Good

East London NHS Foundation Trust

# Forensic inpatient/secure wards

## Quality Report

East London NHS Foundation Trust
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## Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|---|---|---|---|
| RWK60 | Forensic Services Directorate John Howard Centre | Shoreditch Ward | E9 5TD |
| RWK60 | Forensic Services Directorate John Howard Centre | Clerkenwell Ward | E9 5TD |
| RWK60 | Forensic Services Directorate John Howard Centre | Broadgate Ward | E9 5TD |
| RWK60 | Forensic Services Directorate John Howard Centre | Ludgate Ward | E9 5TD |
| RWK60 | Forensic Services Directorate John Howard Centre | Limehouse Ward | E9 5TD |
| RWK60 | Forensic Services Directorate John Howard Centre | Victoria Ward | E9 5TD |

# Summary of findings

| | | | |
|---|---|---|---|
| RWK60 | Forensic Services Directorate Wolfson House | Hoxton Ward | N4 2ES |
| RWK60 | Forensic Services Directorate Wolfson House | Woodberry Ward | N4 2ES |
| RWK60 | Forensic Services Directorate Wolfson House | Loxford Ward | N4 2ES |
| RWK60 | Forensic Services Directorate Wolfson House | Clissold Ward | N4 2ES |
| RWK60 | Forensic Services Directorate Wolfson House | Butterfield Ward | N4 2ES |

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

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

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

# Summary of findings

## Ratings

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

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

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

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

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

# Summary of findings

## Contents

# Summary of findings

## Overall summary

We rated the forensic services directorate overall as **good** because:

- Staff were caring, respectful and committed to patient welfare. At Wolfson House, each ward had a written philosophy on display which stated staff would support patients to be involved in their care. This philosophy was reflected in patient records and in how staff conducted meetings.
- There were many opportunities for patients to earn money through contracts of employment on site, as well as through work placements in the community. This was part of an employment pathway which include training and a competitive recruitment process.
- There was an integrated substance use support service for patients (SUSS). Patients and staff were very happy with this service. the clinical team felt their work was integrated within the overall care plan of patients who used this service.
- The quality improvement project on violence reduction at the John Howard Centre was effective. The use of restraint, rapid tranquilisation and the seclusion room was reduced through the introduction of a sensory room, increased range and frequency of occupational therapy activities and a strong emphasis on positive behavioural support techniques.
- There was a strong occupational therapy team on both sites who were well trained. The therapy team followed a clear model of care with structured assessment tools to plan care and monitor outcomes for patients.
- The learning disability wards made good use of care and treatment reviews to keep the care of patients discharge focused. The learning disability wards used the positive behaviour support model and had staff who specialised in learning disabilities and forensic mental health.
- Staff, clinicians and senior management demonstrated the trust values in what they said and how they acted. Staff responded to questions on every subject by reflecting the needs and wellbeing of the patients. Everyone we talked to was open, transparent and engaged with the welfare of the patients.
- There were strong managers supporting the ward team and patients. There was effective use of managerial and clinical supervision. This was reflected in the perception of the staff of strong leadership and effective management.

However:

- At the John Howard Centre the risk assessments used to determine which patient needed to have an electronic device during escorted leave needed further work as they did not correspond with patients' care plans or reflect their individual views. Electronic devices at the John Howard Centre were introduced in response to the concerns of the local community, police, and media about the absconsion and potential risk of patients.
- At Wolfson House the service had moved from paper to electronic records a few months before the inspection, and staff were not uploading and storing risk assessments in one consistent place across patient records. This meant it could be hard for staff to find them.
- On Clerkenwell ward at the John Howard Centre, the emergency alarm system was not suitable for patients with learning disabilities. The ward was noisy with regular alarms and flashing lights, which triggered patients' symptoms.
- Low secure patients were being cared for on a site where they were subject to the same access security as the other patients who were on medium secure wards. Work with commissioners needs to take place to move these ward to a more appropriate setting.
- At Wolfson House, we were not assured that all staff consistently identified safeguarding issues when reporting an incident.

# Summary of findings

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

**Are services safe?**

**Requires improvement**

We rated safe as **requires improvement** because:

- At the John Howard Centre, there was a blanket restriction at the time of the announced inspection which required all patients on escorted leave to also wear an electronic device, unless they had less than six months left until their discharge. The trust during the inspection recognised that this was too restrictive and did not reflect individual patient need. They introduced individual risk assessments to determine who should use the device but these needed further work as they did not relate clearly to patients' care plans or reflect their individual views.
- On Clerkenwell ward, the alarms in place to call for assistance in an emergency did not meet the needs of patients with learning disabilities. The ward was noisy with regular alarms and flashing lights, which triggered patients' symptoms.
- At Wolfson House the service had moved from paper to electronic records a few months before the inspection, and staff were not uploading and storing risk assessments in one consistent place across patient records. This meant they could be hard for a different member of staff to find them quickly when needed.
- Some equipment for medical examinations at Wolfson House was not working and there was no evidence of an action plan to remedy this.
- At Wolfson House, we were not assured that all staff consistently identified safeguarding issues when reporting an incident. There were incidents where safeguarding concerns should have been raised through the internal incident recording system, but there was no evidence that this took place.
- At the John Howard Centre mirrors had been ordered to improve the lines of sight in wards, but these had not arrived or been installed.
- At the John Howard Centre regular bank staff had not been trained in how to evacuate patients in the event of a fire.
- At the John Howard Centre whilst staffing levels were safe, about 5% of leave was cancelled due to inadequate numbers of staff. At Wolfson House cancelled leave was not monitored.

# Summary of findings

- At the John Howard Centre female staff reported that they felt sexually intimidated at times by male patients.
- On Shoreditch ward at the John Howard Centre there was a high turnover of senior medical staff which was still being addressed.

However:

- All wards, bedrooms, clinic rooms and grounds were clean and tidy and had good lighting.
- There were generally enough trained and experienced staff to safely look after patients.
- No agency personnel were used and the bank staff were current employees and ex-employees of the trust, with good knowledge of the site and patients.
- Risk assessments, other than the electronic device assessments, were comprehensive and holistic and were developed well. Measures which protected patient well-being were mentioned, along with family concerns.
- Environmental and patient risk assessments, as well as the risk register, were discussed and updated at staff away days, which happened at least every six weeks.
- Incidents on the wards were handled safely and effectively. Emergency support could reach the wards at within half an hour and there was a police liaison officer at the John Howard Centre.
- The trust had detailed information about incidents on the wards, and learning was spread throughout the service. Staff and patients said they were supported after each incident.

**Are services effective?**

Good

We rated effective as **good** because:

- Care plans were detailed, recovery focussed and reflected patients' views.
- Patients' physical health needs were met and monitored regularly.
- Patients received input from a range of mental health disciplines. Patients with learning disabilities received positive behaviour support from nurses and consultants with extensive experience in learning disabilities.

# Summary of findings

- The occupational therapy team followed a clear model of care with structured assessment tools to plan care and monitor outcomes for patients.

However:

- The records to authorise medication for patients detained under the Mental Health Act at Wolfson House were not always attached to the medication administration records.

**Are services caring?**

Outstanding 

We rated caring as **outstanding** because:

- Patients were actively involved and participated in their care planning. At Wolfson House, each ward had a written philosophy on display which stated that staff would support patients to be involved in the planning of their care. It also said patients should have the right information to make informed decisions about their care. On Ludgate ward, every patient had an advance directive in relation to restraint, which staff had to read before restraint was used.
- Patients had real opportunities to be involved in decisions that led to changes in how care was delivered across the directorate and trust. This included being part of groups looking at policies and procedures, designing and participating in patient led audits and being part of the recruitment process for new staff. There were many examples of changes taking place as a result of this input.
- Staff treated patients with dignity and respect. Staff were vocal about the rights of patients and were concerned about their well being. Staff supported patients to speak up and undertake their turn for paid jobs on the wards.
- We saw many positive interactions between staff and patients, and patients had weekly ward and user group meetings. Issues brought up at ward level and trust level by patients were discussed and resolved where possible, and then fed back to patients at meetings and on the information boards in the wards.
- Families and carers we spoke to said staff were excellent. They said staff were understanding, accommodating and non-judgmental. They were aware of the multi disciplinary team meetings and what took place in these. Families had confidence in the care that patients were getting.

# Summary of findings

**Are services responsive to people's needs?**

Good

We rated responsive as **good** because:

- Patients were assessed prior to their admission to ensure the service could meet the needs of the patients. Discharge planning was integral to patient care throughout their time in the service.
- Patients had access to a wide range of therapeutic activities and employment opportunities. These took place both within the service and the community. These focused on recovery and reintegration with the community.
- The spiritual needs of patients were well supported.
- Patients had access to wide range of information in different languages and formats to help them understand their rights, treatment and services provided.
- Patients knew how to complain and staff were using this feedback to make improvements where needed.

However:

- There were low secure wards within the medium secure site of the John Howard Centre. Access security for the medium secure site applied equally to low secure patients. This needs alternative plans to be put in place with commissioners for the wards to be more appropriately located.
- At the John Howard Centre patients could be supported to make their bedrooms more personalised.

**Are services well-led?**

Good

We rated well-led as **good** because:

- Staff, clinicians and senior management demonstrated the trust values in what they said and how they acted. Staff responded to questions on every subject by reflecting the needs and wellbeing of the patients. Everyone we talked to was very open, transparent and dedicated to the care of the patients.
- There were strong managers supporting the ward team and patients. As a result, staff said that the leadership and management were effective.
- Staff knew how to use the whistle blowing process, and we found examples of where whistle-blowing had resolved issues on the wards. All staff felt able to raise concerns without fear of reprisal.

# Summary of findings

- There was access to clear information, that identified trends and where improvements needed to be made.

However:

- Whilst most staff engagement was very positive, the decision at the John Howard Centre to use electronic devices for all patients during their escorted leave did not reflect the views of many of the clinicians in the service. More could have been done to listen to the views of staff.

# Summary of findings

## Information about the service

The forensic inpatient wards provided by East London NHS Foundation Trust are part of the trust's forensic services directorate.The John Howard Centre and Wolfson House are both in the borough of Hackney and provide medium and low secure wards for people with mental health and learning disability needs.

We inspected the following forensic wards at the John Howard Centre.

Shoreditch Ward – 14 beds, men's medium secure learning disability

Clerkenwell Ward – 15 beds, men's low secure learning disability

Ludgate Ward – 17 beds, men's medium secure

Broadgate Ward – 17 beds, men's medium secure

Victoria Ward – 16 beds, men's medium secure

Limehouse Ward – 16 beds, men's medium secure

We inspected the following forensic wards at Wolfson House.

