Good

St Andrew's Healthcare

St Andrew's Healthcare - Nottinghamshire

Quality Report

Tel: 01623665280
Website: www.stahc.org

Date of inspection visit: 18th June 2015
Date of publication: 13/01/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-102643363	St Andrews Healthcare, Nottingham	Newstead Ward	NG18 4GW
1-102643363	St Andrews Healthcare, Nottingham	Wollaton Ward	NG18 4GW
1-102643363	St Andrews Healthcare, Nottingham	Thoresby Ward	NG18 4GW
1-102643363	St Andrews Healthcare, Nottingham	Rufford Ward	NG18 4GW

This report describes our judgement of the quality of care provided within this core service by St Andrews Nottinghamshire. 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 St Andrews Nottinghamshire and these are brought together to inform our overall judgement of St Andrews Nottinghamshire.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated St Andrew's Healthcare Nottingham as good because:

- Our previous inspection raised concerns and a compliance action regarding the number of staff and the skill mix on the wards. On this inspection, we found the provider had systems in place to address this which were effective.
- Comprehensive assessment of needs were undertaken prior to admission. These were updated during the initial weeks of admission to ensure all care needs were met. Patients told us that they felt they were involved in decisions regarding their care and in the care planning process. They also told us that they were involved in discharge planning
- Each ward had a ligature risk audit and resultant action plan.
- The clinic rooms were clean, tidy and well equipped.
- A safety nurse role operated on all wards. There are two registered adult nurses who were employed to undertake physical healthcare assessments.
- Risk assessments were undertaken on all patients following admission and through regular multidisciplinary team meetings.
- Restraint was only used as a last resort when verbal de-escalation and other interventions failed to reduce the risk presenting within the situation.
- The number of seclusions used was low.
- There was a daily review meeting carried out by hospital coordinators to look at staffing, safeguarding, seclusion and incidents and where wards or staff needed support.
- We found good medication management which was consistent with the provider's policy and procedural guidance.
- Under the Reporting of incidents, diseases and dangerous occurrence regulations, there were no incidents in the period March 2015 to May 2015.
- There was information available for patients around how to complain, their rights and information about treatments. A log of local complaints was kept. Local resolution of complaints occurred generally. Patients were encouraged to contribute and problem solves issues with support from each other and staff.
- A psychologist was based on the wards who offered one to one sessions to patients. Group's sessions such as assertiveness, risk, and communication were also facilitated by the psychologist. Outcomes were identified and monitored.
- Staff had undertaken induction on the ward.
- Annual mandatory training figures for May 2015 showed that over 96 % of staff had completed training. 100 % of personal development reviews had been completed. Monthly managerial supervision was provided.
- The clinical team met weekly.
- Each patient was seen by the clinical team every four weeks.
- Information about treatments available was given following assessments.
- Staff were observed to behave in a respectful manner.
- A full range of rooms was available to support treatment and care.
- Patients had access to outside space.
- Patients could access a small kitchen on the wards during the day to make drinks and snacks.
- Patients were able to personalise their room if they choose and we could see that some had chosen to do this..
- Staff worked with patients to meet their cultural needs. The site had a multi faith room for people of all faiths to use.
- Hospital directors and senior management were visible to staff and the patients.
- Staff appeared to understand and own the values of the organisation.
- Governance procedures were in place for monitoring the progress and functioning of the hospital. Results were produced monthly and disseminated to ward managers via the dashboard. Staff said they were confident about using the whistleblowing, grievance and bullying and harassment policies.

However:

- The ward layouts were not conducive to observation of patients at all times. Each ward had acknowledged this and staff were seen to be in the communal areas and undertaking regular checks of the ward environment.

