

The Langford Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	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 and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

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

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

Summary of findings

Overall summary

We rated The Langford Centre as good because:

- Mandatory training completion for the wards was high.
- Staff completed and routinely reviewed comprehensive assessments of patients' risks, physical and mental health.
- Patients had access to psychology and a range of occupational activities including personal training sessions, weekly health walks, gym sessions, swimming, roller skating, volunteering at a local animal sanctuary, furniture restoration, and gardening.
- All staff received regular supervision.
- Patients told us they felt safe and cared for in the hospital.
- Carers and family members were involved in patient care wherever patients authorised for this.
- Staff, including the psychology and occupational departments, worked with patients from point of admission to rehabilitate and support them towards a positive move on from the hospital as part of their recovery.
- In 2017 the hospital took part in a Nottingham University-led pilot to review the hospital's policy and

practice regarding the political participation of residents. The pilot was held in conjunction with local snap elections at that time. The study involved observing how patients were supported to vote using policy, discussion around political views and choices, and social worker and speech and language therapist (SALT) support.

However:

- On Cooden Lodge and Seaford Suite we found that a range of equipment was out of date. The hospital director informed us that all out of date equipment was removed after our inspection.
- Cooden Lodge was untidy, four out of nine patient bedrooms had unclean shower areas, dirty window sills and skylights. The hospital director informed us they arranged a ward deep clean the day after our inspection and implemented two cleaning audits for each wards' toilets and bedrooms.
- One patient's care record on Daffodil ward detailed an unjustified blanket restriction. Staff concluded they would arrange for removal of the restriction.
- Risks identified following a number of recent incidents were not listed on the hospital's risk register.

Summary of findings

Contents

	Page
Summary of this inspection	
Background to The Langford Centre	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7
<hr/>	
Detailed findings from this inspection	
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	33
Areas for improvement	33

Good 

The Langford Centre

Services we looked at:

Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to The Langford Centre

The Langford Centre is run by Bramley Health.

The service provides both low secure and rehabilitation services to male and female adults with a range of mental health, learning disabilities, and substance misuse support needs. It has 61 beds over five wards. On the days of the inspection there were 43 patients accommodated over all wards.

Daffodil ward is a 15 bed female locked rehabilitation ward for patients with complex needs. Balmoral ward is an 11 bed female locked step down rehabilitation ward for patients from Daffodil ward.

Pevensy ward is a 15 bed male low secure ward.

Cooden Lodge is a nine bed male locked rehabilitation ward.

Seaford Suite is an 11 bed male locked rehabilitation ward.

The Langford Centre is registered to provide:

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

We have inspected The Langford Centre eight times since registration with the Care Quality Commission (CQC) in 2011. The last inspection took place on the 13 and 14 December 2016. During that inspection we found the provider had breached one of the Health and Social Care Act 2008 (Regulated Activities) Regulations (Regulation 18 HSCA (RA) Regulations 2014 Staffing). We asked the service to take steps to address the breach of this regulation and the service responded with an action plan to do this. We reviewed this and determined that the service had made improvements in this area.

Our inspection team

The team that inspected the service comprised of 11 people; three CQC inspectors, one assistant inspector, six specialist advisors who were senior mental health nurses, and one expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all five wards at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients;

Summary of this inspection

- spoke with 18 patients who were using the service;
- spoke with the registered manager and managers or acting managers for each of the wards;
- spoke with 23 other staff members; including the consultant/medical director, nurses, therapeutic care workers, occupational therapist, occupational therapy assistant, psychologist, psychology assistant, visiting pharmacist, and social worker;
- received feedback about the service from two care co-ordinators or commissioners;
- attended and observed one ward planning meeting, one hospital multi-disciplinary meeting, and one ward occupational cooking group;
- collected feedback from six patients using comment cards;
- looked at 29 care and treatment records of patients;
- reviewed 38 medicine records for patients;
- carried out a specific check of the medicine management on all wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The patients we spoke with on all wards were positive about the hospital's staff. Four out of six patients wrote on comment cards that they were happy with the support and care they received during their admissions. Two out of six comments reported that they were unhappy with the care and treatment they received. They told us that they felt safe, listened to, that staff were encouraging, friendly, and available if patients wanted to talk to them. Patients told us that all of the wards except for Cooden

Lodge were clean and that the range and quality of food available was good. Some patients reported that the food portions were small, but they did have snacks during the day to make up for this.

Patients told us they got their leave and said they saw their doctor every fortnight, which they said was enough. Patients enjoyed the outside groups and the opportunity to be involved in community projects away from the ward.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

Good



- Staff on the ward followed appropriate observation policies. Additional staff could be brought in to allow for one to one patient observations so this role was not taken from the staffing establishment.
- There were enough staff so that patients could have regular one to one time with their named nurse.
- There was adequate medical cover day and night on the wards.
- Mandatory training completion for the wards was high.
- Staff completed a risk assessment on all patients at the point of admission. These were thorough, detailed throughout, and reviewed regularly.
- Patients were permitted to use their mobile phones if they disabled the camera facility.
- Patients had keys to their rooms which contained lockable storage for their possessions.
- There was appropriate storage of medicines across all wards.
- Staff demonstrated a good awareness and understanding of safeguarding and how to keep patients safe from harm or abuse. The service had good links and working relationships with the local authority and other safeguarding agencies.
- All staff knew what incidents to report and how to do this.

However:

- On Pevensey ward, the fire doors to the communal lounge did not close properly so smoke would be able to get through in the instance of a fire on the ward. The hospital director informed us that adjustments were made following our inspection to provide more effective smoke seals.
- The bedroom windows on Balmoral ward were tightly shut and some patients complained to us about the heat as they could not open their windows. Maintenance staff opened the windows during our inspection when we brought it to their attention.
- On Cooden Lodge and Seaford Suite we found that a range of equipment was out of date. The hospital director informed us that all out of date equipment was removed after our inspection. The ward scales were not correctly calibrated and gave inaccurate readings.

Summary of this inspection

- Cooden Lodge was untidy, four out of nine patient bedrooms had unclean shower areas, dirty window sills and skylights. The hospital director informed us they arranged a ward deep clean the day after our inspection and implemented two cleaning audits for each wards' toilets and bedrooms.
- Staff on Seaford Suite were working with ward managers to manage safety regarding contraband concerns. However, a new additional daily check of closed circuit television equipment was not listed on the checklist to act as a prompt for staff.

Are services effective?

We rated effective as good because:

Good



- Staff completed a comprehensive mental health assessment of all patients at the point of admission.
- There was good assessment, monitoring and management of patients' physical health needs.
- Care plans were personalised and were recovery focussed taking into account patient strengths, wishes, and short and long-term goals.
- Patients had access to psychology, individual and group work, occupational therapy and medical treatment.
- The occupational therapy team supported patients' physical health ensuring patients had access to personal training sessions, weekly health walks, gym sessions, swimming, roller skating, volunteering at a local animal sanctuary, furniture restoration, and gardening.
- Staff received regular supervision. We saw staff supervision rates which showed that supervision was at 100% for all staff in the previous six months. All staff received an annual appraisal and records showed that these were up to date for all staff.
- Staff had regular team meetings on the ward. Staff held handovers between each shift. These were comprehensive and staff spoke about each patient to give an update and highlight any issues to be aware of for the next shift.
- All staff had received training in the Mental Health Act and Mental Capacity Act. Staff explained to patients their rights under the Mental Health Act and patients had access to mental health advocacy if required. Records showed that capacity to consent to treatment was reviewed at regular intervals.

However:

Summary of this inspection

- We did not see evidence that patients on Seaford Suite that patients had signed or received copies of their care plans. Two out of six care plans scrutinised on Cooden Lodge had not been reviewed in line with policy since January and February 2018.

Are services caring?

We rated caring as good because:

Good



- Across all wards we observed staff interacting with patients in an immediate, positive, and compassionate way. Staff clearly knew their patients well and responded appropriately to their concerns.
- Patients we spoke with told us that staff cared for them and ensured that they felt supported and safe on the wards.
- The ward manager on Daffodil ward told us that they operated a patient 'buddy' system where patients already admitted to the ward oriented new patients to the ward.
- Patients had involvement in their care planning.
- Carers and family members were involved in patient care wherever patients authorised for this. A carers' spring gathering was held in April 2018 for carers to meet staff and patients.
- The wards held a weekly community meeting for patients to put forward suggestions and feedback on the service. Patients had access to advocacy and we saw leaflets displayed around the ward. Patients could invite their advocate to ward rounds or care programme approach meetings.
- The provider actively encouraged patients to be involved in decisions about the service. Three members of staff we spoke with told us that some patients had been involved in interviewing new therapeutic care staff.
- Staff were able to meet the individual needs of patients including their religious, cultural and social needs.

However:

- Some patients on Pevensey ward told us that they did not know what was in their care plan and said sometimes staff asked them to sign this before they had the chance to read it through.
- None of the wards had 'you said, we did' boards to evidence that the hospital had responded to patient requests.

Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- Each patient had their own bedroom, which had en suite facilities and which patients could personalise. Patients had access to outside space and there was a therapeutic garden for patients to use.
- Patients had access to snacks and hot drinks day and night.
- Patients were involved in a number of community activities, including presenting a radio show on a local radio station, exhibiting photographs at a local café, volunteering at a local furniture restorer and in local charity shops.
- Staff were able to access interpreters for patients for who English was not their first language.
- Staff knew the process for dealing with a complaint and received feedback from any lessons learnt from complaints on other wards within the hospital.

However:

- Three out of five wards had a full range of equipment and rooms to support the treatment and care of patients. However, Balmoral ward and Cooden Lodge did not have one to one rooms, group rooms or quiet lounges.

Are services well-led?

We rated well-led as good because:

Good



- Staff on the ward spoke highly of the ward managers and hospital director and reported they felt well supported at ward level. Ward staff supported each other and demonstrated a sense of teamwork and togetherness. Staff felt able to report concerns to their manager without any fear of retribution.
- Ward managers completed regular clinical audits across the wards to ensure areas such as care plans, medicine records, least restrictive practice, administration of rapid tranquillisation, restraint, and use of 'as needed medicine' were monitored closely.
- Governance structures were in place to ensure mandatory training was up to date, that supervision happened monthly and that staff appraisals took place annually. Staff appraisals included discussions around career development and staff progression.
- Staff could access information they needed to carry out their role easily and in a timely manner.

Summary of this inspection

- Following feedback from the recent annual staff survey the hospital introduced a voucher incentive scheme including childcare vouchers and shopping discounts, a wellbeing 24/7 confidential support service, and developed senior therapeutic care worker roles for each ward.
- Clear structures ensured learning was cascaded from managers to ward staff.
- The medical director and mental health act administrator led a quality improvement project to review and re-design Section 17 leave paperwork. Section 17 leave is a section of the Mental Health Act (1983) which allows the responsible clinician to grant a detained patient leave of absence from hospital.
- In 2017 the hospital took part in a Nottingham University-led pilot to review the hospital's policy and practice regarding the political participation of residents. The pilot was held in conjunction with local snap elections at that time. The study involved observing how patients were supported to vote using policy, discussion around political views and choices, and social worker and speech and language therapist (SALT) support.

However:

- During our inspection there were two items on the hospital's risk register. However, risks identified following a number of recent incidents, such as a serious incident at the side of the road-side smoking area and contraband findings on Seaford Suite, were not listed on the register. We brought this to the attention of the hospital director.
- Staff felt disconnected from the senior leadership team of the organisation. Staff did not feel they could contribute to discussions regarding the strategy of the service and felt changes were made without consultation or engagement.
- Staff we spoke with told us they did not have direct contact with the rest of the executive board which included the hospital's nominated individual. Some staff we spoke with told us that these two executives visited the hospital but did not go onto the wards.

Detailed findings from this inspection

Mental Health Act responsibilities

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

All staff had received training in the Mental Health Act and demonstrated a good understanding and awareness of the Mental Health Act and the implications of this for the patients on the ward. Staff explained to patients their rights under the Mental Health Act and patients had access to mental health advocacy if required. Advocacy leaflets were displayed throughout the ward.

Patients were able to take their approved Section 17 leave from the hospital when this had been granted. We saw evidence that staff had requested an opinion from a second opinion appointed doctor when this was required and within appropriate timescales. All patient Mental Health Act paperwork was securely stored, but easily accessible to staff when required.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act and demonstrated a good understanding of the Act and how it applied to patients on the ward. There were no patients subject to deprivation of liberty safeguards on the ward at the time of the inspection. Staff completed

capacity assessments when required and recorded this within patient care records. Records showed that capacity to consent to treatment was reviewed at regular intervals.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

Safe and clean environment

- Staff on the ward completed daily security checks. These included checking all bedrooms and communal areas for any contraband items or items that might pose a risk to patients. A staff member was allocated to this role daily at the morning handover so all staff had experience of completing these checks.
- There were no blind spots on the ward. The nursing office was located in the centre of the ward which allowed for lines of sight along both bedroom corridors and into the communal lounges. The ward had closed circuit television in place in corridors and communal areas.
- Staff completed an annual ligature risk audit which identified ligature risks and was accompanied by an action plan to mitigate any identified. This was comprehensive and thorough and included all of the rooms on the ward.
- The ward was all male so complied with Department of Health guidance on single sex accommodation. All patient bedrooms had en suite shower rooms.
- Staff carried alarms with them at all times. Staff had to sign for these in reception before they went on to the ward and returned them to reception at the end of their shift. Staff returned them at any point they left the hospital during their shift, for example if they were accompanying a patient on escorted leave.
- The fire doors to the communal lounge did not close properly. The hospital director informed us that

adjustments were made to the these doors following our inspection to ensure a more effective smoke seal. The hinges on the doors were examined and any screws which appeared to be protruding were replaced.

- Cleaning records were maintained and kept up to date. The ward was clean and well maintained.
- Staff adhered to infection control principles at all times including hand washing. We saw hand gel dispensers for staff and visitors to use prior to going on to the ward.
- The clinic room was fully stocked with appropriate emergency equipment and emergency medicine.
- Staff checked fridge temperatures daily to ensure that medicines were being stored at the correct temperature.
- The ward scales were not correctly calibrated and gave inaccurate readings. We raised this with the ward at the time and they put a do not use sticker on the scales and ordered another set for the ward.

Safe staffing

- Staff worked a shift pattern of 8.15am – 8.30pm and 8.15pm – 8.30am. There was always a minimum of two qualified nurses on shift during the day and one at night. On each shift there were three therapeutic care workers.
- The ward manager could bring in additional staff to cover any one to one patient observations, so that these did not have to be covered by the regular staffing establishment.
- Agency staff were used to cover shifts, although these were blocked booked well in advance to ensure consistency and continuity for the patients and with the ward processes. In the period between 1 January 2018 and 31 March 2018 bank staff covered four shifts and

Forensic inpatient/secure wards

agency staff supported permanent staff to fill 119 shifts. No shifts were left uncovered. Agency staff received the same induction and had access to the same mandatory training as permanent staff.

- Staff allocated patient leave with patients at the daily morning planning meeting so there was always sufficient staff to allow for one to one time, ward activities and escorted leave from the ward.
- The ward had one nursing vacancy and no therapeutic care worker vacancies at the time of the inspection.
- The ward had a dedicated consultant psychiatrist and one staff grade doctor to cover the ward. Doctors could attend the ward in an emergency and there was an on call rota if a doctor was needed out of hours.
- Mandatory training for the ward was high. Training rates for all mandatory training was above 90%. All staff had completed safeguarding training and until this had been completed staff were not able to work on the ward.
- Staff received an email reminder three weeks prior to their training expiring. They received a further email a week before to prompt them to book on to an appropriate course, or complete the relevant e-learning. The ward manager also received an email when a staff member was one week from their training expiring. This enabled the ward manager to chase up staff who still needed to complete their training.

Assessing and managing risk to patients and staff

- We reviewed eight patient care records. These showed that staff completed a risk assessment on all patients at the point of admission. Staff reviewed these regularly and following any incidents. Risk assessments were also reviewed as part of the patient's fortnightly ward round.
- Staff used a risk management tool which provided a comprehensive risk history and recorded current risk. Risk assessments were thorough and detailed throughout.
- Staff on the ward followed appropriate observation policies. If staff felt that a patient's risk had increased and they needed to be nursed on a higher level of observation the nurse in charge was able to increase the observation level. A doctor was required to reduce the observation level. Additional staff could be brought in to allow for one to one patient observations so this role was not taken from the staffing establishment.

- Staff were aware of how and when to search patients. Staff received comprehensive training in how to complete searches of patients, their belongings and bedrooms.
- Blanket restrictions were used only when justified. The ward completed restrictive practice audits which detailed the rationale for any blanket restrictions on patients.
- The hospital was a smoke free site. Patients were required to use their leave to be able to smoke outside. Staff tried to facilitate this as much as possible and patients were able to plan and organise their daily leave at the morning patient planning meeting. The hospital was directly on a main road so any patients wishing to leave for a cigarette had to stand at the side of the road.
- In the six months leading up to the inspection visit there were eight incidents of restraint on the ward. Of these eight none were prone restraints, and none resulted in staff administering rapid tranquillisation to patients.
- The ward manager completed a monthly restrictive practice audit and the ward followed the organisation's restrictive practice intervention policy.
- The ward did not have a seclusion room so there were no episodes of seclusion on the ward.
- Staff were trained in managing aggression in challenging environments, which promoted the use of de-escalation techniques so that physical restraints were only used as a last resort.
- All staff had received safeguarding training. Staff were not permitted to work on the ward until they had completed this.
- Staff demonstrated a good awareness and understanding of safeguarding and how to keep patients safe from harm or abuse.
- The service had good links and working relationships with the local authority and other safeguarding agencies.
- Staff followed appropriate procedures for families visiting patients and all visits were facilitated off the ward in the visitors' room. Children were not permitted on to the ward at any time.
- Patient care records were kept in paper files. These were well organised and all staff could access information within these easily.
- Staff recorded ward round documents and care programme approach documentation on word

Forensic inpatient/secure wards

documents that could be printed prior to the meeting. These were then filed in the patient care record. All staff were able to contribute and add to the working document prior to the meeting so that any discussions included contributions from the full multidisciplinary team.