Hoxton Ward – 17 beds, men's low secure

Loxton Ward – 17 beds, men's low secure

Woodberry Ward – 12 beds, men's low secure

Clissold Ward – 17 beds, men's low secure

Butterfield Ward – 17 beds, men's low secure

The trust was inspected in November 2015 in relation to safety concerns relating to patients who were absent from the service without leave. In addition, concerns were raised about a serious disturbance on Westferry ward in July 2015. That inspection found the service robustly assessed and managed risks, safely administered patients' medicines, and had effective multi disciplinary team meetings. That inspection found good practice overall.

There were also 33 Mental Health Act reviewer visits in forensic services between 1 May 2015 and 3 May 2016 at the trust, all of which were unannounced.

## Our inspection team

The team that inspected the forensic inpatient wards was comprised of: three inspectors, two Mental Health Act reviewers, one psychiatrist, two psychologists, three nurses, one social worker who all had experience of working in forensic services and two experts by experience.

## Why we carried out this inspection

We inspected this core 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?

# Summary of findings

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for feedback.

During the inspection visit the inspection team:

- visited 11 of the wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 69 patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 70 other staff members; including doctors, nurses and social workers
- interviewed the divisional director with responsibility for these services
- attended and observed two hand-over meetings and nine multi disciplinary meetings.
- collected feedback from 27 patients using comment cards.
- looked at 40 treatment records of patients.
- carried out a specific check of the medication management on 11 wards.
- looked at 87 medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service

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

The patients generally spoke positively about the care and treatment that they received on the wards. We collected 27 comment cards which were filled in by patients and carers prior to the inspection. Comments were mostly positive, with 66% positive replies to 7% negative replies. Patients said that staff were helpful, caring and supportive. Patients also said that staff responded quickly to their concerns. Patients said that the environment was safe and hygienic.

We spoke with 69 patients during the inspection. Patients were positive about the care they were receiving and complimented their ward team on how brilliant they were. Patients who showed us around their wards were proud and happy to explain the different activities and person-centred initiatives which were available.

During the inspection, a blanket restriction was in place at the John Howard Centre which meant that most patients had to wear an electronic tag when they went on leave, whether they were at risk of absconding or not. This was introduced by the trust in response to concerns from the community, police and the media. Patients said that this was degrading and unfair. They did not blame the staff or doctors because they understood that this was imposed by senior management. The trust stopped this blanket restriction within two weeks of the inspection. We went back to speak with some patients for their reaction. The patients we spoke with did not understand that the blanket restriction had been lifted, and were still unhappy about it.

Some patients said that the food was not always good, and that it could take a long time to organise leave. Some patients who were part of the employment project said that it could take time to get paid for their work.

Two of the patients on each ward were representatives on the User Improvement Group (UIG). Representatives from each ward would meet weekly to discuss areas of concern about the ward and suggestions on ways to improve the patient experience. The patients felt that the UIG meetings were a good way to effect positive change on the ward.

## Good practice

There were many opportunities for patients to earn money and gain experience through contracts of employment on site, as well as through work placements in the community. This was part of an employment pathway which included training and a competitive recruitment process. 30 patients were on employment contracts and 126 patients had benefitted from the work taster and work experience opportunities on site. Off site, there was evidence of partnerships with social enterprises which supported patients to develop confidence and experience. Patients also had a chance to earn money on the ward. There was enthusiasm and pride among staff and patients in the many different employment projects available.

# Summary of findings

There was a well integrated substance misuse support service for patients (SUSS). Members of the SUSS team attended multi disciplinary team meetings and other meetings on the request of patients. Group and individual sessions supported patients to overcome their substance misuse both on site and in the community for patients on unescorted leave. The SUSS team also offered training to staff on the wards and kept them updated on new information about substances.

The quality improvement pilot into violence reduction showed a decrease of 57% in violent incidents in Clerkenwell ward during the previous six months. The use of restraint, rapid tranquilisation and the seclusion room was reduced through the introduction of a sensory room, increased range and frequency of occupational therapy activities and a strong emphasis on positive behavioural support techniques.

At Wolfson House, each ward had a written philosophy on display which stated staff would support patients to be involved in the planning of their care. This philosophy was reflected in patient care planning which showed the involvement of patients and also recorded where patients did not want to have their comments recorded as quotes in their notes. This philosophy also informed the multi disciplinary team meetings which were patient focussed. Although all disciplines were usually represented in these meetings, the patient could choose how many people were in the room, or choose to have separate discussions with one member of staff outside of the meeting, yet still have their views considered.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that risk assessments for the use of electronic devices relate to individual patient care plans and reflect the views of the patient.
- The trust must make sure that all risk assessments for each patient are easily accessible to the staff who need to use them.
- The trust must make changes to the alarm systems on the learning disability ward to support the needs of patients especially those with an autism spectrum disorder. This should include considering how the use flashing and noisy alarms could be reduced.

### Action the provider SHOULD take to improve

- The trust should ensure the mirrors to improve lines of sight on the wards at the John Howard Centre are installed.
- The trust should ensure regular bank staff at the John Howard Centre receive training so they can support patients with their evacuation in the event of a fire.
- The trust should ensure at the John Howard Centre that all the control drugs are included on the control drug registers.
- At the John Howard Centre the trust should continue to try to keep the amount of cancelled leave due to staff shortages as low as possible. At Wolfson House the trust should monitor the amount of cancelled leave.
- The trust should review staffing levels on Shoreditch ward at the John Howard Centre as there are a high number of incidents of physical interventions on this ward.
- The trust should ensure that new staff are introduced to Shoreditch ward as planned in order to provide consistent standards of care.
- The trust should work to reduce the incidents of patients sexually intimidating female staff at the John Howard Centre.
- The trust should ensure at Wolfson House that all equipment used for physical health checks is in good working order.
- The trust should ensure that staff recognise when patients assaulting other patients should be reported as a safeguarding incident and when steps need to be taken to keep people safe.

# Summary of findings

- The trust should ensure that for patients detained under the Mental Health Act that the record of their authorised medication is attached ot their medication administration record.
- The trust should ensure that Clissold ward at Wolfson House displays the full range of information for patients including how to access advocacy services.
- The trust should work with commissioners to ensure patients who are receiving care in a low secure setting are cared for in a more appropriate setting.
- The trust should ensure it consults with and listens to the views of staff when making decisions about significant changes in how care is delivered, for example the use of electronic devices for patients taking leave.

East London NHS Foundation Trust

# Forensic inpatient/secure wards

**Detailed findings**

## Locations inspected

| Name of service (e.g. ward/unit/team) | Name of CQC registered location |
|---|---|
| Shoreditch Ward | The John Howard Centre |
| Clerkenwell Ward | The John Howard Centre |
| Broadgate Ward | The John Howard Centre |
| Ludgate Ward | The John Howard Centre |
| Victoria Ward | The John Howard Centre |
| Limehouse Ward | The John Howard Centre |
| Hoxton Ward | Wolfson House |
| Woodberry Ward | Wolfson House |
| Loxford Ward | Wolfson House |
| Clissold Ward | Wolfson House |
| Butterfield Ward | Wolfson House |

## Mental Health Act responsibilities

Mental Health Act training was not mandatory at the forensic services directorate, and only 63.5% of staff had taken up the training in the 12 months prior to the inspection.

The patients appeared to have a good understanding of their section 132 rights.

# Detailed findings

They were aware of the independent mental health advocate (IMHA).Patient leaflets and posters were available on most wards about the IMHA service. Clissold ward did not have information about IMHA services displayed on the ward.

The Mental Health Act reviewer noted that a patient who was detained under section 48/49 was also detained under section 3 running alongside the section 48/49. The trust acknowledged in this case that there had been a delay amounting to 15 days between the conviction of the patient and the rescinding of the section 3.

There were good processes and prompts in place from the staff in the MHA office to ensure that section renewals, and consent to treatment deadlines were adhered to.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training was not mandatory at the forensic services directorate although courses were available for staff to attend. The trust was introducing mandatory training. Staff demonstrated a good understanding and application of the MCA.

Requires improvement

# Are services safe?

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

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

## Summary of findings

We rated safe as **requires improvement** because:

- At the John Howard Centre, there was a blanket restriction at the time of the announced inspection which required all patients on escorted leave to also wear an electronic device, unless they had less than six months left until their discharge. The trust during the inspection recognised that this was too restrictive and did not reflect individual patient need. They introduced individual risk assessments to determine who should use the device but these needed further work as they did not relate clearly to patients' care plans or reflect their individual views.
- On Clerkenwell ward, the alarms in place to call for assistance in an emergency did not meet the needs of patients with learning disabilities. The ward was noisy with regular alarms and flashing lights, which triggered patients' symptoms.
- At Wolfson House the service had moved from paper to electronic records a few months before the inspection, and staff were not uploading and storing risk assessments in one consistent place across patient records. This meant they could be hard for a different member of staff to find them quickly when needed.
- Some equipment for medical examinations at Wolfson House was not working and there was no evidence of an action plan to remedy this.
- At Wolfson House, we were not assured that all staff consistently identified safeguarding issues when reporting an incident. There were incidents where safeguarding concerns should have been raised through the internal incident recording system, but there was no evidence that this took place.
- At the John Howard Centre mirrors had been ordered to improve the lines of sight in wards, but these had not arrived or been installed.
- At the John Howard Centre regular bank staff had not been trained in how to evacuate patients in the event of a fire.
- At the John Howard Centre whilst staffing levels were safe, about 5% of leave was cancelled due to inadequate numbers of staff. At Wolfson House cancelled leave was not monitored.
- At the John Howard Centre female staff reported that they felt sexually intimidated at times by male patients.
- On Shoreditch ward at the John Howard Centre there was a high turnover of senior medical staff which was still being addressed.

However:

- All wards, bedrooms, clinic rooms and grounds were clean and tidy and had good lighting.
- There were generally enough trained and experienced staff to safely look after patients.
- No agency personnel were used and the bank staff were current employees and ex-employees of the trust, with good knowledge of the site and patients.
- Risk assessments, other than the electronic device assessments, were comprehensive and holistic and were developed well. Measures which protected patient well-being were mentioned, along with family concerns.
- Environmental and patient risk assessments, as well as the risk register, were discussed and updated at staff away days, which happened at least every six weeks.
- Incidents on the wards were handled safely and effectively. Emergency support could reach the wards at within half an hour and there was a police liaison officer at the John Howard Centre.
- The trust had detailed information about incidents on the wards, and learning was spread throughout the service. Staff and patients said they were supported after each incident.

Requires improvement

# Are services safe?

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

## Our findings

Are Forensic inpatient wards safe?