Summary of findings

- Rufford ward seclusion room had blind spots where observation of patients was not possible. This was a concern on our last visit.
- The de-escalation areas on the wards were in differing states of repair.
- The de-escalation environments were unclean with a lack of furniture, stained carpets and a lack of ventilation. This was of particular concern on Newstead ward.
- Concerns were raised by staff and patients about the length of time maintenance repairs took to be rectified.
- We had concerns from our intelligence and ongoing monitoring of the service over the inter-agency working with regard to safeguarding concerns. There were reported difficulties in St Andrew's making appropriate referrals, providing timely and good quality information, and making reports to the Multi-Agency Safeguarding Hub (MASH) and the Community Learning Disability Team (CLDT). It is not clear what consideration was given to providing interim updates to patients where there are delays in the safeguarding process
- We had concerns with care plans and found inconsistent evidence that plans were regularly reviewed and evaluated.
- Care records were stored on an electronic system accessed by substantive staff across the hospital. We found that agency staff were unable to access this system meaning they did not have access to the latest accurate information around care and risk.
- Our previous visit raised concerns about the use of inappropriate language by staff on Rufford ward. During this inspection, we noted improvement in the approach on Rufford ward. We were concerned about behaviour of four members of staff we witnessed on Wollaton ward.
- Two patients were identified as having significant delays in their transfer of care to a more appropriate setting.
- On Rufford ward, there was a lack of easy read literature available.

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- On this inspection, we found the provider had systems in place to address staffing and skill mix that were effective. Staff we spoke with told us the staffing situation had improved compared to our last visit.
- Agency staff were booked on three monthly block booking arrangements to ensure continuity of care and were provided with an induction on the ward.
- There are two registered adult nurses employed to undertake physical healthcare assessments.
- Each ward had a ligature risk audit and resultant action plan.
- The clinic rooms were clean, tidy and well equipped. Cleaning records for the general ward areas were being carried out daily and were up to date. Environmental risk and fire checks were being carried out on an annual basis. Every shift had one member of staff allocated to the role of 'safety nurse'. A safety nurse role operates on all wards.
- There were no reportable RIDDOR incidents in the period March 2015 to May 2015.
- Daily reviewing of incidents was carried out as part of site wide hospital coordinators meeting. Lessons learnt emails were sent to all staff and discussed in reflective practice groups and team meetings.
- Risk assessments were undertaken on all patients on admission and through regular multidisciplinary team meetings. The historical clinical risk management 20 and the Short Term Assessment of Risk and Treatability were the recognised risk assessment tools used for all patients.
- Restraint was only used as a last resort when verbal de-escalation and other interventions failed to reduce the risk presenting within the situation. The number of times that the seclusion rooms were used was low. One ward manger told us that restrictive practice discussions are held once a month within the senior management team and the multi-disciplinary team (MDT).
- The safeguarding policy was on the intranet and was regularly emailed out. Staff we spoke with appeared to have a good understanding of issues that should be reported.
- We found good medication management as per the provider's policy and procedure
- We observed on all wards there were staff in the communal areas at all times.

Summary of findings

.

However;-

- The ward layouts were not conducive to observation of patients at all times. Each ward had acknowledged this and staff were seen to be in the communal areas and undertaking regular checks of the ward environment.
- The seclusion room on Rufford ward had blind spots where observation of patients was not possible. This was also a concern that we observed on our last visit.
- The de-escalation areas on the wards were in differing states of repair. The environments were unclean with a lack of furniture, stained carpets and a lack of ventilation. This was of particular concern on Newstead ward.
- Concerns were raised by staff and patients about the length of time maintenance repairs took to be rectified.

Are services effective?

Good

We rated effective as good because:

- Comprehensive assessment of needs were undertaken prior to admission and updated during the initial weeks of admission to ensure all care needs were met.
- There were two registered adult nurses who undertook physical assessments on admission and managed long-term conditions.
- A psychologist was based on the wards who offered one to one sessions to patients as well as the facilitation of groups sessions such as assertiveness, risk, and communication.
- Outcomes were identified through one to one sessions, care coordinator sessions, evaluation of activities. Outcomes following periods of aggression were monitored with risk assessments and care plans reviewed and updated. Patients had graphs which showed the levels of safeguarding, incidents. health of the nation outcome scores that were being recorded in patient's notes.
- Monthly performance reports showed what percentage of patient's conditions had improved according to outcome measuring scales for speciality and security level.
- Guidance around the prescription and monitoring of Clozapine was being followed accurately. .
- Records showed that staff had undertaken induction on the ward in relation to fire, contraband items, safeguarding, hygiene, observations, key security, safe staffing, mobile phones, and management of aggressive incidents, security and

Summary of findings

emergency equipment. Annual mandatory training figures for May 2015 showed that over 96 % of staff had completed training. 100 % of PDRs had been completed. Monthly managerial supervision was being provided.
- The clinical team met weekly.
- Each patient was seen by the clinical team every four weeks.
- The clinical teams had business meetings prior to ward rounds. Relational security was discussed in these meetings.