- The ward had strong working arrangements with a local pharmacy. A pharmacist visited the ward weekly and provided a weekly update on medicines management to the ward manager. The service had an interactive live view system whereby the pharmacist could raise any issues with the ward manager who could respond in real time to resolve any issues.
- We reviewed eight patient prescription charts. Medicines were prescribed in line with National Institute for Health and Care Excellence guidelines and we saw evidence of monitoring those patients on high dose antipsychotic medicines. However, we identified a medicine error in one medicine record we reviewed. A consultant amended one patient's care plan on 26 May 2018 replacing their usual emergency medicine with another to manage their chronic physical health condition. The prescription was not approved and sent to the local GP until the 1 June and the medication, despite staff chasing it up, did not arrive until 5 June. We raised this with the ward manager. Following our inspection, the hospital director provided us with an incident report and action plan to ensure this error did not re-occur.

Track record on safety

- In the previous 12 months there had been one serious incident on the ward. A patient did not return from leave in the hospital garden and was outside for an hour before staff realised. As a result all patients must now sign in and out whilst on any activity off the ward.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to do this. The staff member who witnessed the incident reported it. Staff completed an incident form which was submitted to the ward manager. The manager then completed their investigation if appropriate and the hospital director reviewed the incident forms.
- The incident form contained a lessons learnt section so all staff could review and learn from the outcome.

Learning was shared at team meetings and in individual supervision. The hospital also had a monthly patient safety matters meeting for the senior leadership team to discuss learning outcomes and cascade these back to staff via ward managers. On one occasion a patient had been left unaccounted for in the therapeutic garden following a group horticulture session. Following this the ward manager introduced a process whereby for all outdoor activities off the ward patients were required to sign in and out.

- Staff and patients were given the opportunity to de-brief following any incident. The ward had a duty of candour policy and staff were open and transparent following any incident or errors they had made.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- We reviewed eight patient care records. These showed staff had completed a comprehensive mental health assessment of all patients at the point of admission. Staff also assessed patients' physical health when they were admitted to the ward.
- Staff developed patient care plans with patients to reflect the needs identified in the initial admission assessment.
- Care plans were personalised and holistic covering a range of patient needs.
- Staff reviewed patient care plans at each fortnightly ward review. This was a multidisciplinary review including nursing staff, ward consultant and occupational therapists and psychologists if they were involved in a patients' care.

Best practice in treatment and care

- Staff provided a range of treatment options for patients on the ward. Patients had access to psychology, both individual and group work, occupational therapy and medical treatment.
- Patients had access to physical health care and staff regularly reviewed patients' physical health. Patients received a monthly physical health check on the ward,

Forensic inpatient/secure wards

and were all registered with a local GP for an annual health check. However, some of the medical equipment we found had not been tested or calibrated for some time meaning that any results could not be relied upon to be completely accurate.

- Staff were supporting patients with smoking cessation schemes as the hospital had been smoke free since November 2017. Patients were offered nicotine replacement treatment if they wished, although staff still supported patients' rights and choice to smoke if they chose to.

Skilled staff to deliver care

- The multidisciplinary team included nurses, therapeutic care workers, occupational therapist, psychologists, a social worker and a consultant psychiatrist supported by a staff grade doctor.
- All new staff received an appropriate induction and shadowed staff on shift before being part of the staffing establishment numbers. Any agency staff received the same induction to the ward so they were aware of ward practices and the patient group.
- Staff received regular supervision. We saw staff supervision rates which showed that supervision was at 100% for all staff in the previous six months. Staff told us that supervision was meaningful and supportive and identified areas for training or career progression.
- All staff received an annual appraisal and records showed that these were up to date for all staff.
- Staff completed mandatory training and there were further opportunities for specialist training if staff had identified this. Staff received additional training on security and searches as part of their role.

Multidisciplinary and interagency team work

- Staff had regular team meetings on the ward. Minutes showed that these were well attended and included any learning from incidents outcomes, updates on training and ward developments and any identified risks.
- Staff held handovers between each shift. These were comprehensive and staff spoke about each patient to give an update and highlight any issues to be aware of for the new shift. The hospital also had a daily ward managers meeting to discuss any staffing issues or if any patients were on one to one observations to allow for effective planning of the hospital.

- Staff had good links with the patients' community teams and care coordinators as well as case workers from the Ministry of Justice.
- The staff team also had good relationships with the local safeguarding authority, local GP and local charity organisations who offered the patients volunteering opportunities.

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

- All staff had received training in the Mental Health Act. Staff demonstrated a good understanding and awareness of the Mental Health Act and the implications of this for the patients on the ward.
- Staff had good access to administrative support and the hospital employed a Mental Health Act administrator.
- Staff explained to patients their rights under the Mental Health Act and patients had access to mental health advocacy if required. Advocacy leaflets were displayed throughout the ward.
- Patients were able to take their approved Section 17 leave from the hospital when this had been granted. Patients detained in hospital under the Mental Health Act have the right to leave hospital if they have a leave of absence granted by their doctor. This is known as section 17 leave and it should be recorded on a standardised form and kept with the patient's notes.
- We saw evidence that staff had requested an opinion from a second opinion appointed doctor when this was required and within appropriate timescales.
- All patient Mental Health Act paperwork was securely stored, but easily accessible to staff when required.

Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act. Staff demonstrated a good understanding of the Act and how it applied to patients on the ward.
- There were no patients subject to deprivation of liberty safeguards on the ward at the time of the inspection.
- Staff completed capacity assessments when required and recorded this within patient care records. Records showed that capacity to consent to treatment was reviewed at regular intervals.

Are forensic inpatient/secure wards caring?

Forensic inpatient/secure wards

Good 

Kindness, dignity, respect and support

- We observed numerous examples of positive interactions between staff and patients. Staff demonstrated kindness and respect whilst maintaining patients' dignity. Staff clearly knew their patients well and responded appropriately to their concerns.
- Patients told us that they felt safe on the ward and staff treated them well.
- Staff were able to meet the individual needs of patients including their religious, cultural and social needs. The hospital had a multi-faith room for patients to use which contained religious books from all denominations.
- Staff maintained patients' confidentiality at all times.

The involvement of people in the care they receive

- The ward had a patient buddy system whereby any new admission was allocated another patient to buddy with who would then show them around the ward and orientate them to ward routines and processes.
- Patients had involvement in their care planning. We reviewed eight patient care records which showed that patients had been given a copy of their care plan. However, some patients told us that they did not know what was in their care plan and said sometimes staff asked them to sign this before they had the chance to read it through.
- The ward held a weekly community meeting for patients to put forward suggestions and feedback on the service. The hospital also had a patients' council which included representatives from each ward to put forward the views of patients on the ward. As a result of suggestions from patients the ward had purchased an exercise bike for patients to use. Patients had also commented on the lack of physical activities and so the hospital arranged for a personal trainer to visit the ward every fortnight.
- Patients had also told staff they were unhappy with the portion sizes at mealtimes and so staff invited a dietitian in to speak with patients about healthy eating and appropriate meals. Staff now provide healthy snack during the day for patients.

- Patients had access to advocacy and we saw leaflets displayed around the ward. Patients could invite their advocate to ward rounds or care programme approach meetings.
- Staff involved families and carers when appropriate and if patients had given them consent to do so.
- Family members or carers were invited to care programme approach meetings and were involved in discussions on discharge planning.

Are forensic inpatient/secure wards responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- The average bed occupancy level on the ward was 84% in the six months prior to the inspection. Bed occupancy levels are the rate of available bed capacity. It indicates the percentage of beds occupied by patients.
- A bed was always available for a patient to return to if they had any overnight leave.
- Patients were admitted to the ward at a suitable time of day and in a planned way. Patients were not admitted to the ward at short notice or in emergency situations.
- There were no delayed discharges reported from the service in the 12 months prior to the inspection.
- Staff maintained good links with patients' community teams or case managers to ensure discharge arrangements were well coordinated and planned.

The facilities promote recovery, comfort, dignity and confidentiality

- Each patient had their own bedroom, which had en suite facilities and which patients could personalise.
- The ward had a full range of rooms for patients to use. There was a communal lounge, quiet lounge, activity room and de-escalation room. These were all suitably furnished and well maintained. The ward had a clinic room, however this did not have enough space for an examination couch so any physical observations had to be taken in the patients' bedroom.
- The hospital had a visitors room off the ward for patients to meet any visitors.