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

### John Howard Centre

**Safe and clean environment**

- The clinic rooms were safely secured, clean and tidy. All equipment was in working order. All necessary emergency drugs and equipment was present, recorded clearly, labelled and in date. Ligature cutters were kept in the nurses' station in a locked cupboard.
- The medicines fridge temperature was generally recorded, but there were some days missing. Staff advised that this was because some non-permanent staff may not have filled in the temperature. However all the readings that were taken were in the correct range.
- There were blind spots on Shoreditch ward, with not enough mirrors to cover them. Mirrors had been ordered four months previously but were not installed. The trust said the blind spots were managed by having nursing staff in communal areas. There were blind spots on Clerkenwell ward, one bedroom was at the end of a corridor and around the corner, there were no mirrors to observe the bedroom door. Staff said that risk was lessened by having a patient assessed as low risk in this room.
- Corridors and rooms across all the wards had good lighting.
- The patients we spoke to all said that the wards were clean and the PLACE scores for the John Howard Centre between May 2015 and April 2016, rated it at 99.2% for cleanliness.
- Of the six wards we inspected, only Shoreditch ward had a seclusion room. The seclusion room allowed for clear observation and had toilet facilities.
- There was a de escalation room on Shoreditch, which had soft furnishings and an intercom. The staff understood the difference between a de escalation room and the seclusion room. This was important as a de escalation is used to support a patient to reduce his challenging behaviour and he is free to access his bedroom and the ward. A seclusion room is used to contain the patient when his behaviour became a risk to himself and to others.
- Patients' bedrooms, toilets and bathrooms were ligature free. Ligature audits were in place but did not always include actions about corridor areas. There were potential ligature points in all the corridors of the wards. The trust said the risk of ligatures in corridors was managed by the presence of staff in the common areas of the wards. We noted ligature risks in the grounds of the John Howard Centre which patients had access to both escorted by staff, and unescorted. The ligature risks in the grounds were not in a ligature audit. Staff said this was managed by the fact that patients would not be allowed grounds leave if they were assessed as being a danger to themselves during their leave.
- Staff carried alarms which connected to a pin point system which told the staff of the location of any incidents. On some of the wards, patients had personal alarms. There were no alarm buttons in some of the bedrooms or common areas of the wards. All staff and visitors were issued with personal alarms and visitor badges. Visitors had escorts with them the whole time they were on site. The alarm systems were not suitable for some of the patients on Clerkenwell ward which is for people with a learning disability or who were autistic. The ward had alarms going off, even for incidents on other wards; there were flashing lights. The loud noises and flashing lights triggered the challenging behaviour of some patients. Patients on this ward complained of noise from alarms and other patients, making it difficult to relax.
- Regular fire drills took place. On one ward, the fire escape plan was not displayed in the nurse's station. On some wards there were not enough fire exit signs. This was addressed during the inspection. The head of fire safety for the forensic services directorate said that in the event of a fire permanent staff would evacuate patients and visitors to the fire exits, and that all permanent staff completed fire safety competency assessments. However some wards had frequent use of bank staff and some of these had not completed fire

safety training. The trust provided mandatory training for all bank staff. The forensic services had a plan for the bank staff to also complete the fire safety competency assessments.

- We saw health and safety audits, environmental audits, and ligature audits were reviewed monthly and the audits were in folders in each ward.

**Safe staffing**

- For each ward, the trust had specified the safe staffing level for each shift, in terms of the number of qualified nurses and healthcare assistants.
- Patients told us that there were sometimes not enough staff to take them on leave. Staff also said that sometimes patients were not given their leave when they wanted it due to lack of available staff. This was monitored by the trust and in the three months prior to the inspection, 5% of leave was cancelled due to lack of staff.
- Staff said that sometimes the wards were short staffed if there were high levels of observations to be done. This was especially so on Shoreditch ward which used more bank staff. In March 2016, 68 shifts were covered by bank staff, in April 2016, 17 shifts were covered by bank staff. On the day of the inspection, there were two bank staff on shift. Broadgate and Ludgate ward also had more bank staff covering shifts during the same period.
- Although Shoreditch ward had a high number of incidents during the last year, their minimum level of staff was set the same as the other wards we inspected. Four of the eight serious incidents at John Howard Centre between May 2015 and April 2016, were on Shoreditch ward. Between October 2015 and April 2016, patients were restrained 38 times on Shoreditch ward, compared to the other five wards we inspected which had a total of 28 times combined.
- Staff said that it was for each ward to determine its own staff team composition within the ward budget. On all the wards we inspected, the minimum level of staffing was two qualified nurses and two healthcare assistants (HCA) during the day and two qualified nurses and one HCA during the night, or one qualified nurse and two HCAs. The same minimum staffing levels applied even though some wards had 17 patients and others had 14 patients. The information from the trust regarding staff vacancies between May 2015 and April 2016 was that Broadgate ward had 9.2% vacancies, Clerkenwell ward had 11.8% vacancies, Limehouse ward had 10% vacancies and Shoreditch had 5.3% vacancies.
- Staff said that it was difficult to get extra staff on short notice (within the same shift), but if they needed extra staff for the next day, then this could be arranged. In the meantime, the ward manager or duty senior nurse would step in to support the ward. The wards only used bank staff for extra staffing who knew the services. All bank staff had a site and ward induction.
- On Shoreditch ward there had been four changes of responsible clinicians since June 2015.The junior doctor has changed twice since June 2015 and staff said there was no one permanently covering this role at the time of the inspection. Also the regular psychologist for the ward had left and the speech and language therapist and the social worker were on longer term leave. Some of the patients on the ward had autism and the staff changes were very disruptive. There was also an impact on the length of time it was taking to make decisions such as when patients could take leave. The trust said that permanent clinicians and staff would be in post by August 2016.
- The completion of mandatory training was high across the wards.

**Assessing and managing risk to patients and staff**

- A blanket restriction of electronically monitoring all patients on escorted leave was introduced 23 May 2016. This was the trust response to pressure from community, police and the media, who were concerned about patients absconding and potential risks to the community. The trust said that only 0.02% of leave episodes between June 2015 and March 2016 resulted in an absconsion.
- The trust during the inspection recognised that this was too restrictive and did not reflect individual patient need. We conducted a focussed inspection on 7 July 2016 and all staff and clinicians were clear that patients were now being individually risk assessed and a decision made on a case by case basis whether an electronic device was needed. The responsible clinicians were clear that their clinical judgement was not impeded by the risk assessment template but used

this as a way of reminding them of the issues which needed considering when making a judgement on whether a patient should be using an electronic device or not.

- Patients were still unsure about the arrangements. Four patients who were no longer using an electronic device as a result of the blanket restriction being lifted thought the blanket restriction still applied.
- The risk assessment forms we saw on 7 July 2016, had been rapidly introduced and needed further work. For example they did not correspond clearly to patient care plans and the opinions of the patient were not clearly stated.
- A quality network peer review took place in John Howard Centre in December 2015 which gave it an overall rating of 91% due to its good physical security, procedural security, and safeguarding of children and vulnerable adults. The peer review noted that areas which needed improvement included security, environment and facilities and governance.
- Staff carried out comprehensive patient risk assessments which included historic information as well as documented family concerns. Staff included factors which protected patients' wellbeing.
- Staff discussed and updated environmental and patient risk assessments and the risk register, at staff away days (up to every six weeks). Staff said that updates to risk assessments were sent by emails to all staff.
- Staff said that they managed incidents safely. If the alarm was activated, there were up to six staff from other wards who would attend, along with the duty senior nurse. On each shift on each ward, a staff member was responsible for attending incidents on other wards.
- Sometimes external emergency support was needed, for example from police or ambulance services. If this was necessary, the emergency vehicles could get through security quickly. There was a police liaison officer at the John Howard Centre and a protocol in place for police response to calls from the Centre.
- Staff undertook monthly routine searches for all patient rooms, as well as monthly drug screening. Personal searches were routinely undertaken after section 17 leave. If staff suspected forbidden items in a patient's bedroom, a search would be done. The searches were being documented on a standardised trust form.
- Staff understood the trust's safeguarding process. Staff said they would raise safeguarding alerts, for example, in response to inappropriate touching by patients, violence, or medical errors. Staff said that safeguarding alerts were acknowledged via email and that staff received feedback on the progress of safeguarding alerts.
- In the six months prior to the inspection there were 196 incidents of restraint at the John Howard Centre. Of these 40 (20%) were in the prone position. Staff appropriately recorded all restraints and there was debriefing for all staff and patients involved in the restraints. Staff said that when patients became very unwell they used appropriate de escalation techniques to address the situation. They only physically restrained patients as a last resort. This was reflected in the trust's policy on restraint.
- Some female staff on Shoreditch ward said they worked in an environment where staff tolerated sexually intimidating behaviour from patients. These staff members said they did not feel safe because this behaviour was not adequately addressed. Sometimes ward activities were cancelled on Shoreditch because of a shortage of male staff. More male staff were recruited to Shoreditch ward. During the inspection, the majority of staff members on the ward were female. Although there were 16 incidents of sexual abuse reported from the forensic service directorate between May 2015 and February 2016, they were all patient to patient incidents. Information provided by the trust showed that between January and March 2016 there were 22 incidents of sexual aggression on staff from patients. The trust said staff suffering abuse are offered supportive debrief after incidents individually or in groups as appropriate. There was also a confidential staffing assurance scheme open to all staff on the basis of self-referral. We did not see evidence of an action plan to reduce the number of incidents of sexual aggression on staff from patients.
- Staff generally completed the medication administration records, however there was some information missing. We informed the ward managers of

the missing information during the inspection. The trust were aware that the forensic services directorate needed to reduce the number of gaps in medication administration records.

- We checked the controlled drugs cupboards on each ward: We saw in one controlled drugs cupboard that there was a quantity of Tramadol which was not recorded on the controlled drugs list. The trust's policy on controlled drugs states specifically that there was no need for Tramadol to be in the controlled drugs cupboard, although national guidance has recently reclassified Tramadol as a controlled drug. Staff stored controlled drugs in an appropriately locked cupboard. We reviewed the paperwork and saw that two nurses checked the controlled drugs each day. We spoke to staff who demonstrated how to report medicines incidents using an online system.
- We reviewed prescription charts and no rapid tranquilisation medicines were prescribed for patients. Rapid tranquilisation is medication which is given to patients when they are unwell to reduce behaviour which is of risk to themselves and others, it acts quickly to sedate patients. Staff completed monthly audits to confirm the correct authorisations were in place for medication prescribed to patients detained under the Mental Health Act.
- Patients on Clerkenwell were supported to administer their own medication. Staff told us that six patients were administering their own medication and a further three were being trained to do so. We saw evidence that this was carried out in patients' care plans.