However:

- We had concerns from our intelligence and ongoing monitoring of the service regarding inter-agency working with around safeguarding concerns. There were reported difficulties in St Andrew's making appropriate referrals, providing timely and good quality information, and making reports to the Multi-Agency Safeguading Hub (MASH) and Community Learning Disabiity Team (CLDT). It is not clear what consideration was given to providing interim updates to patients where there are delays in the safeguarding process
- We found inconsistent evidence that care plans were regularly reviewed and evaluated.
- Care records were stored on an electronic system accessed by substantive staff across the hospital. We found that agency staff were unable to access this system meaning they did not have access to the latest accurate information around care plans and risk.

Are services caring?

Good

We rated caring as good because:

Information about treatments available was given to patients following assessments. Patients received an induction pack prior to being admitted to the ward which the staff went through. Patients we spoke to told us that they felt they were well involved in their care and in the care planning process.

- Staff were observed to knock on bedroom doors before entering and to speak respectfully to patients and other staff.

However:

- Our previous visit raised concerns about the use of inappropriate language by staff on Rufford ward. During this inspection, we noted much improvement in the approach on Rufford ward but were concerned about behaviour of staff we witnessed on Wollaton ward.

Summary of findings

Are services responsive to people's needs?

Good

We rated responsive as good because:

- There was a letter of welcome and a ward induction pack for patients which was detailed and in an easy read format. It could be produced in different languages if required.
- Beds remained available when patients return from S17 leave.
- Patients were involved in their discharge plans.
- A full range of rooms were available to support treatment and care. There were quiet rooms for patients to use when they wished to have some time away from the immediate ward environment. Therapy rooms were available for the use of patients and a sensory or relaxation room was available on every ward. Patients also had access to outside space.
- Visitors rooms were available to be used and the ward also had an accessible and private room with a telephone for patients to use.
- Protected meal times were in place. Patients could access a small kitchen on the wards during the day to make drinks and snacks.
- Patients were able to personalise their room if they choose and we could see that some had chosen to do this.
- Wards had disabled access and patients we spoke with told us that the environment was easy to navigate for them and staff knew how to assist them when they needed it. Staff worked with patients to meet their cultural needs. The site had a multi faith room for people of all faiths to use.
- There was information available for patients around how to complain, their rights and information about treatments. A log of local complaints was kept. Local resolution of complaints occurred generally. Patients told us they knew how to complain. Patients were encouraged to contribute and problem solve issues with support from each other and staff.

However;-

- Two patients were identified as having significant delays in their transfer of care to a more appropriate setting.
- On Rufford ward, there was a lack of easy read literature available.

Are services well-led?

Good

We rated well led as good because:

Summary of findings

- The Chief executive had recently visited the hospital to engage with staff. The hospital director and senior management were visible to staff and the patients. Staff appeared to understand and own the values of the organisation.
- Each ward had documented operational policies which included the longer term vision for that ward.
- There was a daily review meeting carried out by hospital coordinators to look at staffing, safeguarding, seclusions and incidents and where wards or staff needed support. Team meetings occurred monthly and discussed relational security, boundaries, finances, ward rules and staffing.
- Governance procedures were in place for monitoring the progress and functioning of the hospital. Results were produced monthly and disseminated to ward managers via the dashboard. We saw minutes of senior staff meetings which included consideration of both the local and provider wide risk register.
- Staff said they were confident about using the whistleblowing, grievance and bullying and harassment policies.
- Staff told us they were able to give suggestions about the care provided through team meetings or individually to managers.

Summary of findings

Information about the service

St Andrew's Healthcare Nottingham has four wards providing 64 beds for men aged 18-60 years. It comprises of:

- Newstead ward a specialist 16 bedded low secure ward for men who have a primary diagnosis of autistic spectrum disorder
- Wollaton Ward a 16 bed medium secure ward for males with autistic spectrum disorder
- Thoresby ward a 14 bed medium secure ward for men with mild / borderline learning disability. Patients may also have mental health needs and/ or a history of offending / challenging behaviour.
- Rufford ward a 18 bed low secure ward for men with autistic spectrum disorder or learning disability

The provider was subject to a comprehensive inspection in June 2014. This location was inspected as part of that inspection. Concerns were raised about aspects of care which resulted in compliance actions. These compliance actions have now been met.