Forensic inpatient/secure wards

- Patients had access to outside space and there was a therapeutic garden for patients to use. The hospital ran a horticulture group for patients to get involved with.
- There was a payphone on the ward so that patients could make calls in private. Patients were also allowed their own mobile phone following a risk assessment. Staff disabled the camera on any phone that had this facility.
- Patients could access the kitchen under staff supervision so could make snacks and hot drinks as they wished.
- The ward had lockable storage for patients to be able to store their possessions safely.
- Patients were involved in a number of community activities, including presenting a radio show on a local radio station, exhibiting photographs at a local café, volunteering at a local furniture restorer and in local charity shops.
- Patients were encouraged to maintain contact with their families and staff facilitated this where appropriate. Staff gave patients choice over seeing their family and would not routinely share information unless they had consent from the patient.

Meeting the needs of all people who use the service

- The ward had personal emergency evacuation plans in place for those patients who required this.
- Staff were able to access an interpreter service for a patient on the ward for who English was not their first language. An interpreter was arranged for all their ward round and care programme approach meetings.
- Information leaflets on how to make a complaint, local services, treatments and patients' rights were displayed on notice boards around the ward. Staff could arrange for these to be provided in easy read or different languages if needed.
- The ward could cater for individual patients' dietary needs.
- The hospital had a multi faith room so patients could access appropriate spiritual support. The ward had also invited in religious leaders from local religious groups from all denominations to meet patients' needs.

Listening to and learning from concerns and complaints

- In the 12 months prior to the inspection there were no patient complaints. However, patients told us they were aware of the process for making a complaint and felt confident staff would listen and respond to any complaints they made.
- Staff knew the process for dealing with a complaint and received feedback from any lessons learnt from complaints on other wards within the hospital.

Are forensic inpatient/secure wards well-led?

Vision and values

- Staff understood the values of the service and worked towards maintaining these.
- Staff did not demonstrate a full understanding of the organisation's strategy and stated they felt disconnected from the senior leadership team of the organisation. Staff did not feel they could contribute to discussions regarding the strategy of the service.
- Staff on the ward told us they felt valued and well supported by their manager and hospital director. However, they reported they did not always feel a connection to the wider organisation as a whole, or that they received support from senior leaders above hospital director level.
- Ward staff supported each other and demonstrated a sense of teamwork and togetherness. Staff felt able to report concerns to their manager without any fear of retribution.
- Staff appraisals included discussions around career development and staff progression.

Good governance

- There were clear structures in place to ensure learning was cascaded from managers to ward staff. The hospital management team held monthly patient safety matters meetings and clinical governance meetings at which risk and learning was discussed. Managers then took back any learning to staff teams to discuss in ward team meetings.
- Governance structures were in place to ensure mandatory training was up to date, that supervision happened monthly and that staff appraisals took place

Forensic inpatient/secure wards

annually. Staff received prompts for when mandatory training was due to expire, meaning they had time to book on to the next available training session. Staff were not permitted to work on the ward unless they had completed mandatory safeguarding training.

- The hospital risk register was not comprehensive and did not reflect risks identified at ward level. For example, the environmental risks posed to due inadequate fire doors in the ward was not included on the risk register.
- Staff at ward level were not able to escalate concerns to the hospital risk register.
- Staff could access information they needed to carry out their role easily and in a timely manner. Information was accurate and up to date. All staff updated patient care records so the information contained was representative of the multidisciplinary team.
- Staff knew the process for making notifications to outside bodies, such as the care quality commission, and did so appropriately.
- The ward manager had easy access to information to support them in their role, including the performance of the service, staffing and patient care.

- The ward manager had a good understanding of the service. The manager understood the needs of patients on the ward and how to encourage staff to provide the best service they could.
- The ward manager was visible on the ward and approachable to both staff and patients. The manager knew the patients well and was available on the ward.
- Staff on the ward spoke highly of the manager and reported they felt well supported at ward level.
- Patients could give feedback on the service at weekly patient community meetings. These meetings gave patients the opportunity to make suggestions for activities they would like to do, and gave staff the opportunity to explain the reason why certain decisions were made.
- Some staff we spoke with did not feel connected to the wider organisation and felt that changes were made to them without any consultation or engagement.

Learning, continuous improvement and innovation

- The ward was working towards accreditation with the quality network for forensic mental health services.

Leadership, morale and staff engagement

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

- Staff mitigated risks on the wards by the use of closed circuit television, mirrors, and continual staff presence throughout the ward environments.
- Each ward had a ligature risk assessment.
- All wards were single sex which meant the provider complied with the Department of Health eliminating mixed sex accommodation guidance.
- The bedroom windows on Balmoral ward were closed very tightly and some patients complained to us about the heat and had no quick access to fresh air in their rooms. Our inspection was in June during a spell of very warm weather and the bedrooms had no quick access to fresh air from outside. A member of maintenance staff was called and opened the windows during our inspection when we brought it to the ward manager's attention. The hospital director told us the windows had been closed tightly during winter to protect from drafts at the request of patients.
- The clinic rooms on all four wards were clean, well equipped, all emergency medicines were in date and checked weekly by the pharmacist and ward managers. There were procedures in place to regularly check all clinical equipment and we saw evidence that these checks were routinely carried out. A recent peer audit carried out in the hospital listed an action to ensure that correct stock and emergency equipment was in date for

May 2018. However, on Cooden Lodge we found that a range of equipment was out of date. This included one box of syringes, a range of blood bottles, four boxes of pen needles, wound cleansing pads in the first aid box, five boxes of biohazard clean up kits, and all four syringes in the emergency bag. There was only one chest pad in the defibrillator in the emergency bag which meant there was no spare pad readily available should the defibrillator be used. Two syringes and alcohol hand rub were out of date in the clinic room on Seaford Suite. We brought this to the attention of the ward manager. The hospital director informed us that all out of date equipment was removed after our inspection. Following our inspection we were informed that the defibrillator was new and a spare chest pad had not been ordered. However, a spare pad was ordered after our inspection.

- There were no seclusion rooms in the hospital.
- Three out of four wards were clean, had good furnishings and were well maintained. Ward managers told us that a contracted cleaning company cleaned the wards on week days. Ward staff cleaned the wards at weekends and assisted patients to keep their rooms tidy as part of their rehabilitative work. Domestic cleaning staff were evident in the hospital during our inspection, however we did not see any cleaners on Cooden Lodge during our inspection there. Cooden Lodge was untidy with pieces of rubbish on the fire extinguisher secure cases, four out of nine patient bedrooms had unclean shower areas, dirty window sills and skylights. There was writing on both the wall and locked notice board near the entry to the ward. Following our inspection, the hospital director told us that a patient who was unwell had written on the wall and staff were cleaning the walls, however the patient continued to write on them.

Long stay/rehabilitation mental health wards for working age adults

Patients told us that Cooden Lodge had had a rat infestation a few months prior to our inspection, which the hospital worked with appropriate contractors to eradicate. Our report following our last inspection in 2016 recommended that the provider operated a cleaning schedule which the provider had not implemented for Cooden Lodge and Seaford suite at the time of this inspection. This meant we did not see evidence of daily cleaning activities which were signed for. We raised this with the hospital director who informed us they arranged a ward deep clean the day after our inspection. They also immediately implemented two cleaning audits for each wards' toilets and bedrooms. The hospital director also informed us that they began an audit to commence refurbishment work on the Cooden Lodge en suite bathrooms.

- Staff carried out procedural and environmental security checks each morning and evening on three out of four wards to identify any damage which was a potential safety hazard. The checks monitored aspects such as floors being free of slip hazards, checking for items on the ward which could be used as a ligature, and checking under chairs for anything which could harm patients such as pens and lighters. We reviewed Cooden Lodge's security check records for the month of May 2018 and found no evidence that checks were carried out during three weekends in May. We brought this to the attention of the ward manager and were not provided with evidence that these checks had been done. The hospital director forwarded the missing pages to us following the inspection.
- Staff on Seaford Suite were working with ward managers to manage safety regarding contraband concerns. Ward staff agreed to undertake an additional security check of the ward's closed circuit television equipment when carrying out the twice daily ward environmental security to ensure its effectiveness. However, this additional check was not listed on the checklist to act as a reminder for staff to do it and as a prompt for any new agency staff. We raised this with the ward manager.
- Night staff carried out a nightly shift check using a checklist which included checking if fridges were clean, medicines were in date, and that the offices were tidy on three out of four wards. We reviewed checks recorded on Cooden Lodge and did not see evidence that these checks were carried out over three weekends in May 2018. We brought this to the attention of the ward

manager and were not provided with evidence that these checks had been done. The hospital director forwarded the missing pages to us following the inspection.

- All staff carried personal alarms. All visitors were given personal alarms specific for the ward areas they were visiting. Reception staff ensured that visitors knew how to use the alarms.