**Track record on safety**

- Across the wards at the John Howard Centre there were 7 serious incidents in the 12 months prior to the inspection. These included incidents of self-harm, attempted and actual physical attacks, people absent without leave and hostage taking.
- The trust had detailed information about incidents on the wards and the use of seclusion and restraint. There was an effective quality improvement pilot finishing on Clerkenwell ward which focussed on reducing violence. This had resulted in a 57% decrease in incidents of violence during the six months prior to the inspection. This pilot was now being implemented on Shoreditch ward. This pilot included the extensive use of occupational therapy and increased opportunities for activities for the patients.

**Reporting incidents and learning from when things go wrong**

- Staff and patients reported that there was good debriefing after each incident. Patients affected by incidents were well supported individually and within weekly meetings. Staff received support to manage the impact of incidents and to give them time for reflective practice. The patients said they generally felt safe because of the measures in place and because of the experience of the staff.
- We saw that incidents were recorded on the trust's internal recording system. The staff were kept up to date with the outcomes of incidents in the regular staff away days.
- The trust compiled monthly incident reports to monitor trends and take action when required. This information was displayed on the wards for staff and patients.

### Wolfson House

**Safe and clean environment**

- Ward layouts allowed staff to see most parts of wards. Where there were blind spots, these were highlighted on environmental assessments and managed by staff being in the communal areas with patients. There were also convex mirrors in place where they were needed.
- Staff assessed the environment for ligature risks and had written plans in place to manage these risks. Staff followed these plans.
- All wards had clinic rooms. Clinic rooms were visibly clean and well organised. All clinic rooms contained resuscitation equipment that was clearly labelled and easily accessible to staff. Records showed staff checked the equipment and emergency drugs daily. Clinic rooms had medical equipment, such as blood pressure machines and weighing scales, which was calibrated to ensure correct readings. Records showed staff recorded the temperature in the room and the medication fridges daily.

Requires improvement

# Are services safe?

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

- On Hoxton Ward some medical equipment, for example the oroscope and ophthalmoscope, did not work. There was no date in place to have these replaced or fixed.
- One of the five wards on the site had a seclusion room. Staff from across the different wards staffed this seclusion facility while it was in use to support and observe the patient. To access the seclusion facilities, staff escorted patients from their own ward in a lift and through the communal ward area. Ward staff said if they were aware of a patient coming to the ward to access the seclusion facilities, they would ask other patients to move away from the communal area. Records from the most recent seclusion incident stated that staff walked with the patient and used the lift to access the seclusion facility. Records showed staff carried out the appropriate observations and the patient was assessed by medical staff in a timely way. There were medical and nursing reviews recorded regularly in the notes as well as a pre-review meeting, where staff discussed potential reasons leading to the patient being placed in seclusion.
- All ward areas were visibly clean, had good furnishings and were well-maintained. Patients said the environment was always clean. An external company provided domestic services to the ward, including cleaning. Cleaning schedules were up to date.
- Records showed staff carried out infection control audits every six months on the wards. Where action plans were in place following the audits these had been marked as complete. All sinks and clinical areas had posters above them which explained good handwashing principles.
- Fire drill records showed these took place regularly. Practice fire evacuations took place every three months.
- Staff had access to appropriate personal alarms and there were enough for staff and visitors. One member of staff from each shift and ward worked as part of an emergency response team. They carried an additional alarm to notify them when assistance was required for physical intervention on another ward. There were wall alarms placed throughout communal areas and in patients' rooms.

**Safe staffing**

- On all wards staffing was made up of four staff working in the day and three at night. Management staff and multidisciplinary staff, such as occupational therapists, worked in addition to these numbers. During the day two qualified nurses were on duty with two healthcare assistants (HCAs). During the night one qualified nurse and two HCAs. All wards had staffing numbers displayed outside the nursing office so patients and staff could see the expected and actual number of staff working that day.
- On Woodberry and Hoxton ward there were vacancies for a nurse each. Woodberry ward had recruited to one vacant position just before the inspection.
- Staff from wards said shifts were normally filled, however, there could be occasions where the wards were short staffed. On Hoxton Ward, some staff said they were unable to take their breaks in a timely way. Staff had highlighted this to their managers and discussed this as a team. Staff were supported to record short staffing as an incident. In the six months before the inspection staff on Hoxton ward reported this the most times, with a total of five times.
- The service did not use agency staff. Where possible, shifts were filled by ward staff from one of the five wards. This meant staff were familiar with the wards and the patients.
- Patients said there were enough staff, although some said at times staff seemed busy doing paperwork. Patients said that if they needed a staff member, there was always one available. One patient on Clissold ward said staff were often in the nursing office. Patients said their one to one meetings with staff happened regularly and staff recorded these taking place or being offered regularly to patients. A user-led evaluation across wards about accessing staff and satisfaction with care showed patients scored an average of four or more out of five.
- Ward activities were very rarely cancelled because of too few staff. Staff sometimes cancelled escorted leave because of too few staff to accompany patients. Staff and patients were aware this was happening and discussed it in community and staff team meetings. Minutes from a clinical improvement group in the month of the inspection, which patient representatives attended, noted that there were no particular issues around leave at the time.
- There was no evidence of a consistent method to record when leave was cancelled because of too few staff. This

Requires improvement

# Are services safe?

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

meant staff and managers did not have accurate information on how often this was taking place. Some staff said they recorded this in handover notes, some referenced it in team meetings and some reported it as an incident. There was evidence of staff using all these methods, although not for each occasion the leave was cancelled. For example on Butterfield ward, staff reported this as an incident three times in April 2016 and once in March 2016.

- Medical cover at night was accessed through doctors based at a different site.

**Assessing and managing risk to patients and staff**

- There were good procedures for the use of observations, including minimising risks from any ligature points.
- Physical intervention was not used frequently on the wards and was used only after de-escalation had not worked. In the six months before the inspection Hoxton ward and Woodberry Wards had no incidents of restraint. On the other wards, there were three in six months. Face down restraint was not used. Staff were trained to use de-escalation techniques. Where physical intervention was required, specific staff were trained to carry this out. One member of staff on each ward would be available at all times to assist on other wards if needed. One patient from Butterfield Ward said if they became upset staff would speak to them to help them relax. They said this gave them hope and made them feel staff listened to them fairly. In patient progress notes there was evidence that staff intervened with potential problems between patients at an early stage, therefore reducing the number of incidents that occurred. This showed staff knew patients well.
- Rapid tranquilisation was not used frequently on the wards. Information from the trust indicated this had not been used on any ward between September 2015 and February 2016.
- Seclusions did not take place frequently. When it was used it was used appropriately and followed best practice. Records of the most recent seclusions showed the patient walked with the staff to the seclusion facility. Records for seclusion were stored appropriately.
- Across the wards, an average of 95% of staff were trained in safeguarding adults level one. An average of 87% of staff were trained in safeguarding children level two and 95% were trained in safeguarding children level three. It was not clear that staff consistently identified safeguarding incidents or took appropriate action to ensure the longer term safety of patients. Staff reported incidents using an electronic system and were able to highlight whether an incident meant that a patient's safety was at risk. For example on Butterfield ward, staff recorded four incidents of physical violence between patients over a four moth period before the inspection. Only one of these incidents had been marked as having safeguarding implications. Staff had recorded their immediate actions to ensure the safety of patients, for example separating the patients and providing them with medical intervention. Where appropriate, staff had supported the patient to contact the police to report the incident and recorded this in care records. After this, there was no further record of discussions or plans to ensure future risks were minimised and not all incidents were referred to the local authority. Senior staff said there should be a discussion about the safeguarding implications of incidents and plans to reduce future risks, however there was no evidence that this took place. There were examples of incidents not being identified as having safeguarding implications on other wards. For example on Clissold ward a patient made an allegation about another and this was not recorded as an incident. Staff noted that they discussed the situation, but there was no further detail about the content of the discussion or plans put in place around the interactions of these two patients.
- There was good medicines management practice. Pharmacists from the trust visited the wards between once and three times a week. In communal areas there were information posters with pictures of who the pharmacists were and how patients could request to meet with them to discuss medication. Records showed patients had met with a pharmacist to discuss their medications.
- Some patients self-medicated. Patients said the steps to achieve this were made clear and felt staff supported them to achieve this. Records showed that patients and pharmacy, medical and nursing staff worked together to monitor side effects of medications. In MDT meetings we saw that patients had a good knowledge of the medications they were taking. Where patients were fasting due to a religious belief, staff supported this. Medical notes were detailed and included clear

Requires improvement

# Are services safe?

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

rationales on medications. Patients were prescribed minimal effective medications, which was positive. There was evidence in records that medical staff requested second opinion appointed doctors to review potential medication changes when appropriate. Wards had weekly clinics for patients who were prescribed clozapine. There were charts on the wall in clinic rooms with relevant and useful information for staff.

- There were safe procedures and facilities for people under 18 visiting the ward. There was a children's visiting room on the ground floor of the building, separate to the wards. This was designed to be young person friendly and was welcoming and colourful. There were toys and resources available in the room.
- Records showed staff completed risk assessments for each patient on admission and updated these regularly. The service had moved from paper to electronic records a few months before the inspection, and staff were not uploading and storing risk assessments in one consistent place across patient records.This meant they could be hard for a different member of staff to find them quickly if they needed it.
- The wards had recently started using an electronic system with patients to determine when to do personal searches, which involved staff patting the patient down over their clothes to see if they were carrying items which were forbidden. This was introduced to stop the rule that all patients needed to have a personal search before and after their leave. Patients used a randomizer machine, which was a button that randomly generated a yes or no, to see whether staff would carry out a personal search. Staff encouraged patients to press the button themselves in order to give them more involvement in the process. The use of this randomizer machine was going to be rolled out to determine when room searches and drug tests would be carried out. Where staff felt it was appropriate for an individual, these personal searches, room searches and drug screens would be carried out without the use of the randomiser.
- Lockers for cigarettes where available for patients at the reception. They could collect these when they left the site and returned them to the lockers before going back to the ward. Staff said these lockers were searched at random, rather than on each occasion of use.
- There were information posters in staff offices explaining the meaning of restrictive practice. Staff were aware of the work being done to reduce any restrictive practice in place. Staff said there was an ethos to reduce the use of restrictive practice in line with the trusts quality improvement goals.

**Track record on safety**

- Across the wards there was one serious incident in the 12 months before the inspection. This involved the complicated or unexpected deterioration of a patient's physical health condition.