Our inspection team

The team was comprised of:

- Five CQC inspectors
- Three specialist advisors including a consultant psychiatrist, a safeguarding lead and nurse
- One Mental Health Act reviewer

Why we carried out this inspection

This was a focused inspection to follow up compliance actions taken after a previous comprehensive inspection. In this inspection, we responded to recent concerns raised about the management of safeguarding within the hospital.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services from past inspection activity, reviewed intelligence gathered since the last inspection and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all four of the wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 15 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 26 other staff members; including doctors, nurses and social workers
- interviewed the lead nurse with responsibility for these services
- attended and observed activity sessions on all wards, two community meetings and the hospital co-ordinator meeting.

Summary of findings

We also:

- tracked the management of three formal complaints
- Reviewed a sample of 18 Mental Health Act records across the four wards
- Looked at 18 treatment records of patients.
- Carried out a check of the medication management on four wards, including 46 medication administration 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

Patients were positive about the care and treatment they received. Patients we spoke with said that the hospital had good facilities and recovery programmes which helped them to achieve their goals. They said that staff were experienced, approachable, helpful, caring and professional.

Some negative comments included being far away from home and the difficulties that posed for involving families and the lack of staffing and the impact on being able to take leave and attend activities.

Good practice

- Thoresby ward had continued to develop the therapeutic community approach and were preparing a service evaluation to look at how the approach has contributed to reducing the amount of seclusion and restraint usage and the impact on outcomes for patients. They had recently joined the 'community of communities 'organisation to share ideas and promote good practice
- Newstead ward was adopting the positive behaviour support model which enabled staff to work more flexibly with service users and to promote inclusion in ward based activities.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure there are management plans in place where there are no clear lines of sight for observation of patients at all times.
- The provider should ensure that the programme of improvements to seclusions room areas is prioritised
- The provider should improve the environments in the de-escalation areas on the wards.
- The provider should ensure all maintenance requests are rectified in a timely manner.
- The provider should improve the ongoing management information provided to external agencies. The provider should provide interim updates to patients where there are delays in the safeguarding process.
- The provider should ensure consistency in the reviewing and updating of care plans.
- The provider should ensure that agency staff are able to access the patient record system to gain information necessary to safely care of patients.
- The provider should ensure the availability of easy read literature on all wards

St Andrew's Healthcare

St Andrew's Healthcare - Nottinghamshire

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Newstead Ward	St Andrews Healthcare
Thoresby Ward	St Andrews Healthcare
Wollaton Ward	St Andrews Healthcare
Rufford Ward	St Andrews Healthcare

Mental Health Act responsibilities

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

- All case notes confirmed that the responsible clinician had informed patients of the outcome of the second opinion appointed doctor (SOAD) visit and the statutory consultees had recorded their discussions with the SOAD. In the electronic notes reviewed the current responsible clinician had documented capacity and consent both on the treatment authorisation forms and contemporaneously in the notes alongside SOAD visits recorded.
- Searches were carried out after section17 leave; one patient said they did not see the point as patients should be trusted. Rooms were searched if there was a lock down or sniffer dogs were on the ward.
- We found that Ministry of Justice approval was in place where required, however we were concerned that it took a considerable time for senior staff to find this, staff needed to telephone the consultant to find where on the electronic system it was filed.
- We were concerned that some patients were not given a copy of their leave form. This was a concern highlighted on our last visit and remains a concern.
- Data shows that 64% of staff had received training to become up to date with the new Mental Health Act code of practice
- There was information available about the advocacy service and we saw they were a regular presence on the ward. Patients told us they spoke with the advocates whenever they needed to.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- The case notes we reviewed had documentation regarding capacity specific assessments in relation to medication and for those patients who had requested prone restraint as part of their care plan.
- The ward staff had pictorial and easy read formats available to explain rights under the Mental Health Act and Mental Capacity Act.
- Records of multidisciplinary team minutes show that capacity was reviewed and discussed weekly.
- Training was provided within induction and through e-learning.

Good

Are services safe?