Safe staffing

- The service did not have any therapeutic care worker vacancies, however it did have 38% nursing vacancies across the wards. The hospital director told us that recruitment had been a business focus since our last inspection and that recruitment was ongoing. There were a number of new nurses undergoing pre-employment checks at the time of our inspection. Use of agency staff was listed on the provider's risk register so they could review recruitment as an ongoing business need.
- The service estimated the number and grade of nurses to cover each shift across all wards to ensure safety for patients and staff using a safe staffing schedule developed by the hospital's director of nursing. Safer staffing establishments were reported through the clinical governance and corporate clinical governance meetings to review ward staffing requirements.
- There was appropriate use of agency staff. We saw that the service block booked skilled agency nursing staff to cover the ongoing nursing shift vacancies so they were familiar with the patients and wards.
- Each ward had an induction file for new staff joining the ward to read. The file included documents such as 'this is me' patient introduction pages with photographs to enable new staff to familiarise themselves with patients' interests, how they wanted to be spoken with and cared for.
- All ward managers told us they were able to adjust staffing levels daily to take into account case mix and need for increased observation to manage ward safety.
- A qualified nurse was on duty across all the wards during each shift.
- There were enough staff so that patients could have regular one to one time with their named nurse. Each ward had a board listing patients and their named nurse

Long stay/rehabilitation mental health wards for working age adults

which was reviewed daily. Patients attended morning ward planning meetings where they could request time with staff or activities to enable staff to plan to meet their needs.

- Patients told us that ward activities were rarely cancelled due to staff numbers.
- There was adequate medical cover day and night on the wards. Medical staff told us that there were adequate doctors available over a 24-hour period seven days each week who were available to respond quickly on the ward in an emergency.
- Staff mandatory training completion levels across the wards were above the hospital's 75% target. There were 20 mandatory training subjects including The Mental Health Act, safeguarding, and basic life support. Training completion levels were between 94% and 100%. The hospital had an administrator who had responsibility to ensure that training levels were compliant with the hospital's target.

Assessing and managing risk to patients and staff

- The hospital did not have a seclusion facility.
- There were 66 incidents of restraint across the wards in the six months to end of March 2018 (Daffodil 52 incidents of which 50% were for the same patient; Pevensey 8; Balmoral 4; Seaford 2; Cooden 0). According to information provided by the hospital, none of these incidents involved prone restraint resulting in the use of rapid tranquillisation.
- Staff risk assessed patients using the short term assessment of risk and treatability (START). Staff completed HCR20 risk assessments for patients at risk of violent behaviour or following violent incidents which were reviewed regularly. HCR20 risk assessment were a comprehensive set of professional guidelines for the assessment and management of violence risk. This meant that a comprehensive and dynamic evaluation of risk was carried out throughout each patient's admission. Staff assessed risk factors such as self-harm, violence, self-neglect, suicide, victimisation and substance use. We reviewed risk assessments for 21 patients and they were all up to date and reflected all relevant risks.
- Patient risks were also discussed and reviewed in weekly care plan approach meetings and in monthly patient safety committee meetings which were attended by the multi-disciplinary team including a

local police liaison officer. Minutes from the March 2018 meeting noted that safeguarding risks were discussed to highlight and agree actions to mitigate all identified risks.

- We found that most blanket restrictions across the four wards were justified and clear notices were in place for patients explaining why these restrictions were in place. For example, patients were not permitted to hold cigarette lighters on them whilst on the wards and they were securely stored. Staff told us this was because of the risk of inappropriate use, which could endanger the lives of patients and staff.
- We reviewed one patient's care record on Daffodil ward which detailed an unjustified blanket restriction. The patient had been admitted from another hospital with a restriction on their food and fluid choices, due to physical health issues. The ward retained this restriction and submitted a referral to the dietician for an assessment in December 2017. There was no evidence of a response or follow-up on the referral in the patient's care records and the dietician's office reported they had no record of the referral. Staff had also not assessed the patient's capacity before they imposed the restriction on the patient. Staff could not tell us what the implications were of drinking such drinks with the patient's existing physical health issues. During our inspection, staff concluded that the restriction should not have been made without appropriate reason and assessments in place and said they would arrange for removal the restriction.
- In April 2018 the rehabilitation kitchens on Cooden Lodge, Seaford Suite, and Balmoral ward were opened to patients as part of the hospital's least restrictive practice work. The hospital director developed an updated kitchen ligature risk assessments to mitigate patient risk.
- Patients were permitted to use their mobile phones if they disabled the camera facility. Ward phones were also available for patients to use in private. The ward payphone on Seaford Suite was broken at the time of our inspection.
- Patients had keys to their rooms which contained lockable storage if this was risk assessed as appropriate.
- Notices were displayed on ward doors explaining that if informal patients wanted to leave the ward they could speak to a member of staff to arrange this.
- The wards had policies and procedures for conducting patient observation. Patient observation levels were

Long stay/rehabilitation mental health wards for working age adults

agreed by the ward teams at the beginning of each shift. Ward staff also adapted individual patient observation levels throughout each shift in the event of an incident which indicated an increased risk of harm for any patient. We observed staff conducting observation monitoring on each ward where they noted the frequency and type of patient observation, for example, if a patient was observed by two staff within eyesight and how frequently.

- Staff searched patients when they returned from leave off the ward to ensure they were not bringing back banned articles such as drugs, weapons, and lighters. Random drug screen tests were undertaken on Cooden Lodge and Seaford Suite to manage safety for patients.
- All staff were trained and skilled in de-escalation techniques. The service reported 58 incidents of restraint in the six months to March 2018. None of these were in the prone position or resulted in the use of rapid tranquillisation.
- Staff mandatory training levels for adult and children safeguarding were 99% and 97% respectively which was above the hospital's 75% training completion target. All staff we spoke with understood how to make a safeguarding alert. The hospital raised 11 safeguarding concerns during the year to end of April 2018. The service had good working relationship with local safeguarding teams. During our inspection we reviewed examples of safeguarding alerts and investigations carried out by the wards and the local safeguarding teams.
- All staff had a 'report without fear' key ring which listed local safeguarding contact details. The hospital appointed six safeguarding champions to further strengthen safeguarding work across the wards. This approach was implemented following feedback from the 2018 staff survey requesting more staff with development opportunities. The champions met monthly to review safeguarding alerts, concerns, and identified staff learning needs. They also received additional safeguarding training and acted as an additional resource to advise staff on safeguarding issues.
- We found evidence of appropriate storage of medicines across all wards. For example, we saw that medicines were stored securely on the wards. Temperature records of the ward medicine fridges and clinic rooms were monitored daily, which meant medicines were stored in conditions recommended by the manufacturers. The

charge nurse and pharmacist carried out medicine reconciliation for each patient when they were admitted to the wards. The pharmacist carried out weekly medicine checks on each ward which were also reviewed by the ward managers.

- Children were not permitted on the wards, however they could have a supervised visit when risk assessed and approved by safeguarding in the hospital visitors' room away from the wards.

Track record on safety

- According to data provided by the service, there were two records of serious incidents in the 12 months prior to our inspection. One incident involved a patient who ran in front of traffic while on an escorted leave for a cigarette break, and the second involved a patient who ran away from staff while on escorted leave for a cigarette break and tied a ligature around their neck.
- The manager on Seaford Suite told us that they had replaced their evening shift staff to ensure that more appropriately skilled staff were used to increase ward safety following some feedback from patients about night time ward activity. Following this staff change, patients informed staff that they felt much safer at night on the ward.

Reporting incidents and learning from when things go wrong

- All staff we spoke with explained to us what constituted an incident and how they would report them. In the event of an incident, staff completed a hospital incident form which was approved by the ward manager, discussed at the daily hospital multi-disciplinary meeting, and again at the monthly patient safety meeting. A copy of the form was attached to the patient's file and relevant parties such as the hospital director, Care Quality Commission, and the appropriate Clinical Commissioning Group were informed in line with the hospital's incident reporting policy.
- Staff we spoke with told us they were offered debrief support in a group or individually after serious incidents occurred. This support was offered by a nurse or ward manager depending on the gravity of the event. Monthly reflective practice sessions led by a psychology team member took place on each ward for staff to discuss recent incidents. Staff told us they received additional support following a serious incident they witnessed with a patient from Seaford Suite prior to our inspection.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The ward manager on Cooden Lodge told us that, following an incident with a patient on their ward, it was agreed that the ward manager would support the patient for the coming weeks regarding the issue. This meant that a consistent message was given by one person to enable the patient to feel as though their privacy was not being infringed by the involvement of many staff, which they had previously fed back.
- On Seaford Suite, ward safety concerns led the ward manager to rota more appropriately skilled night staff and carry out twice daily closed circuit television security checks to manage ward and patient safety.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had a duty of candour policy. Staff we spoke with were familiar with the policy and understood that they had a duty to be open and transparent with patients in relation to their care and treatment and the need to apologise when things went wrong.

Are long stay/rehabilitation mental health wards for working-age adults effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- All patients had a comprehensive and timely assessment completed following their admission to the wards. Assessments covered topics including a patient's mental health status, relationships, physical health, and their legal rights.
- The admitting doctor assessed patients' physical health on admission to identify their baseline physical health status. The admission physical health assessments we reviewed for four out of six patients on Balmoral ward were not available as they had been archived. Physical health assessments which were conducted after the

patients' admissions were on file. This meant that staff did not have access to the patients' baseline physical health observations to monitor their physical health from the beginning of their admission.