**Reporting incidents and learning from when things go wrong**

- Staff were aware of what to report as an incident and how to this.
- Staff were open and transparent and explained to patients if something had gone wrong. Records showed that staff had met with a patient following a medication error to explain what had happened.
- Management staff received reports about incidents taking place across the wards. This included reports where incidents had been assessed and action plans put in place. Staff discussed incidents at their team meetings every five weeks. Incidents were part of team meeting agendas. Staff presented investigations into incidents and the team discussed them.
- On Clissold Ward between December 2015 and February 2016 there were five incidents where patients behaved inappropriately towards domestic staff on the wards. The ward manager said that domestic staff reported verbal abuse towards them as they were not used to it. There was no strategy in place to reduce this.
- Staff received debriefs and were offered support after serious incidents.

# Are services effective?

Good

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

## Summary of findings

We rated effective as **good** because:

- Care plans were detailed, recovery focussed and reflected patients' views.
- Patients' physical health needs were met and monitored regularly.
- Patients received input from a range of mental health disciplines. Patients with learning disabilities received positive behaviour support from nurses and consultants with extensive experience in learning disabilities.
- The occupational therapy team followed a clear model of care with structured assessment tools to plan care and monitor outcomes for patients.

However:

- The records to authorise medication for patients detained under the Mental Health Act at Wolfson House were not always attached to the medication administration records.

## Our findings

Are Forensic Services Directorate effective?

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

### John Howard Centre

**Assessment of needs and planning of care**

- The site had a physical health suite offering GP, chiropody, optician, dietary advice and dental care.
- Staff carried out physical health assessments with patients immediately upon admission and followed up physical health needs at each multi disciplinary team (MDT) meeting. Every patient had a physical health check done at least every month, and a full medical assessment every year. Patients could go for appointments to the GP on site, the GP was on site twice a week. Some patients said that if they wanted to see a GP, they would see one within three to four days.
- Patient records were accurate and up to date. Records included appropriate current information about patient physical and mental health and the implementation of their care plan.
- Care plans were detailed and recovery focussed. Care plans reflected patients' views. On the learning disability wards, care plans were also available in easy read versions. Most patients said that they had a copy of their care plan.

**Best practice in treatment and care**

- Patients with learning disabilities had positive behaviour support plans in place and were supported by staff with extensive experience in the care of people with learning disabilities. Positive behaviour support is a nationally recognised method of working with people who have learning disabilities. As part of this approach, a colour rating was given to patients on the basis of what their current behaviour was. Patients we spoke to knew their behaviour rating; red, amber, or green; and could say why they were in a certain colour. Positive behavioural support information was displayed on the wards. The use of anti-psychotic medication was discussed at every MDT meeting. This was in line with national best practice when working with people with learning disabilities and behaviour at risk of challenging others.
- There were 20 occupational therapists (OTs) within the forensic service. The occupational therapy provision followed a clear model of care with structured assessment tools used to plan care and monitor outcomes for patients. The John Howard Centre used a system to track outcomes for patients, which was done four months after each admission. OTs used the model of human occupation which stated their core values, theory and assessment tools. The occupational therapy plans were incorporated into each patient's care programme approach reviews. The recovery star was also used.
- The staff group were able to offer a range of psychological therapies recommended by NICE to meet the individual needs of patients.
- At staff away days, national institute for health and care excellence guidance was reviewed to ensure that practice within the service reflected the current guidance.

# Are services effective?

Good

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- Patients were encouraged to participate in the drug and alcohol misuse programme where needed. This programme had good links with the wards and were involved in MDT meetings, training of staff and group activities. The staff were very positive about the programme.
- The ward manager or senior nurse did regular audits of restrictive practices, physical health checks and care and treatment reviews every month.

**Skilled staff to deliver care**

- On each ward, patients received input from the full range of mental health professionals. We spoke to several occupational therapists, speech and language therapists and psychologists who all said that there were diverse therapies and activities available to patients.
- Staff had access to a wide range of learning and development opportunities. OTs had continuing professional development twice a month and they were also supported to go on short courses off the site.
- Positive behavioural support training was offered to all staff working on the learning disability wards.
- Staff had access to regular supervision and meetings that provided opportunities for reflective practice. There were regular ward team meetings.
- Information from the trust showed that 96% of staff in the forensic service directorate had been appraised as of April 2016. Of the wards we inspected at the John Howard Centre, Limehouse had the lowest appraisal rate at 88.9%.

**Multi-disciplinary and inter-agency team work**

- All staff commented on the excellent teamwork between disciplines.
- There was evidence of strong inter-agency work between the social workers on the site, local police, the local authorities, NHS England and with victim support agencies.

**Adherence to the MHA and the MHA Code of Practice**

- MHA training was not listed in the mandatory training requirements of staff. Additional training and support was offered by the MHA administration team.
- The patients appeared to have a good understanding of their section 132 rights.
- They were aware of the independent mental health advocate (IMHA).Patient leaflets and posters were available on most wards about the IMHA service.
- There were good processes and prompts in place from the staff in the MHA office to ensure that section renewals, and consent to treatment deadlines were adhered to.

**Good practice in applying the MCA**

- Staff demonstrated that they understood how to apply the Mental Capacity Act, such as when it was appropriate to undertake capacity assessments for specific decisions.

## Wolfson House

**Assessment of needs and planning of care**

- A doctor and nurse completed pre-admission assessments before someone was admitted. Staff used information about a patient's criminal offence, past and current risks and individual needs to decide whether they were appropriate for admission. Staff carried out comprehensive assessments in a timely way after a patient was admitted.
- Care records showed that staff undertook a physical examination of patients and supported patients to access ongoing physical health care. Where patients refused to have physical health support, for example having their vital signs checked, staff recorded this in their notes. Records showed regular contact with GPs and staff liaised with specialist services, such as diabetes nurses, where this was needed.
- Patients had good access to physical healthcare, including specialists when needed. Patients felt staff supported them well with their physical health needs and they were able to describe in various types of support staff had given them. One patient on Clissold ward said the medical help from staff was first class. Staff received training in specific conditions where necessary to support patients. Staff would then share this training internally with colleagues on their ward and on other wards. Staff supported patients to register with a local GP when they were admitted. Where necessary GPs offered support for physical health needs and could refer patients on to specialists if required. Patients were

# Are services effective?

Good

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

aware of the GP service and when and how they could access them. Staff had an understanding of the physical health needs of patients and patients were able to make decision about what care they would like to receive themselves where appropriate. Staff had considered physical health needs well. For example staff took patient vital signs on the day that most medical cover was available on site in case patients needed to be followed up immediately.

- Care records contained detailed and up to date information about care. Care plans were personalised and recovery-orientated. Assessments and care plans covered a wide range of needs for individual patients. Staff reviewed care plans monthly and noted this on the electronic system. Staff used a care planning document for all patients and completed these thoroughly for each patient. Comments and views from patients were included throughout care documents, including where the patient disagreed with their care plan.
- Care records showed information was communicated well between ward staff. Records also demonstrated that staff consistently tried hard to engage with patients and recorded their own actions.
- Records showed staff completed pre and post leave reviews in detail. Patients completed some information themselves, for example what they were wearing.

**Best practice in treatment and care**

- The staff group were able to offer a range of psychological therapies recommended by NICE to meet the individual needs of patients. Psychology staff offered individual session and ran therapeutic groups, such as a group that talked about risk. This group was for up to 10 patients and ran over one year. Each patient in the group thought about risks associated with their criminal offence. A second group ran for four weeks and was for staff and patients to discuss risk models and assessments. A therapy dog came to the wards each week.
- The trust produced monthly clinical risk newsletters to update staff with relevant clinical information. Recent issues referenced new NICE guidance on rapid tranquilisation, assessments in emergency situations and safety for patients prescribed clozapine.
- A substance use support service (SUSS) was available for all patients. Patients who accessed these services said they were helpful. SUSS offered several educational and support groups which were open to all patients. As well as structured groups there was a weekly drop in group. There were also two peer support and peer led groups in the community for patient approaching discharge or those recently discharged. Patients could request individual sessions if they wished and invite staff from the SUSS to their MDTs. The SUSS had information leaflets available to patients about different substances, their effects, risks, legal information and testing methods. Each ward had a link member of staff in the SUSS. Clinical staff and staff from the SUSS met monthly to discuss good practice in supporting patients who misused substances. Staff received two hours of training from the SUSS at their local induction.
- At the time of inspection staff carried out monthly drug screening with all patients. This practice was being replaced with the use of the randomiser for patients where staff did not have concerns about the misuse of substances.
- Staff participated in regular clinical audits covering a range of work including medication, care planning and physical health needs.

**Skilled staff to deliver care**

- Each ward had input from a range of mental health disciplines. This included mental health nurses, psychologists, occupational therapists, social workers, psychiatrists and pharmacists. Four out of five wards had input from a full time OT who worked Monday to Fridays. The fifth ward had input from a part time OT and OT assistants. There was an art therapist that worked across all wards and ran art therapy sessions. A lead nurse and modern matron worked across all five wards.
- Staff were experienced and qualified. Staff felt they received any training in areas they needed.
- Staff received an appropriate trust and local induction to their role. They said they received good information in their orientation. All nursing staff completed a care certificate, which was good practice. Care certificates outline a core set of skills necessary for staff to display over time in order to receive the certificate.
- Staff were supervised, appraised and had access to regular team meetings and reflective practice. Nursing

# Are services effective?

Good

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

staff received supervision every four to six weeks. MDT staff received supervision on a monthly basis from more senior staff within their discipline. Psychology staff accessed a two monthly meeting for continued professional development. One member of staff new to post was receiving weekly supervision. All wards had supervision structures in place.

- Staff from each ward attended a half day group meeting, called an away day, every five weeks. Staff also received group reflective practice within this meeting. Staff kept minutes from these meetings and where actions where outlined, these had leads and due dates assigned to them.
- There were weekly multi disciplinary meetings that all staff attended. Staff from different disciplines said they were listened to within the MDT group. On Woodberry Ward staff had recently introduced weekly reflective practice.
- Staff received annual appraisals. Clissold ward had the lowest appraisal rates of 77% as of December 2015.

**Multi-disciplinary and inter-agency team work**

- We observed effective handovers between the team and between nursing staff changing shifts.
- There were effective working relationships with other wards on site and other teams within the trust.
- Staff said there were good links with education and vocational opportunities in the local area. Records showed staff regularly communicated with external agencies, such as the Ministry of Justice. Information about communication was stored appropriately. There was also evidence in care notes that staff from external agencies attended clinical meetings.