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

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

Our findings

Safe And Clean Environment

- The ward layouts were not conducive to observation of patients at all times. Each ward had acknowledged this and staff were seen to be in the communal areas and undertaking regular checks of the ward environment and carried out observations. Patients had risk assessments in place. A maintenance schedule had plans to address this .
- Each ward had an annual ligature risk audit completed and an action plan, the last one being done in January 2015.
- Wards were single gender environments.
- The clinic rooms were clean and tidy. There was an examination couch, blood pressure monitors were available for use and scales to check patient's weight were also available. The fridges were clean and in good order, temperature checks were carried out daily and were up to date.
- Resuscitation equipment was checked regularly and the contents of the emergency grab bag were checked monthly, they had last being checked on the 15/06/2015. Rufford and Newstead wards shared the resuscitation equipment. This was the same arrangement as Thoresby and Wollaton wards. There had been no drills carried out to check how long it would take to move equipment from one ward to another; staff said it would take two minutes.
- The seclusion room on Thoresby was fit for purpose having recently been furnished with a camera and two way communication systems to monitor the blind spots. Newstead and Wollaton ward's seclusion rooms had been recently improved; however there were still some blind spots in particular in the toilet areas. Closed circuit television was arranged to be installed shortly after our visit. Our previous inspection identified this concern on Rufford ward; our concerns remain unchanged as this was still an on-going issue.
- The de-escalation areas on the wards were in differing states of repair. The environments were unclean with a lack of furniture, stained carpets and a lack of ventilation. This was of particular concern on Newstead ward. On Newstead ward, the lock on the door leading to the outside garden was not able to be unlocked.
- Cleaning for the general ward areas were being carried out daily and were up to date. There were up to date records for patient's bedrooms to be checked daily. The ward areas and servery areas had individualised cleaning schedules to be carried out daily and these were complete and up to date. The servery area fridge was required to be cleaned on a weekly basis and evidence was available to support that this was being carried out. One patient we spoke to told us they felt the standard of cleanliness on the ward and bathrooms was satisfactory.
- Environmental risk and fire checks were being carried out on an annual basis. These had been previously carried out in September 2014 and are due in September 2015.
- Environmental audits to check for repairs were undertaken weekly and reported to the maintenance department. Concerns were raised by staff and patients about the length of time maintenance repairs took to be rectified. For example, the communal area toilet in Rufford ward had been broken for two months and the seclusion area in Thoresby ward had broken lighting in the bathroom area for over a week and had still been in use, meaning that observation of patients was compromised. In addition, the window of the de-escalation area in Newstead ward was screwed shut meaning there was no ventilation in that area.
- Every shift, one member of staff was allocated the role of 'safety nurse'. A safety nurse role operated on all wards and included responsibility for all aspects of safety and security on the ward including allocation of keys, checking for dangerous items, awareness of the whereabouts of patients, staff and visitors, and ensuring communication systems.
- Searches were carried out after section17 leave. Rooms were searched if there was a lock down or sniffer dogs were on the ward.

Good

Are services safe?

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

- Staff informed us that they were not allowed into the ward area without being issued alarms. Staff informed us these alarms worked well, enabled them to react quickly to support staff and patients if required, and to identify the location in which they may be needed.