- All patients had access to professionals to support their physical health needs including a GP, chiropodist, and dentist.
- We reviewed 21 patient care records and all contained detailed physical health care plans which were monitored ongoing by nursing staff. The service ran a monthly physical health clinic for patients to discuss ongoing health issues and health issues which had not yet been detected but where patients had concerns. This ensured that staff could monitor all aspects of patients' physical health and not just those which were already reported. Patient care records we reviewed on Balmoral ward showed evidence of routine cholesterol testing, bowel monitoring, and patient access to a diabetic clinic.
- Care plans were personalised and were recovery focused taking into account patient strengths, wishes, short and long-term goals, and their views on their rehabilitation programme. Plans also included how they wished to be spoken with and how they wanted to be supported if they became agitated or withdrawn on their ward.
- We did not see evidence in the nine patient records we reviewed on Seaford Suite that patients had signed their care plans or had received copies. Two out of six care plans we reviewed on Cooden Lodge had not been signed by patients. Two out of six care plans scrutinised on Cooden Lodge had not been reviewed since January and February 2018 despite the hospital policy requiring reviews every three months. Two out of nine patients in the service we spoke with told us they did not have a copy of their care plans.
- All patient information was stored securely in paper and electronic format and was only accessible to those who had permitted access. The hospital had experienced IT issues in the four to six weeks prior to our visit which meant staff had difficulty accessing electronic records. Management were working on a solution to this with their IT support company.

Best practice in treatment and care

- Staff followed National Institute of Care and Excellence (NICE) guidance following rapid tranquillisation. For example, we saw evidence of appropriate monitoring of

Long stay/rehabilitation mental health wards for working age adults

patients' physical health following administration of rapid tranquillisation medicine to one patient in the month prior to our inspection. We saw evidence in care plans that we reviewed that patients on anti-psychotic medicine received an electro cardiogram test on admission and this was monitored ongoing throughout their stay to monitor their cardiac health. Nursing staff together with patients used the Glasgow anti-psychotic side effect scale to monitor side effects patients experienced due to medicine use which enabled the consultant to review medicine where necessary. Staff monitored patient blood sodium valproate levels where patients were prescribed this to manage symptoms of schizophrenia. It was necessary to carry out this routine monitoring to check for blood toxicity levels which could occur with use of medicine. These physical health interventions were a result comprehensive physical health assessments carried out by staff. These assessments were in accordance with the NICE quality statement which states that " Adults with psychosis or schizophrenia have specific comprehensive physical health assessments."

- The social worker told us that they followed policies and legal statutory guidance such as The Care Act (2014) in their work to ensure that patients were appropriately supported particularly following discharge from the hospital. The Care Act helps to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.
- Patients had access to a range of psychological therapies recommended by NICE which were provided by the hospital's psychology department. Groups included art therapy, dialectical behavioural therapy, cognitive behavioural therapy, hearing voices, early psychosis, coping skills, aggression management, substance misuse and relapse management, anxiety, depression, and hearing voices groups. Groups developed specifically for patients with personality disorders included social and interpersonal skills, trauma, post-traumatic stress disorder, emotional regulation, and personality disorder awareness. To encourage patient engagement, the hospital awarded patients completion certificates when they completed a range of courses relevant to them.

- Patients, following appropriate risk assessments, also had access to the local NHS-led recovery college which offered groups to support professionals and patients to understand mental and physical health conditions, wellbeing, build self-confidence and return to work/study.
- The psychology department offered specific offence-focused therapies for patients on Pevensey low secure ward. Groups included support for arson fire setting and violence reduction.
- The hospital's social worker liaised with Job Centre Plus on behalf of patients to support them when applying for universal credit. They also worked with a local bank to enable patients to open bank accounts and support patients with appointees. An appointee is someone who is nominated by an individual to look after their benefits in the event they cannot manage their affairs due to mental incapacity.
- All patients had good access to physical healthcare both in the hospital and in the community for issues such as diabetes, dieticians, and speech and language therapy. Nursing staff monitored patients' physical health using a Modified Early Warning Score (MEWS) chart. This chart assists staff to identify deterioration in a patient's physical health using a simple and brief scoring chart. In Cooden Lodge a patient's MEWS score was high due to their elevated pulse rate on three dates within one month and they had a physical illness requiring monitoring. Their high score indicated that staff should refer them to a doctor, however there was no evidence recorded in the patient's care notes that this had been done. We raised this with the ward manager during our inspection.
- The occupational therapist and assistant supported patients' physical health ensuring patients had access to personal training sessions, weekly health walks, gym sessions, swimming, roller skating, volunteering at a local animal sanctuary, furniture restoration, and gardening.
- Patients' nutrition and hydration needs were assessed and met. We reviewed one care record for a patient who had been referred via their GP to a nutritionist for assessment to ensure they had a diet program with enough nutrition and calories due to their ongoing dietary concerns.
- All wards used health of the nation outcome scales to indicate if patients' health and wellbeing improved during their admission to the wards.

Long stay/rehabilitation mental health wards for working age adults

- The occupational and psychology departments monitored patient responses to therapeutic groups they attended. This was done to review their effectiveness in improving patient wellbeing. For example, they measured improvement using patient health questionnaire for depression and the general anxiety disorder scale.
- All clinical staff took part in clinical audits including safety thermometer audits. The safety thermometer audits enabled staff to measure patients at risk of harm and those who are free from harm during ward shifts. The ward managers undertook monthly case note audits to check for omissions in patients' paperwork. All action plans developed by ward managers to improve practice were presented to the weekly multidisciplinary team meetings for action. Clinical staff carried out monthly audits to review care plan approach paperwork, consent to treatment paperwork, monthly ward infection control, and to ensure that patients' rights were communicated to them regularly in line with Mental Health Act guidance. Since our last inspection clinical staff had begun a weekly audit to monitor the administration of 'as needed' (PRN) medicine across the wards. Findings of these audits were sent to the compliance officer and were presented at the monthly clinical governance groups.

Skilled staff to deliver care

- A full range of experienced and qualified health professionals including consultants, a psychologist, psychology assistant, associate doctors, occupational therapist, occupational therapy assistant, mental health act administrator, pharmacist, therapy assistant, nurses, therapeutic care workers and a social worker provided input into the wards.
- The ward manager on Daffodil ward told us that therapeutic care workers were encouraged to attend daily ward planning meetings, be involved in ward audits, and daily security checks to develop their skills set. A therapeutic care worker held the daily ward planning meeting we observed while on Daffodil ward.
- Ward managers ensured that all staff, including agency staff, received an appropriate induction before they were permitted to work on the wards. All staff we spoke with corroborated this.
- Supervision and appraisal levels for all staff in the service were 100%. All staff we spoke with told us they

attended regular team meetings. The psychology graduate received supervision and reflective practice from the hospital's psychologist to support them in their role.

- Staff received additional specialist training for their roles such as phlebotomy, HCR20 risk assessment for working with patients at risk of violence, and mindfulness. The hospital had four members of staff trained to train their peers in managing aggression in challenging environments (MACE).
- The hospital offered a two year psychology graduate programme. This meant that a psychology graduate was recruited and was receiving training and was working with the multi-disciplinary team to develop their skills.

Multi-disciplinary and inter-agency team work

- A hospital multi-disciplinary meeting took place every week-day morning. The hospital director, ward managers, consultant, nurses, psychology, social worker, and occupational therapy attended wherever possible.
- Ward managers told us that care co-ordinators kept in contact with the wards and their patients throughout their admission. This ensured that patients care and discharge were constantly monitored and developed with collaboration between the co-ordinators, patients, and hospital staff.
- We saw good discharge planning for all patients which included input from patients, commissioners, care co-ordinators, housing, and family members where appropriate.
- The service had strong links with the local GP who cared for patients during their admission. The wards had good working relationships with social services and the local police liaison officer. This was evidenced in care records we reviewed and in information sharing the Care Quality Commission were party prior to our inspection.

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

- We reviewed the files of all detained patients across the wards and a Mental Health Act reviewer carried out a detailed Mental Health Act (MHA) review on Seaford Suite and Daffodil ward. MHA documentation was filled in correctly, was up to date and stored appropriately.
- Information of the rights of patients who were detained was displayed clearly on the wards and in an easy to read format.