**Adherence to the Mental Health Act (MHA) and the MHA Code of Practice**

- Records showed staff assessed and recorded capacity for consent and informed consent from patients about their treatment. This was repeated following changes to a patient's approved clinician. On Woodberry ward, two of 11 prescription charts had out of date capacity assessments attached to the charts. On Clissold Ward, there was no T3 form on file for one patient. For another patient, their T3 form did not authorise one medication they were receiving. On Hoxton ward, for four of seven patient, their T3 form was not stored on their prescription chart. According to the MHA code of practice, the T2 and T3 forms should be attached to patients prescription charts.
- A MHA review took place on Loxford Ward. There was evidence that patients' capacity to consent to treatment was routinely checked and appropriately documented. Patients were all aware of what medication they were taking and why. All the prescribed medication for mental illness was covered by a T2 or T3 certificate. The relevant T2 and T3 certificates were kept with prescription charts.
- Patients had their rights under the MHA explained to them on admission and every 12 weeks after that. Patients and staff confirmed this and it was recorded in patient records. Staff recorded that explaining patients' rights to them was completed as part of the standard induction to the ward.
- There was information and records in patient notes about patients accessing tribunals and hearings. Letters and information about these was detailed and covered patient progress and history.
- Administrative support and legal advice of the MHA and its code of practice was available from a central team.
- Detention paperwork was filled in correctly, was up to date and stored appropriately.
- Patients received copies of leave forms and signed them.
- Patients has access to independent mental health advocacy (IMHA) services, including specialist forensic services. Information about the IMHA was available on the ward. The IMHA visited the wards on a regular basis and when the patients requested. The patients were able to contact the IMHA directly.

**Good practice in applying the MCA**

- Staff had access to training provided by the trust. The trust had plans to introduce this as mandatory training.
- For patients who might have impaired capacity, there was evidence that staff assessed and recorded capacity appropriately. This was done on a decision-specific basis. On Clissold ward care records showed that staff regularly discussed patient capacity at MDTs. However,

# Are services effective?

Good

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this was a general discussion and there was limited information about judgements recorded. On Woodberry ward staff made detailed records of the capacity discussion around medication.

- On several wards staff carried out a consent to treatment audit every two to four weeks.

Outstanding ☆

# Are services caring?

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

## Summary of findings

We rated caring as **outstanding** because:

- Patients were actively involved and participated in their care planning. At Wolfson House, each ward had a written philosophy on display which stated that staff would support patients to be involved in the planning of their care. It also said patients should have the right information to make informed decisions about their care. On Ludgate ward, every patient had an advance directive in relation to restraint, which staff had to read before restraint was used.
- Patients had real opportunities to be involved in decisions that led to changes in how care was delivered across the directorate and trust. This included being part of groups looking at policies and procedures, designing and participating in patient led audits and being part of the recruitment process for new staff. There were many examples of changes taking place as a result of this input.
- Staff treated patients with dignity and respect. Staff were vocal about the rights of patients and were concerned about their well being. Staff supported patients to speak up and undertake their turn for paid jobs on the wards.
- We saw many positive interactions between staff and patients, and patients had weekly ward and user group meetings. Issues brought up at ward level and trust level by patients were discussed and resolved where possible, and then fed back to patients at meetings and on the information boards in the wards.
- Families and carers we spoke to said staff were excellent. They said staff were understanding, accommodating and non-judgmental. They were aware of the multi disciplinary team meetings and what took place in these. Families had confidence in the care that patients were getting.

## Our findings

Are Forensic Services Directorate caring?

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

### John Howard Centre

**Kindness, dignity, respect and support**

- Most patients we talked to said that staff treated them with dignity and respect. Staff knocked on patient's doors and waited to be let in. If there was no answer, then they would ask if everything was alright, and then let themselves in if there was no answer. Some patients said that staff used flashlights at night to check if they were okay, instead of turning on the bedroom light. Regularly turning on the bedroom light at night when patients are sleeping risks disrupted their sleep. The PLACE scores for the John Howard Centre rated it as 90.6% for privacy, dignity and wellbeing.
- We saw many positive interactions between staff and patients. Patients and staff were happy and interacting well both one on one and in groups. Staff and patients watched football matches together and staff provided snacks and drinks.
- Patients told us that the staff supported them to speak up and to take their turn for paid jobs on the ward.
- Most patients were very happy with the staff, the matrons and with the clinical team.
- Some patients on the learning disability wards complained of some staff always being in the nurses' station and not engaging with patients.

**The involvement of people in the care they receive**

- Patients met with the MDT every two weeks to discuss their care and treatment. Patients told us that they had discussions with their responsible clinicians regularly about aspects of their care at these meetings. We observed this to be the case. Patients said that their family members or an independent advocate could attemd to support them.
- Patients were actively involved and participated in their care planning. Patients said they were involved in decisions about their care and the writing of their care. Most patients had copies of their care plans.
- There were weekly patient meetings on the ward and weekly user involvement group meetings for the whole site attended by two patients from each ward, as well as staff members. The details of these larger meetings were

# Are services caring?

Outstanding ☆

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

fed back to the patient meetings on the ward. A recent change resulting from the user involvement group was that patients were allowed to smoke on escorted leave on some of the wards. There were small lockers available for patients at reception, so that patients could store their cigarettes and lighters when they came back from leave.

- The details of the staff away days were fed back to the patient meetings on the ward, including the results of any issues that the patients raised.
- There were information boards on each ward which showed a 'you said, we did" poster. This reminded patients of the issues that they had raised and how staff addressed those needs. For example, on Broadgate ward patients had complained about the cleanliness of toilets during the afternoon and the staff responded by having cleaners on the ward between 2pm and 6pm to address this.
- We saw that patients were involved in decisions around their medication. For example, a patient asked staff to reduce the dose of an injection. The medical team discussed this during the MDT, reduced the dose and agreed on a review date.
- On Ludgate ward every patient had an advanced directive in relation to the use of restraint which staff had to read before restraint was used.
- The advocacy team said that referrals from the ward staff was not consistent. Advocates went to the wards every week to ask patients if they wanted an advocate. Sometimes the staff did not notify the advocates if there were changes to the times of meetings. This meant that patients did not always have an advocate at their meeting, when they had requested this input. The advocate said clinicians and staff could refer more clients who may not have the capacity to make specific decisions.
- Patients said that they were able to contact an advocate when they needed to and we saw advocates on the wards. We saw from patient's records that carers and advocates were sometimes present at meetings.

### Wolfson House

**Kindness, dignity, respect and support**

- Throughout the inspection we observed staff and patients interacting well with each other and taking part in games and conversations. We observed staff encouraging patients to take part in activities and saw positive and supportive interactions between staff and patients.
- Patients were very positive about staff and how they treated them. They said staff were respectful, polite and caring. One patient described staff as excellent, loving and caring. They said that staff were funny and understood them well.
- Patients said the wards provided relaxed environments. They said the staff were very organised which meant there was a nice atmosphere on the wards. One patient said that as staff supported them to get better and they were encouraged to take part in ward and community activities.
- Patients said they received the treatment they needed and felt safe on the ward. They said staff were available on the ward and gave examples of staff engaging in activities with them regularly. Patients gave many examples of how staff supported them with their individual needs and preferences, for example staff helped patients to send flowers to loved ones on Valentines Day.
- Two patients on Woodberry ward said new staff and domestic staff didn't always knock when entering a room. One patient on Butterfield ward said staff could be better at saying hello when they started their shift.
- Family and carers we spoke with said staff were excellent. They said staff were understanding, accommodating and non-judgmental. They were aware of the MDT meetings and what took place in these. They said they felt their family members were getting the care they needed.

**The involvement of people in the care they receive**

- Patients said they received written information about the ward when they were admitted and some were given tours of the ward environment. Staff said this took place for all patients.
- For one recently admitted patient, records showed that staff supported them to register with a GP, they checked for allergies and assessed any welfare benefit needs.

# Are services caring?

Outstanding ☆

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

Staff discussed ward security with the patient and asked for them to have a picture taken for ward records. Patients were allocated a primary and secondary nurse and given a room key.

- Patients were actively involved and participated in their care planning. Patients said they were involved in decisions about their care and that they sat down and created a care plan with their primary nurse when they were admitted. Most patients had copies of their care plans. Staff were aware of how much involvement each patient wanted and recorded this in their notes. For example for one patient, staff noted that the patient did not want their comments recorded as quotes in their notes, so this was not done.
- Each ward had a written philosophy available to staff and patients that stated staff would support patients to be involved in the planning of their care. It also said patients should have the right information to make informed decisions about care.
- Patients had MDT meetings every two weeks. All staff involved in a patient's care as well as the patient attended these meetings. Where patients did not want to meet with a large group of people, staff reduced the size of the meeting, or one member of staff met with the patient following the meeting to have a separate discussion with them. We saw that some patients came to the MDT with things they had written down ahead of the meeting. All staff and patients engaged in these meetings and we saw positive and supportive interactions. The atmosphere was relaxed and staff and patients spoke communicated well. Patients said they felt able to give their opinions in the MDT meetings.
- Patients gave examples of where staff had listened to their concerns or opinions about their care and made changes following this. For one patient who had requested to access their care records, staff had approved this.
- Patients had access to independent advocacy services and were aware of these services. Patients said advocates sometimes visited the wards, but were also available at request. There was information about advocacy services displayed on wards, apart from Clissold ward, including above the payphone on some wards. One patient on Clissold ward was not aware of advocacy services. Care records demonstrated that patients accessed advocacy services.
- A number of patients said their family was involved in their care and that they visited them at the service. Patients said their families were involved with their care where they wanted them to be and said the staff gave their families good ideas about how to support them.
- Family members said they were able to access staff when they wanted. Family members and carers were invited to care meetings and felt able to share their opinions about care with staff. They felt able to ask staff questions where they wanted to. Staff recorded contact with patients' families and carers in care records.
- Most patients were aware of the different ways they could give feedback to staff about their care or service development. Three patients, one each from Woodberry, Clissold and Butterfield ward, were not aware of how they could give feedback.
- There were weekly community meetings and monthly clinical improvement groups where patient representatives from wards met with staff to provide feedback from patients. Patients felt staff listened to feedback in these meetings. There were suggestion boxes available on wards for patients to provide anonymous feedback about care.
- Patients took part in patient led audits across the different wards. Results from these were displayed on notice boards in communal areas. These notice boards also had minutes from clinical improvement groups and community meetings.
- Patients were able to get involved in decisions about the service. For example patients had been involved in interviewing staff for recent posts. Staff encouraged patients to be part of development groups. Patients were part of the user group to develop the laptop policy for the wards. Patients involved in the clinical improvement group travelled to the trust headquarters for meetings.
- A large number of patients had advanced directives in place. For one person, staff recorded that the patient did not want to create one. For one patient on Hoxton Ward the information about this were not detailed.