Safe staffing

- Our previous inspection raised concerns and a compliance action regarding the number of staff and the skill mix on the wards. On this inspection, we found the hospital used a risk based safer staffing tool to evaluate the required number of staff and grades of staff per shift. This was reviewed daily in response to requirements such as deterioration in patient's presentations, sickness, training needs and facilitating section 17 leave. We saw documentation of these staff reviews and noted that they denoted which staff were agency and bank staff. Wards were running above the base numbers due to increased observation levels and the adoption of new working models, in particular Newstead and Thoresby wards.
- Staff we spoke with told us the staffing situation had improved compared to our last visit. They were supporting a lot of section 17 leave, however at least once a week there was a postponement of section 17 leave due to staffing, the presentation of other patients meaning the staff were engaged elsewhere or a reduction in the number of hours that patients were able to take. Staff we spoke with gave the example of one person who has 10 hours of section 17 leave being granted, with whom they had negotiated to have 6 hours occasionally.
- The nursing establishment was seven qualified nurses and 15 healthcare support workers per ward. At the time of our inspection, vacancy rates for qualified nurses were 16.5 whole time equivalent and for care staff was 6.9 whole time equivalents. Data provided by the hospital showed that there were currently seven care staff and 13 qualified nurses in the recruitment process awaiting a start date.
- Agency staff were booked on three monthly block arrangements to ensure continuity of care and were provided with an induction on the ward. The hospital did tell the agency concerned what mandatory training they expected agency nurses to have undertaken. One agency staff member had not received positive behaviour support training. Between April and June 2015, 2863 shifts had been covered by either bank or agency staff with only 82 shift uncovered in that time. This was a significant improvement on our findings at the past inspection.
- We observed on all wards there were staff in the communal areas at all times. Patients told us they were able to have 1:1 time with nurses and they knew who their named nurse was.
- Annual figures for May 2015 showed that over 96 % of staff had completed training. Staff received email reminders to attend mandatory training. Ward staff received specific tutorials on the ward which related to the specific needs of individual patients.
- On Wollaton ward, we found that three patients referred to bullying on the ward and reported verbal aggression between patients. All three patients stated that the bullying often occurred when staff were not observing patients and had gone into the office. We spoke to the independent mental health advocate who told us that patients had told them that there was bullying occurring on the ward. We found that three patients stated that there was not enough staff on the ward due to the observation levels required. They stated that a lack of staff was a factor with the patient bullying referred to due to the patient concerned taking the opportunity to engage in bullying behaviour when staff were engaged with other patients. The hospital had a zero tolerance policy for bullying. Bullying was discussed in the community meetings and clinical team meetings. Staff carried out regular observations on wards and were mindful of which patients did not have a good relationship together, taking measures to keep them apart.
- There are two registered adult nurses employed to undertake physical healthcare assessments. Patients were registered with a GP surgery. There is no GP currently attending the GP suite.
- A first aider was identified on the each shift on the white board. There was medical cover 24 hours a day available to the patients.

Assessing and managing risk to patients and staff

- Risk assessments were undertaken on all patients on admission and through regular multidisciplinary team meetings. We saw evidence of risk assessment and care plans being reviewed and updated after incidents, and new ways of working with patients being implemented.

Good

Are services safe?

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

We were able to see evidence of detailed and individualised prevention and management of violence and aggressionplans for service users with early warning signs of distress and graded interventions clearly linked.

- A recognised risk assessment tool called the Historical, clinical, Risk Management 20 is used as a specific tool to assess a person's risk of violence.Another called the short term assessment of risk and Treatability looks at risk to others and to themselves.
- We saw some practices which appeared to be of a "blanket restriction" form such as the locking of toilet doors, and access to hot drinks overnight to reduce the risk of incident and injury. On discussion with wards managers, these practices were risk assessed regularly, and an apparent misperception from patients as to what they were able to do. Managers committed to discussing the access to hot drinks at the next community meeting to clarify the situation.
- All policies were available to staff on the provider intranet. This included the observation policy and the patient searching policy. The ward managers told us that blanket searches of patients returning from leave were not carried out, and where searches were carried out regularly, this was care planned and reviewed through the multidisciplinary team process. This was reflected in the care plans we reviewed.
- Restraint was only used as a last resort when verbal de-escalation and other interventions failed to reduce the risk presenting within the situation. In the year March 2014- April 2015, 99 restraints had taken place, 18 of them in prone position. Some patients on Thorsby ward had requested that prone restraint was used. Where this was used, we saw evidence of discussions and reasons why the plan was in place with the patients, family and carers where applicable and the full multidisciplinary team. The numbers of restraints were falling.
- Rapid tranquilisation figures showed no usage on Newstead, Rufford or Wollaton wards over the last twelve months. Data shared via the dash board indicates that rapid tranquilisation was used 13 times on Thoresby ward in the same period. The usage of rapid tranquilisation was in accordance with guidance from the National Institute of Care Excellence.
- The number of seclusions used was low. Performance reports for March 2015 to May 2015 showed there had been 31 seclusions. One patient reported they had not received a debriefing following seclusion. Over the last twelve months, Thoresby ward used seclusion 48 times. The draft service evaluation of the therapeutic community model shows a steady decline in the average numbers of seclusion and the length of seclusion. The ward manger told us that restrictive practice discussions are held once a month within the senior management team and the multidisciplinary team. There was written evidence supporting this in multidisciplinary team minutes.
- A random sample of seclusion records across the wards were checked from January to May 2015. We found records of observations completed every 15 minutes. Documentary evidence was found with dates and times when the patient entered and left seclusion. We saw the seclusion register, documenting the number of seclusions, date, identification number , National Health Service Number number.
- The safeguarding policy was on the intranet and was regularly emailed out. Staff we spoke with appeared to have a good understanding of issues that should be reported. In May 2015, 96.48% of staff had completed safeguarding training. We saw guidelines available to staff in the nursing office. Staff reported safeguarding issues to the ward manager and completed incident forms. The hospital co coordinator reviewed the forms. Each day a senior managers meeting was held and safeguarding concerns were discussed. The ward had a patient who had ongoing safeguarding issues in relation to another patient. Risk assessments were reviewed and observation levels set. The patients were put on separate corridors. Patients were aware of what safeguarding was, although were not always informed of the outcome of investigations or concerns they raised. Some senior staff reported the recognition of safeguarding concerns by staff was variable, and described cases where they had identified safeguarding concerns in the clinical notes, which had not been recognised and reported. This included cases of discriminatory and homophobic abuse. They were also concerned that safeguarding was seen as primarily a social work responsibility rather than a responsibility for all disciplines and staff. There were active plans in place for ward based development sessions to improve the recognition of non-physical types of abuse, and the roles and responsibilities of staff in the management of such concerns.
- We found good medication management as per the provider's policy and procedure. The pharmacist attended the hospital site three times a week to carry