Long stay/rehabilitation mental health wards for working age adults

- Patients were authorised leave from the ward in accordance with Section 17 of the MHA. Paperwork was mostly correct and staff knew the procedures they had to follow when allowing patients to leave the ward. Section 17 leave is a section of the Mental Health Act (1983) which allows the responsible clinician to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital. We did not see evidence on the Section 17 leave forms we reviewed for all six patients on Balmoral ward that they were signed by the patient and that a copy was offered to the patient, next of kin, or care co-ordinator.
 - Section 132 rights forms were present on all files and rights had been given to patients monthly as per the provider's policy and the MHA Code of Practice. These were forms detailing patients' rights under the MHA.
 - The MHA office was situated in the hospital and all staff knew how to contact the officer for advice when needed. The MHA officer carried out monthly MHA paperwork audits to monitor that The Act was being applied correctly.
 - Staff had access to mandatory training in the use of the MHA. At the time of our inspection, 97% of staff had completed this training which was above the hospital's 75% completion target. This was an increase from the 90% training completion level we noted during our inspection in December 2016. Staff we spoke with had a good understanding of the MHA and Code of Practice.
 - Consent to treatment documentation was in place for patients on all medicine records we reviewed.
 - Patients had access to an Independent Mental Health Advocate (IMHA). Independent advocacy services were readily contactable and available to support patients when needed. We heard from patients that they had spoken with the IMHA in relation to complaints they had about their care and felt confident in doing so. Details of the local IMHA were displayed on ward notice boards and in welcome packs.
- Formal capacity assessments in relation to consent to treatment took place. Nurses on the wards reviewed patients' capacity daily and the consultant reviewed patients' capacity in weekly care plan approach meetings. There was no evidence of a mental capacity assessment in one out of six care records we reviewed on Coode Lodge.
 - Where patients were not detained under the Mental Health Act their capacity to consent to medicine and to stay in the hospital as an informal patient had been assessed.
 - Patients completed advance directives when they were admitted. An advance directive is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. There was evidence that patients were assessed for capacity when advance directives were completed with them. An example of this was where patients were asked whether they consented to electroconvulsive therapy. There was evidence that the patients were assessed for their capacity to make that decision.
 - The service had not made any Deprivation of Liberty and Safeguards applications in the 12 months prior to our inspection. These safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good practice in applying the Mental Capacity Act

- There was a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) policy.
- Staff had access to Mental Capacity Act (MCA) and Deprivation of Liberty (Dolls) training. At the time of the inspection 95% of staff had completed this training which was above the hospital's 75% compliance target.

Kindness, dignity, respect and support

- When staff spoke about patients and during the multidisciplinary meeting we observed, they did so in a respectful manner and demonstrated a high level of understanding of their individual needs. Staff appeared interested and engaged in providing high quality care to patients. Across all wards we observed staff interacting with patients in an immediate, positive, and

Long stay/rehabilitation mental health wards for working age adults

compassionate way. Staff told us and we saw evidence in care records that some patients were given additional emotional support following an incident in the weeks leading to our inspection.

- Staff had good knowledge of how to de-escalate situations and worked as a team to promote safe ward environments.
- Patients we spoke with told us that staff cared for them and ensured that they felt supported and safe on the wards.
- An NHS friends & family test was undertaken in January 2018. This involved asking patients set questions including "How likely are you to recommend this service to friends or family?" Fifty-two per cent of participants responded positively that they were either "likely" or "extremely likely" to recommend the service. This was an increase from the 33% rating measured in July 2016.

The involvement of people in the care they receive.

- Patients had the option to visit the ward prior to their admission to meet staff and view the ward area. Staff verbally oriented patients onto their wards following admission. All patients received a welcome pack on admission. This contained information about their entitlement to leave from the ward, storing their valuables, information about groups, one to ones, treatment available, banned items such as alcohol, and what they could expect in terms of care during their admission.
- The ward manager on Daffodil ward told us that they operated a patient 'buddy' system where patients already admitted to the ward spent time with newly admitted patients to show them around the ward.
- Patients attended weekly community meetings to discuss their ward environment, care plan approach meetings and ward round meetings to discuss their care and discharge plans, and patients' forums. Patients were supported by their advocacy representative in meetings, where requested, to discuss their care and treatment. The occupational therapy team provided patients with an 'interest checklist' so they could choose activities they were interested in on the wards and in the community, such as bicycle maintenance, being part of a local disability football league, DJ-ing weekly on a local radio station, and gardening. The checklist was monitored by the occupational therapy team to ensure that activities chosen by patients remained relevant. Patients across the wards took part in a recent local

photography exhibition where they exhibited their work and sold them to the public. Staff on Balmoral ward told us that patients took part in curry and cupcake making competitions to develop cooking and baking skills and have fun.

- Staff encouraged patients to attend daily ward planning meetings to discuss their daily activity schedules and request leave. We observed two planning meetings where patients were supported to plan that day's activities and leave they wanted.
- All patient files we read had discharge care plans which contained patients' wishes and goals for moving on from the ward.
- All patients had access to advocacy in the form of the independent mental capacity advocate, the independent mental health advocate and the patient forums. Details of these were displayed on the wards' notice boards and in the ward welcome packs.
- Patients gave feedback on the care they received via monthly patient surveys, friends and family test, and the hospital's complaints procedure. We saw evidence of complaints from patients which were dealt with within a 20 day period in line with the hospital's complaints policy. We reviewed a range of community meeting minutes on Cooden Lodge where patients had requested things and activities to improve their admission, for example toasted sandwich makers, more games and more outings. The ward manager told us that issues raised by patients were discussed, implemented where possible, and outcomes were fed back to patients. However, we did not see evidence that feedback was recorded in the following community meeting minutes on Seaford Suite regarding the suggestions they had made relating to trips and games. None of the wards had 'you said, we did' boards to evidence that they the hospital had responded to patient requests.
- The provider actively encouraged patients to be involved in decisions about the service. Three members of staff we spoke with told us that that some patients had been involved in interviewing new therapeutic care staff.
- Carers and family members were involved in patient care wherever patients authorised for this. Carers and family members were invited to attend ward rounds and care plan approach (CPA) meetings. If they lived too far away or could not attend in person, the wards arranged for telephone feedback to be provided to families. The

Long stay/rehabilitation mental health wards for working age adults

Good 

hospital held an annual carers' survey. The last carers survey was completed in October 2017. The hospital director told us that the recurring theme of concern was communication. We were informed that ward managers ensured that any relatives attending CPA meetings received a CPA pack prior to the meeting and that minutes were sent out after. Relatives and carers were sent fortnightly ward round documents with consent from patients. A carers' Spring gathering was held in April 2018 which included a carers' forum and was attended by patients and a wide range of the multi-disciplinary team to meet with patients' family members.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The average bed occupancy across all four wards for the six months to end March 2018 was 67%. The highest average occupancy was 100% on Balmoral ward.
- There was access to a bed if a patient went on leave from their ward.
- No patients were nursed on more than one ward during the six months to end March 2018. This meant that patients were not moved from one ward to another during their admission.
- Staff we spoke with told us that patients were discharged at a time of day which suited them. All of the care records we reviewed included discharge plans. These plans included goals patients agreed to achieve to prepare them for discharge, for example increasing independent living skills such as cooking, managing their medicine, and personal care.
- The wards could refer to a psychiatric intensive care unit if a patient required this and would endeavour for this placement to be close to their friends and family so they could maintain contact.
- There were no delayed discharges from the hospital in the six months to end March 2018.

The facilities promote recovery, comfort, dignity and confidentiality

- Two out of four wards had a full range of equipment and rooms including clinic rooms, quiet lounges, art therapy and communal television rooms to support the treatment and care of patients. Cooden Lodge did not have a one to one room, group room or quiet lounge. One to ones were held in the kitchen or television lounge. Balmoral ward did not have rooms for therapeutic sessions or activities.
- Patients could meet their visitors in a visitors' meeting room off the wards.
- All patients had access to their bedrooms throughout the day. The access was risk assessed daily to ensure that patients were safe when accessing their rooms and in possession of their own door keys.
- All patients could use their mobile phones to make private calls if this was appropriately risk assessed. Wards had telephones which patients could also use in private if so required. However the ward payphone on Seaford Suite was broken so patients were supported to make private calls from an office if necessary.
- The wards had access to outside space. The gardens were at the back of the hospital and there was one extra secure garden area with surrounding high fences for patients who were at risk of absconction or whose risk levels were still being determined by the consultant.
- Patients told us that the food was good quality. An annual patient survey conducted in December 2017 indicated that patients wanted 'better quality puddings'. The hospital director told us that the hospital has been carrying out weekly food feedback surveys with patients and the chef attended ward community meetings to monitor patients views on the food they were offered. Patients told us they were able to make snacks and hot drinks at all times. Some patients' were permitted to keep drinks and snacks in their bedrooms if this was appropriately assessed.
- We viewed patient bedrooms on all five wards and found that patients had personalised them with pictures and their magazines. All rooms had lockable storage where patients could store their possessions.
- All wards had a weekly occupational therapy activity schedule including activities at the weekends. Activities

Long stay/rehabilitation mental health wards for working age adults

Good 

included dj-ing, walking groups, gym visits, personal training, pampering groups, ward outings, horticulture, volunteering at an animal sanctuary and a furniture restoration centre.