# Are services responsive to people's needs?

Good

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

## Summary of findings

We rated responsive as **good** because:

- Patients were assessed prior to their admission to ensure the service could meet the needs of the patients. Discharge planning was integral to patient care throughout their time in the service.
- Patients had access to a wide range of therapeutic activities and employment opportunities. These took place both within the service and the community. These focused on recovery and reintegration with the community.
- The spiritual needs of patients were well supported.
- Patients had access to wide range of information in different languages and formats to help them understand their rights, treatment and services provided.
- Patients knew how to complain and staff were using this feedback to make improvements where needed.

However:

- There were low secure wards within the medium secure site of the John Howard Centre. Access security for the medium secure site applied equally to low secure patients. This needs alternative plans to be put in place with commissioners for the wards to be more appropriately located.
- At the John Howard Centre patients could be supported to make their bedrooms more personalised.

## Our findings

Are Forensic Services Directorate responsive to people's needs?

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

### John Howard Centre

**Access and discharge**

- Bed occupancy in the forensic services directorate between August 2015 and January 2016 was 94.3%.
- The average length of stay in the forensic services directorate was one year and two months between August 2015 and January 2016. Of the wards we visited at the John Howard Centre, Victoria ward had the longest length of one year and six months and Ludgate ward had the shortest average length of stay at around four months. There were no recorded readmission of patients within 90 days of discharge in the forensic services directorate during the same period.
- Many of the patients on the learning disability wards were under specialist commissioning and had regular care and treatment reviews (CTRs) organised by NHS England. The CTRs help to focus the ward staff on discharge. The staff were positive about CTRs as they said it helped with problems in discharging, for example if there was delay in the patient's local authority accepting the patient's care. All staff involved in CTRs understood the process and how to support the patient through the process. There was evidence of comprehensive agendas for the reviews, and supporting documentation to help the panel of the CTRs come to an informed decisions regarding each patient affected.
- Prior to coming onto the learning disability ward, a nurse and doctor from the learning disability ward assessed patients before deciding whether to admit them to the ward. Transitions for patients with a disability was person centred. Patients would spend meal times and days on the ward before moving there, so that they could get used to it.
- On the learning disability wards, the focus of treatment was the discharge of the patient. From October 2015 to April 2016 there were no instances of delayed discharge recorded for Clerkenwell or Shoreditch wards. On the other wards we inspected, only Broadgate ward had an instance of delayed discharge between October 2015 to April 2016, all the other wards had none recorded.

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

- The main challenge at the John Howard Centre was that one ward was low secure and the layout of the site meant that patients on this ward were subject to the same restrictions in terms of access to the ward and

# Are services responsive to people's needs?

Good

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

security as patients on the medium secure wards. In order to resolve this issue longer term plans need to take place with commissioners so that this ward can be located in a more appropriate environment.

- Patients had access to their own bedroom throughout the day and had keys to their rooms to enable them to secure their personal belongings. A few door locks were broken and it was not clear when they would be repaired.
- Patients had designated fresh air breaks during the day, as well as direct access to a balcony overlooking the courtyard, which was open throughout the day. Some patients had either escorted or unescorted courtyard leave.
- Blinds in the patient bedroom doors were closed, to protect the patients' privacy and dignity.
- Mobile phones and internet access were not allowed on the wards; however supervised internet access was available via the OT.
- There was a patient telephone room so that patients could make private calls to family and friends, and if required the patient could use a cordless ward phone to make private calls.
- Some patients' rooms were not personalised. Patients said that they would like to personalise their rooms if staff would let them. The trust said that there was no written policy on personalising patients bedrooms, but that patients were allowed to personalise them if they wanted to. As patients spent up to two years on the wards, it was important that patients understood that they could personalise their rooms as it is part of their care and recovery.
- Every ward had at least one room for patients to receive visitors in private.
- Some of the wards had shared toilets and showers. Some wards had 17 bedrooms and three bathrooms to share between the patients. On Clerkenwell ward there were 15 rooms, five were en-suite and the other 10 patients shared two toilets and two showers. Patients complained about the smell in the corridors from the communal toilets. Staff said that this sometimes resulted in incidents between patients waiting to use the toilets.
- Some of the patients we spoke to complained about the food on the wards. Some patients said there were not enough halal options. Some patients complained that they were allowed a take away only once a month, which was not enough for them. However the PLACE scores for the John Howard Centre rated the ward food at 98%. Patients were able to make hot and cold drinks throughout the day and a variety of snacks were available.
- There were a number of groups available to encourage social interaction among patients. There were also internet groups to build and maintain skills and to access education. In addition, there were also walking and cooking groups.
- There were four sports therapists who offered activities in the on site gym three times a week and in the sports hall five times a week.
- In the John Howard Centre, patients had opportunities to participate in the paid maintenance and upkeep of the wards and grounds. There were also opportunities for them to undertake paid work on the wards. Staff regularly reviewed this activity to ensure that all patients had a chance to earn some money.
- Employment projects included the café project, working at the on site shop, design and print project, landscape gardening project, picture framing project and maintenance of the on site barber shop. Patients were referred from the ward and given a taster session of the work, and then spent time unpaid on placement within each project. Once the induction was done, patients were given contracts of paid employment. There were also pathways to employment outside the John Howard Centre through links with local social enterprise groups who hired patients at the John Howard Centre.

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

- On the learning disability wards, there were easy read leaflets with information about health and social care needs, rights and opportunities, and available services. Community meetings' agenda and information was done in easy read.

# Are services responsive to people's needs?

Good

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

- Staff said that some of the patients with autism on Clerkenwell ward communicated better using electronic tablets, however tablets were not readily available to these patients. Patients had to wait until an OT brought one to the ward before they could use it.
- Patients were supported to access religious needs. Prayer times were listed during Ramadan for patients.
- Interpreters were available to support patients at a variety of meetings. Telephone interpreting services were also available for patients.

**Listening to and learning from concerns and complaints**

- Most patients said that they knew how to complain and some patients had used the complaints process. Patients said that it took a while for staff to deal with a complaint.
- In the year prior to the inspection there had been nine complaints of which two were fully upheld, three partly upheld and two were still open. The learning from complaints was discussed at directorate and team meetings.

## Wolfson House

**Access and discharge**

Average bed occupancy across the wards between August 2015 and January 2016 was 98%.

- The wards ran a peer support group for patients due for discharge. Patients could continue to attend for up to one year after discharge. This was held at a venue off site. Staff followed up patients for one year after discharge. The consultant psychiatrists had contact with the patients' community teams.
- Patients were aware of plans around their discharge and said their keyworkers regularly discussed this with them.
- Discharge was not frequently delayed for reasons other than clinical reasons. When this took place, staff reported this as an incident.
- Average length of stay varied across the wards. For patients on the wards between August 2015 and January 2016, information from the trust showed average length of stay was shortest on Butterfield ward, around five months. The average length of stay on Woodberry ward was around 10 months. The average length of stay for Loxford ward was two years and for Hoxton, just over two years.
- Between August 2015 and January 2016 the trust recorded two delayed discharges. One from Butterfield ward and one from Hoxton ward. There were no recorded readmissions within 90 days of discharge in this time.

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

- Each ward had a full range of rooms and equipment to support treatment and care. All rooms were labelled so it was clear which room was which. Communal rooms and bedrooms were spacious and bright. Each patient had their own bedroom and bathroom facilities. All wards had an activities of daily living (ADL) kitchen where patients could prepare their own food and have cooking sessions with the occupational therapist. These rooms remained unlocked unless staff had assessed that there were particular risks for certain patients accessing them. All sharp objects, such as kitchen knives, were stored in locked cupboards when not in use. There were two fridges available for patients to store food. On Hoxton and Butterfield ward, some food in the fridges had passed its expiry date. There were guidelines about self-catering on the wall in the ADL kitchens.
- There was a quiet room that was available at all times. This was unlocked on all wards except Clissold ward.
- Two of the five wards on the site had a roof terrace attached to the ward that could be accessed by patients at any time. The roof terrace on Butterfield ward was very well maintained and had seating available. The roof terrace on Woodberry ward did not have seating available at the time of inspection and was in the process of being cleared for excess moss. There was also a large, well maintained garden on the ground floor of the site that patients could request to access throughout the day.
- On Hoxton Ward the multipurpose room was used to show films on a large screen once a week.
- All wards had a noticeboards with staff pictures and names displayed. Some wards also had posters in communal areas where staff wrote more details about

# Are services responsive to people's needs?

Good

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

their role and themselves had a picture attached. There was artwork on the walls, provided by an external organisation. Patients could have their own artwork or artwork by other patients on the walls in their bedrooms. Each ward had a fish tank. On some wards, for example Hoxton ward, these were maintained by patients who wished to do this task.

- The ground floor of the site was also available for patients on unescorted leave to access. The ground floor had a large lounge area, a café that was open at certain times that patients could work in, a gym that could be accessed when a trainer was on shift and the large site garden.
- Wards had a quiet room that was open at all times, apart from on Clissold ward where this was locked. This could also be used as a room to meet visitors.
- Patients could make phone calls in private. Each ward had a phone booth and phone available. At the time of inspection the service were reviewing the policy on patients having personal mobile phones provided by the ward. Patients felt able to have phone calls in private.
- Most patients said the food was acceptable and they were able to cook some of their own meals as well. Two patients said the food was quite good. Three patients did not like the food. On most wards patients cooked community meals in the evenings. Patients worked in groups of up to four and prepared, cooked and cleaned up for one evening a week. The menu for the week was on display in communal areas. Patients were able to choose to eat with metal or disposable plastic cutlery on Hoxton Ward. Staff kept records of when cutlery was in use to ensure it was all accounted for at all times.
- Patients said they could access hot drinks and snacks throughout the day. There was a board outside the kitchen with information about healthy eating, including the effects of eating a lot of sugar.
- Patients were able to personalise their bedrooms and store electronic equipment that they enjoyed using, for example stereos, speakers and televisions. We saw that patients had brought in their own possessions such as rugs, books and blankets and had their own artwork on the walls.
- All patients had keys to their room and felt they could safely store their possessions in there. There was also a safe available off the wards for patients to store personal possessions if they wished.
- All patients had access to a cashier service where they could store and withdraw money. This was located on the ground floor of the site. There was a policy in place outlining the maximum amount of money patients were able to have on them at one time and how much they could store with the cashier. Cashiers visited the wards during the week at set times. Staff encouraged patients to withdraw money twice a week, rather than daily, to be more in line with how they might do this in the community.
- Patients said there were activities on the ward during the week and on the weekends that generally did take place. Patients felt these were relevant to their needs. They said staff encouraged them to do activities. Some patients chose to have their activities timetables on the wall in their bedrooms. Examples of ward based activities were creative writing, a computer group with access to the internet, allotment group, and relaxation group. Each ward had one hour a week for patients to access a computer room on the ground floor. Patients were able to access the internet during this time and there were no restrictions on sites, such as social media sites, although access was supervised by staff. Patients also had access to weekly one to one sessions with occupational therapists.
- There were also activities available in the community which could either involve the whole ward or activities individual patients wished to do. Patients said there were lots of activities they could do in the community and that they were interested in these. This included trips to local markets using public transport, shopping for food and attending sports classes. Some patients were involved in Open University courses and volunteer roles. Records showed staff discussed the range of courses the recovery college had available with patients. Where patients were involved in study, staff had arranged their bedrooms to allow a set up for a desk to study. Each month the wards had a group day trip to a site in London or further away. Community meeting minutes showed patients discussed their preferred option for monthly ward outings. Staff supported patients to get freedom passes for public transport.