Good

Are services safe?

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

out medication reconciliation and check stocks. The pharmacist was available to discuss medication issues with the primary nurses and ward staff. The medication stored in the clinic room was within date. Controlled drug stock takes were recorded in the controlled drug register.

- Service users we spoke to told us that when relatives visited they were able to use the visitor room away from the ward area. Children were able to visit following risk assessments made by the social worker.

Track record on safety

- There were no reportable RIDDOR incidents in the period March 2015 to May 2015.
- A member of staff we spoke with reported being injured by a patient who had been unsuitably placed. The staff member received a debriefing following the incident. Staff were provided with one to one sessions with the trauma advisor following serious incidents. The team also received trauma sessions with the psychologist on the ward following incidents

Reporting incidents and learning from when things go wrong

- The ward managers informed us that incidents are reported on a electronic incident reporting system. Staff we spoke to were aware of the redtop alerts and how to use the system. We tracked incidents and found that procedures were followed.
- Daily reviewing of incidents is also carried out as part of site wide hospital co-ordinators meeting. This enabled staff to be aware of any incidents that had occurred as well as being able to monitor on-going incidents, seclusions, safeguarding and staffing issues.
- A serious incident had occurred recently in which a patient had assaulted staff and had caused damage to the nursing office with excrement. The hospital responded quickly through the infection control team. The office was refurbished and contingency plans put in place whilst the office was closed. Patients were debriefed and a record made in their notes.
- Lessons learnt emails were sent to all staff and discussed in reflective practice groups and team meetings.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- Comprehensive assessment of needs was undertaken prior to admission and updated during the initial weeks following admission to ensure all care needs were met. We reviewed 18 care and treatment records and saw evidence of comprehensive care planning, containing holistic, recovery oriented care plans. We spoke to service users who were able to show us activity plans developed by the ward's occupational therapist and we were able to see that these recovery goals had been incorporated into the Multi-Disciplinary Teams care planning process.
- We had concerns with three out of the 18 care plans reviewed, and found inconsistent evidence that plans were regularly reviewed and evaluated. We also found that three patients on Wollaton ward had not been given a copy of their care plan although we acknowledge that they were all aware that they had one. We found one risk assessment and care plan that did not address the significant issue regarding a patient with polydipsia which led to emergency admission to an acute hospital with a life threatening condition in 2014, this was acknowledged by the ward manger. This care plan and risk assessment was reviewed on 6 June 2015 and stated that the patient should be transferred to the enhanced care area of the ward if necessary. We were concerned about this as this area had been fully occupied by another patient for 12 months.
- Newstead ward showed us evidence of a trial care planning system based on the camberwell assessment of need for people with developmental and intellectual disabilities and the camberwell assessment of need for people using forensic services. The aims of this were to improve service user involvement, incorporate their views and feedback on the care planning process and for this to be updated before and after each multidisciplinary team review by the service user and staff. Specialist standardised assessment tools including model of human occupation screening tool to meet service user's occupational and spiritual needs were being carried out.
- Staff on Thoresby ward have been developing practices associated with democratic therapeutic communities for approximately 18 months. We looked at six patients care records. All had up to date care plans which were holistic and person centred. Patients also have their own 'therapeutic diaries' to keep with them. One patient was proud to show us the work he had done in his diary and said that he completes the entries with a nurse.
- There were two registered adult nurses who undertook physical assessments on admission and managed long-term conditions. Routine bloods and electro-cardiograms are undertaken on admission and six monthly. A physical health checklist is completed. An annual recall system was in place to undertake annual physical health checks. The nurses received 20 -30 referrals and saw people the same day. All patients were registered with the same GP surgery. Some patients were able to go out to the surgery for their appointments. Doctors on the ward prescribed medication for physical health problems following discussion with the registered adult nurses.Secondary care referrals were made to hospitals. The registered adult nurses undertook clinics, for example annual health checks, hypertension, and diabetes. Ward staff were good at getting people to the clinics. A smoking cessation course was offered and so far it had received three referrals.
- Care records were stored on an electronic system accessed by substantive staff across the hospital. We found that agency staff were unable to access this system meaning they did not have access to the latest accurate information around care and risk. On some wards, there were paper records for agency staff to refer to, but we found these were not consistently the most recent document. Some of the agency staff we spoke with were not able to tell us about the patients they were caring for.

