for patients with disabilities. Accessible bedrooms were available with adapted shower facilities.
- Patients physical health was assessed through the admission process and any additional support highlighted and risk assessed on an individual basis. Patients with ongoing physical health conditions received regular monitoring and support through the GP who visited the service twice a week.
- All wards had well organised display boards. They included information leaflets about treatments, local services, advocacy, support groups, patients' rights and how to complain. If required, staff could obtain this information in different languages. The service had previously used interpreters for patients whose first language was not English.
- There was a wide choice of food available for patients and the kitchen was able to cater for patients' specific dietary requirements including vegan or vegetarian diets or cultural requirements for example kosher and halal diets.
- All wards had access to a multi faith room and the hospital Chaplain visited the wards. The service had links within the local community and could support patients to fulfil their individual religious needs. Each ward also had a multi faith box which contained a range of religious artefacts for patients use.

## Listening to and learning from concerns and complaints

- The service received five formal complaints in the 12 months ending 30 April 2016. Ward managers investigated complaints in line with the trust policy and of the five complaints two were upheld. Lessons learned

# Are services responsive to people's needs?

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

were discussed within management meetings and shared in team meetings. Staff told us that complaints were discussed in team meetings and gave an example following a recent complaint where an action plan was developed through the community meeting to resolve the issues raised. Additional complaints had been received regard the portion size of meals which had been resolved through the offering of 'seconds' at patients request.

- There was information on how to complain displayed on notice boards and in the welcome packs staff gave patients. The welcome pack explained how to make complaints and the support available from the patient advice and liaison services. The patients we spoke with said they would complain directly to staff in the first instance.

- Staff we spoke with knew the complaints procedure and felt able to manage informal and formal complaints.
- The service held regular community meetings and encouraged patients to raise concerns within these.
- Patients and carers could provide feedback through the trusts' 'Points of You' system. This was a comments card system. Staff updated 'you said, we did' boards within ward environments to inform patients and carers what had changed as a result of feedback for example the community meetings had recently been changed to every three weeks as patients felt they were too repetitive when held weekly.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The trust vision was to provide the best care, delivered by the best people, to achieve the best outcomes. The values were caring and compassionate, respectful and honest and transparent. All staff we spoke to knew the vision and values. Ward managers told us that the recruitment of new staff was based on the vision and values which were embedded from recruitment through supervision and appraisal.
- We observed staff working in a way that demonstrated the trusts values in everyday actions promoting patient centred care. Staff interactions with patients were caring and compassionate. Staff spoke strongly about good team working on the wards and the support received from ward managers and clinical leads on all the wards.
- The ward managers told us that they were supported by their clinical manager and service manager who were accessible and visited the wards regularly. Staff knew who the senior managers were and confirmed what the managers told us that they were visible on the wards.

### Good governance

- The trust had a good governance structure in place to oversee the running of the service with effective local leadership in place on each ward. The structure provided a clear link from the board through to staff and patient groups and facilitated a two way flow of information.
- Each ward had a risk register. Staff discussed risks within team meetings and updated the risk register as new risks were identified or risks were removed. The ward risk register informed the service wide risk register which in turn was part of the trust wide register.
- The service had effective systems and processes in place to ensure the service was provided in line with trust policy and national guidance. Ward managers held monthly team meetings and managers attended a monthly forensic management communication meeting. We saw that these meetings were structured around the five Care Quality Commission domains of safe, effective, caring, responsive and well-led.

- We found that staff were compliant with trust targets for mandatory training, supervision and appraisals. Staff had access to a wide range of training to support them in developing their practice and had opportunities to attend specialist training which was linked to improving delivery of care and outcomes for patients.
- Shifts were covered by staff with the correct grade and experience for the role. Wards were often staffed above establishment levels to maintain a safe environment and meet the needs of the patients.
- Incidents were reported by staff and examined by the trust for any trends or themes for the service. Ward managers and service managers were provided with detailed analysis of incident data at service, ward and patient level. Staff used this data in a proactive way, including at multi-disciplinary team meetings for the formulation of patient care plans.
- Staff could access an electronic performance dashboard system to monitor their performance and training compliance. Managers were able to use this dashboard to monitor team performance and to measure the ward using key performance indicator progress reports available through the dashboard.
- The ward managers had the autonomy and sufficient authority to run their wards. They worked collaboratively to ensure they admitted patients to the ward which was best suited to meet their needs.

### Leadership, morale and staff engagement

- Each team worked within a multidisciplinary framework. The views of all disciplines was perceived as being equal. We observed two multi-disciplinary meetings and saw the mutual respect and value disciplines demonstrated for one another.
- The wards operated as a whole service and staff held an awareness of the role of the other wards and how they fit together. Many staff had worked in roles across more than one ward seeking to progress within the service. Many staff we spoke to had worked for the trust for a number of years and had been given opportunities to develop their career pathways within the trust.
- There was a culture of personal development and support workers were encouraged to work towards achieving a qualification.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The service's average clinical supervision rate was 86 percent, staff all reported receiving regular supervision and felt they were appropriately supported.
- Staff morale was high; all the staff we talked to spoke highly of the service, their manager and their team.
- Staff knew how to report concerns through the trust whistleblowing policy. Staff felt comfortable that they would be able to raise issues without fear of repercussions or reprisals.

## Commitment to quality improvement and innovation

- The service participated in the quality network for forensic mental health services and Oswin ward completed quality reports for the National Offender Management Service.
- The service was working towards both my shared pathway and the recovery star approaches to ensure care was person centred and individual.
- Oswin ward had developed a formulation approach to supporting patients, a stepped approach including the patient and all relevant people in the patients care to develop an individual care pathway for the patient.