# Are services responsive to people's needs?

Good

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

Pictures in communal areas on wards showed group outings, although some of these were very outdated and were from two years previously. Staff said they felt that the range of activities available focussed on recovery and preparing patients to live in the community. Patients were also able to access services in the community, such as dry cleaners.

- Patients who were recently discharged could continue to attend the community activity group called bridge club.
- The wards had a scheme where patients could be employed, for example, in the café on the ground floor. Patients were paid an hourly rate and the service supplied a reference for future employers. This was a positive scheme which gave patients experience and confidence in employment.
- The trust carried out patient led assessments of the care environment. In the last assessments the wards they scored 100% for cleanliness. This was above the national average of 97.6%. Scores for food were 91% and for privacy, dignity and wellbeing were 95%.

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

- Patient using wheelchairs and with physical disabilities were able to access all communal areas and lifts were available to access wards.
- Information, for example about how to make a complaint, was available in different languages.
- A range of written information was provided on the ward. For example about treatment, patient rights and staff. Some wards had monthly newsletters. These were one page of information that highlighted any recent changes on the ward and announced the winners of ward games. For example, one month before the inspection, the newsletter announced the winners of a ward pool competition. On Clissold ward there was less information on display in communal areas for patients. For example less or no information about how to complain, advocacy services, physical health needs and other treatments.
- Wards had written statements of purpose addressed to patients. These were written using recovery focussed language and outlined ten components of recovery. These covered a range of areas staff would support patients in and included information about how physical health was important and supported, as well as cultural and spiritual needs.
- Staff accessed interpreters when needed and were aware of the communication needs of different patients.
- Staff recorded in patient notes information about their preferred method of communication.
- There was a choice of food available to meet the dietary requirements of religious and ethnic groups, although some patients said they would have preferred a wider range of options.
- Patients accessed a range of spiritual support and were able to meet with spiritual leaders on a regular basis if they wished. There was a mutlifaith room on site that all patients could access. This was well equipped with facilities for patients of different faiths to practice. There were several posters in communal areas and in patient bedrooms with information about different religious celebrations. Patients were supported to access local places of worship regularly. Staff were aware of religious holidays and celebrations and were supporting patients who were fasting during the month of Ramadan, which was taking place at the time of the inspection.

**Listening to and learning from concerns and complaints**

- Patients were aware of how to make a complaint and felt confident in being able to do this. There was information about how to complain, including making specific mental health act complaints, available in communal areas on wards. Team meeting minutes showed that staff on one ward had recently queried whether patients knew how to make a complaint and this information was placed on the ward soon after.
- There were six complaints made across the wards in 2015. The trust reported that none of these were upheld.
- Staff were aware of the complaints procedure and could describe how to support patients to make a complaint.
- Staff received feedback about the outcome of complaints and investigations. The monthly clinical improvement group had set agendas which included time to discuss complaints and compliments.

# Are services well-led?

Good

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

## Summary of findings

We rated well-led as **good** because:

- Staff, clinicians and senior management demonstrated the trust values in what they said and how they acted. Staff responded to questions on every subject by reflecting the needs and wellbeing of the patients. Everyone we talked to was very open, transparent and dedicated to the care of the patients.
- There were strong managers supporting the ward team and patients. As a result, staff said that the leadership and management were effective.
- Staff knew how to use the whistle blowing process, and we found examples of where whistle-blowing had resolved issues on the wards. All staff felt able to raise concerns without fear of reprisal.
- There was access to clear information, that identified trends and where improvements needed to be made.

However:

- Whilst most staff engagement was very positive, the decision at the John Howard Centre to use electronic devices for all patients during their escorted leave did not reflect the views of many of the clinicians in the service. More could have been done to listen to the views of staff.

## Our findings

Are Forensic Services Directorate well-led?

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

### John Howard Centre

**Vision and values**

- Staff demonstrated the trust values in what they said and how they acted. Staff responded to questions on every subject by reflecting the needs and wellbeing of the patients. Staff were given induction onto the wards which included the ethos and values that the ward aspired to.
- Staff were able to name the senior directors of the trust, and saw the director of forensic services on the wards frequently.

**Good governance**

- There were strong managers supporting the ward team and patients. Senior staff had a good understanding of the challenges for the ward staff and were encouraging improvements. This was reflected in the perception of the staff of strong leadership and effective management.
- Staff had access to really good management information, clearly presented which identified trends and enabled staff to make well informed changes.

**Leadership, morale and staff engagement**

- Staff knew how to use the whistle-blowing process, and we found examples of where whistle-blowing had resolved issues on the wards. All staff felt able to raise concerns without fear of any negative consequences.
- Staff said that they were given lots of opportunities to engage in the work of the trust and contribute ideas for services to change especially through the quality improvement work. The only exception to this was around the decision to impose a blanket decision on the use of electronic devices for patients having escorted leave. Here most medical and nursing staff we spoke with said they had not agreed with this decision and did not feel their views had been taken into account.
- We saw a strong emphasis on team building within the John Howard Centre. All wards held team meetings every six weeks for staff and members of the multi disciplinary team. There were also meetings for senior nurses, as well as clinical improvement team meetings.
- One of the staff members on the wards we inspected was made employee of the month in the month previous to the inspection, this staff member will be personally mentored by the chief executive of the trust. This was an example of recognising staff achievement and encouraging leadership development.

# Are services well-led?

Good

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

- Staff said that there was very good support and opportunities to develop. Less senior nurses had the support to develop their careers and seek promotions.
- Ward managers and matrons said that they had the authority to manage their wards effectively.

**Commitment to quality improvement and innovation**

- We saw examples of effective quality improvement at the John Howard Centre. Staff on Clerkenwell said incidents of violence had reduced by 57% in the last six months due to a quality improvement project. Better transitions and admission procedures, changes to staffing, more training in addressing challenging behaviour and implementing NICE guidelines on positive behaviour support had all been used to reduce violence. This initiative was then implemented on other wards.
- Wards were members of the Royal College of Psychiatrists' Quality Network for Forensic Mental Health Services.

## Wolfson House

**Vision and values**

- The trust values were to care, to respect and to include. Staff felt the trust were progressive and open to innovative ideas from employees. They felt the patient was at the heart of the trust's thinking.
- Staff knew who the senior managers in the service were. The modern matron and head of nursing carried out a walkabout on the wards every week or two weeks. The executive directors visited the wards each month.

**Good governance**

- There were clear lines of management within the teams and staff felt supported and that information was communicated well. Staff met regularly to discuss reported incidents, although not all incidents were reported consistently. The service introduced regular away days for staff to meet as a team.
- Staff attended monthly clinical improvement groups as part of a trust quality improvement project. There was a set agenda for this group which covered several areas including complaints and compliments. Patient representatives attended this group, which was one of several ways patients were able to give feedback about their care and input to service development.

**Leadership, morale and staff engagement**

- Managers monitored sickness levels and the electronic system they used measured and managed absences. Sickness rates were low and information from the trust showed that in 2015, average sickness rates across the wards was 2.5%.
- On the wards, some staff experienced verbal racial abuse from patients. On wards where this occurred more frequently, staff said this was discussed as a team and where necessary, patients had a plan in place for staff to manage and reduce this behaviour. Staff could access these plans as part of the patient care records. We saw this in place. In these plans staff recorded how they challenged racist language from the patient and the occasions when this patient had met with staff to discuss boundaries and acceptable behaviours. Community meeting minutes from the month before the inspection showed staff and patients discussed racism on Clissold ward. Staff said a statement for the service outlining that racist and sexist language was not tolerated was a work in progress.
- Staff felt able to raise any concerns about the service without fear of victimisation.
- Staff were very happy in their roles and several said the trust was the best organisation they had worked for. Staff felt the trust supported them to develop their skills and knowledge. Staff satisfaction with their job was high and some staff said they felt privileged to be able to have the jobs they do.
- Whilst most staff engagement was very positive, the decision at the John Howard Centre to use electronic devices for all patients during their escorted leave did not reflect the views of many of the clinicians in the service. More could have been done to listen to the views of staff.
- There were opportunities in leadership development for staff. Several staff said their managers encouraged them to apply for more senior roles within the teams and a lot of staff had worked within the service for a number of years and progressed.
- The trust ran development programmes for staff at different levels of seniority. These ran for up to 30 days

# Are services well-led?

Good

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

and were open to all staff of the particular seniority. Several staff from the wards were currently involved in these development programmes or had previously taken part.

- Staff felt supported by their colleagues and managers. They felt that colleagues listened to them and respected them and that the teams were cohesive and motivated. Staff said there were good relationships between staff of different disciplines, although there could be greater coordination between psychology and nursing staff. Staff described good relationships between ward staff and those from the substance misuse service. Staff said their colleagues were skilled and flexible and had a good understanding of individual patient needs.
- Staff were offered the opportunity to give feedback on the service and input into service development. There were several examples on the wards of this having taken place.

**Commitment to quality improvement and innovation**

- The trust had a central quality improvement team who co-ordinated quality improvement work and supported different directories and teams. Staff on the wards were aware of this several schemes, such as reducing restrictive practice, were introduced as a result of the trust quality improvement work.
- Wards were members of the Royal College of Psychiatrists' Quality Network for Forensic Mental Health Services.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment**<br>The trust had not ensured that the risk assessments completed for patients who were taking leave consistently reflected their other care plans and risk assessments, or included the views of the patients. This was particularly in relation to the risk assessment that was used to decide if the use of an electronic device was appropriate.<br>Risk assessments were not always stored in the same place in patient records and were not always readily accessible the staff who needed them.<br>This was a breach of regulation 12 (1) and (2)(a) |

| Regulated activity | Regulation |
|---|---|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br>**Regulation 9 HSCA (RA) Regulations 2014**<br>Person centred care<br>The trust had not ensured the care and treatment was appropriate and met the needs of patients.<br>On Clerkenwell ward at the John Howard Centre the loud alarms caused distress to some of the patients who had a learning disability and autism.<br>This was a breach of regulation 9(1) |