Meeting the needs of all people who use the service

- The hospital was adapted for patients requiring disabled access. For example, wards were accessible using lifts and there were emergency evacuation chairs on stairs to support patients to evacuate the building if they were unable to use the stairs.
- Staff could print information in a range of languages if patients requested this. Interpreters were booked to support patients' communication needs. One patient on a ward routinely used an interpreter to assist with their care plan approach meetings.
- Information on treatments, local services, patients' rights, and how to complain were displayed on the information boards on each ward.
- The chef prepared food to meet the dietary and cultural needs of all patients, for example halal and nutrition suitable for a diabetic diet.
- Patients were supported to access spiritual support in the hospital and in the community. Some patients attended church at weekends, two patients told us they went to the local Quaker church which the social worker had made links with, and a chaplain visited the wards weekly. The hospital had a multi-faith room for patients to visit for prayer.

Listening to and learning from concerns and complaints

- Patients on the wards knew how to make a complaint and we saw evidence of complaints made and how they were dealt with by ward managers in accordance with the provider's policy, for example, responding to the patient within 20 days of receipt of the complaint. Patients could raise their concerns in community meetings, patient council meetings, with the support of the independent advocacy service, verbally and in written format. Seventeen complaints were made in the 12 months prior to our inspection, of which three were upheld, two were partially upheld, and none were forwarded to the ombudsman. Thirty compliments were made in the 12 months prior to our inspection.

- Staff discussed complaints and learning from them in team meetings and individual supervision. We heard that improvements were made following the receipt of complaints.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Vision and values

- Ward managers and staff we spoke with told us they had good working relationships with the nursing and hospital directors, however they did not have direct contact with the rest of the executive board which included the hospital's nominated individual. Some staff we spoke with told us that these two executives visited the hospital but did not go onto the wards.
- Leadership development training with the Institute of Leadership and Management was offered to the ward managers to help them develop in their roles.

Good governance

- The hospital had good systems in place to ensure that staff completed their mandatory training, were supervised and appraised regularly in line with relevant policies. The hospital and nursing directors had overview of the wards' shift rotas to ensure sufficient numbers of staff and correct skill mix were utilised at all times to manage ward safety.
- Ward managers completed regular clinical audits across the wards to ensure areas such as care plans, medicine records, least restrictive practice, administration of rapid tranquillisation, restraint, and use of 'as needed' medicine' were monitored closely. Findings from audits were reviewed at monthly clinical governance meetings and areas for improvement were agreed and shared with relevant wards in ward-specific action plans which were monitored by the quality and compliance officer and director of nursing.
- All ward managers told us they had sufficient authority to carry out their jobs and had some access to

Long stay/rehabilitation mental health wards for working age adults

administration support. Throughout our inspection with ward managers they did not have access to support to manage their calls and so the ward managers took calls throughout our interview time with them.

- Staff told us they had the ability to submit items to the hospital's risk register. At the time of our inspection there were two items on the risk register. However, risks identified following a number of recent incidents, such as a serious incident at the side of the road-side smoking area and contraband findings on Seaford Suite, were not listed on the register. We brought this to the attention of the ward manager and the hospital director.

Leadership, morale and staff engagement

- The latest annual staff survey from March 2018 indicated that 80% of responding staff felt motivated in their role, 79% felt supported by their manager with training and development, and 83% were satisfied in their current role. Staff offered suggestions for further improvement including a need for staff incentives, additional confidential support, and staff development. Since March 2018, the hospital has now implemented a voucher incentive scheme including childcare vouchers and a range of shopping discounts, a wellbeing 24/7 confidential support service, and developed senior therapeutic care worker roles for each ward.
- There was an average of .7% sickness rate for permanent staff across all wards for the 12 months to end of March 2018.
- At the time of our inspection there were no harassment or bullying cases known to the provider. All staff were aware of the whistleblowing policy and process.
- All staff we spoke with spoke with enthusiasm and pride about the work they did. They told us of the good morale they experienced within their ward teams. Staff also told us that their teams were strong, they supported each other on the wards, and that they had good levels of job satisfaction.
- Staff told us they felt able to raise concerns without fear of victimisation.
- We found the wards to be well-led despite four wards being managed by two ward managers and one ward was managed by the hospital director while recruitment was underway. Ward managers told us there was good and clear leadership at a local level from the hospital director who was highly visible on the wards. The ward

managers were visible on the wards during the day and were accessible to staff and patients. Staff we spoke with described strong leadership across the wards and said that they felt respected and valued.

- The culture of the service had a drive for continual improvement. The service had a duty of candour policy. Staff that we spoke with were familiar with the policy and informed us that they were aware of their individual responsibilities to be open and transparent in respect of patients care and treatment. They also told us that they felt well supported by the ward managers to be open and honest.
- Staff we spoke with told us they are offered the opportunity to feedback on services to improve clinical practice, such feedback that patient leave forms could be improved and current discussions about the safety of smoking facilities off the hospital site.

Commitment to quality improvement and innovation

- The hospital implemented a wide range of audits to review and improve practice across the wards. For example, the provider carried out quarterly peer audits across all wards. We reviewed the action plan following the review prior to our inspection which detailed changes to be made in patient records to improve recording.
- The medical director and mental health act administrator led a quality improvement project to review and re-design Section 17 leave paperwork. Section 17 leave is a section of the Mental Health Act (1983) which allows the responsible clinician to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital. Leave forms were redesigned to include two new sections: first, a separate section to allow recording of suspension of one type of leave while allowing other types to continue, second, inclusion of a section to record when dates of leave were suspended and when reinstated. The form changes were introduced following feedback from nursing staff that some patient's leave was suspended due to clinical risk. The old form did not separate leave for emergency treatment from other therapeutic leave. This meant that when Section 17 leave was suspended, all types of leave were suspended which could include physical health care and escorted and unescorted leave. This created clinical risk and a degree of confusion for staff about what leave could and could not continue. The new leave

Long stay/rehabilitation mental health wards for working age adults

paperwork was ratified at the hospital's clinical committee meeting on 7 June 2018 and is now in use throughout the company. This hospital were using it for three weeks prior to ratification as part of a pilot to test its usefulness.

- In 2017 the hospital took part in a Nottingham University-led pilot to review the hospital's policy and practice regarding the political participation of residents. The pilot was held in conjunction with local snap elections at that time. The study involved observing how patients were supported to vote using policy, discussion around political views and choices, and social worker and speech and language therapist (SALT) support. The hospital received commendations from the study relating to their policy regarding political participation of service users, for accurately reflecting how informal patients and detained patients (not under the Ministry of Justice) have the same voting rights in law, and the speech and language therapist was

commended in supporting service users to vote in practical terms when arriving at the polling station. The review recommended that patients are to be supported to have political debate and share their views in order to develop learning opportunities around politics and voting. Following the conclusion of the review, the social worker worked with a group of patients to review the voting policy to reflect findings and recommendations from the pilot.

- The hospital had a least restrictive practice quality improvement programme which resulted in Balmoral ward, Cooden Lodge, and Seaford Suite opening their locked ward kitchens in April 2018 to enable patients risk assessed access to these facilities. However, there was evidence of an unjustified restriction on a patient on Daffodil ward. We raised with a nurse during our inspection which resulted in the restriction being removed.

Outstanding practice and areas for improvement

Outstanding practice

In 2017 the hospital took part in a Nottingham University-led pilot to review the hospital's policy and practice regarding the political participation of patients. The pilot was held in conjunction with local snap elections at that time. The study involved observing how patients were supported to vote using policy, discussion around political views and choices, and social worker and speech and language therapist (SALT) support. The

hospital received commendations from the study relating to their policy regarding political participation of service users, for accurately reflecting how informal patients and detained patients (not under the Ministry of Justice) have the same voting rights in law, and the SALT worker was commended in supporting patients to vote in practical terms when arriving at the Polling Station.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that patient rooms on Cooden Lodge are kept clean and that the hospital continues to operate daily ward cleaning schedules.
- The provider should ensure that the patients' bedroom windows on Balmoral ward are opened during warm weather to allow for cross-ventilation.
- The provider should ensure that newly implemented twice-daily closed circuit television security equipment checks on Seaford Suite are detailed on the ward's security check checklist to manage safety on the ward regarding contraband concerns.
- The provider should ensure that dates on all equipment are routinely checked and that out of date equipment is removed and disposed of.
- The provider should ensure that all equipment is checked and calibrated regularly.
- The provider should ensure that patients on Seaford Suite sign and receive a copy of their care plans and that patients' have meaningful involvement in their care planning and allow them the opportunity to read their care plan before being asked to sign it.

- The provider should ensure that baseline physical health assessments are retained on patient files on Balmoral ward.
- The provider should ensure that staff refer patients with high modified earning warning system scores to a nurse or doctor or record their decision if not referred.
- The provider should ensure that any imposed blanket restrictions are assessed and reviewed to ensure they are in a patient's best interest.
- The provider should ensure that the ward payphone on Seaford Suite is fixed for patient use.
- The provider should ensure that wards can evidence that patients receive feedback to their comments and suggestions.
- The provider should ensure that the hospital's risk register includes all identified risks, reviews these regularly to include an action plan to mitigate identified risks.