Best practice in treatment and care

- Guidance around the prescription and monitoring of Clozapine was being followed accurately. Clozapine was monitored and registered adult nurses were involved during wards round discussions when the drug was commenced. They undertook electro-cardiograms; bloods were taken and sent to a central laboratory. Weekly bloods were taken for 18 weeks and then every two months. Registered adult nurses were aware of the side effects of the drug. The ward doctors telephoned for the results and liaised with the pharmacy to prescribe the drugs for administration. Ward staff 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.

instructed not to give the drug if the blood results were not in accordance with normal levels. The patients were given information leaflets and informed about the side effects of Clozapine.

- National Institute for Care Excellence guidance was used to underpin care plans. Staff gave examples of where guidance was used such as epilepsy, aggression and violence, de-escalation and meaningful conversations.
- A psychologist was based on the wards who offered one to one sessions to patients. The psychologist also facilitated groups sessions such as assertiveness, risk, and communication. We observed a patient engaging in psychological therapies and they were able to discuss with us the aims of these interventions. Patients were able to name their social workers and named nurses and what their role was in helping them to move forward with their recovery.
- Outcomes were identified through one to one sessions. Care coordinator sessions, evaluation of activities and outcomes following periods of aggression were monitored. Patients had graphs which showed the levels of safeguarding and incidents. Health of the nation outcome scale was being recorded in patient's notes. Monthly performance reports showed the percentage of patients who had improved according to speciality and security.

Skilled staff to deliver care

- Records showed that staff had undertaken induction on the ward in relation to fire, contraband items, safeguarding, hygiene, observations, key security, safe staffing, mobile phones, management of aggressive incidents, security and emergency equipment.
- Staff reported receiving a lot of good in-house training relating to mental health and autism. They were able to attend primary care conferences to keep up to date.
- Registered nurses receive supervision from an advanced nurse practitioner each month. Care staff were supervised by qualified nurses on a monthly basis. We were not able to view supervision records as these had been sent to the central human resources office..
- 100 % of personal development records had been completed.
- Monthly managerial supervision was provided. 79% of nurses and 81% of care staff had received clinical supervision in May 2015. Uptake was monitored on a monthly basis and reported in performance monitoring reports for the ward.
- There had been no disciplinaries although one member of staff was suspended pending investigation.

Multi-disciplinary and inter-agency team work

- The clinical team met weekly. Each patient was seen by the clinical team every four weeks. At this meeting patient observation levels are reviewed, and referrals and admissions are discussed as are serious untoward incidents,, safeguarding, complaints/compliments. Risk assessments are reviewed (HCR-20 and START), as are therapeutic activity, consent and capacity, care planning, physical healthcare and section 17 leave.
- The clinical teams had business meetings prior to ward rounds. Relational security was discussed in these meetings.
- We had concerns from our intelligence and ongoing monitoring of the service over the inter-agency working with regard to safeguarding concerns. All safeguarding concerns were reported through the local Multi-Agency Safeguarding Hub who triaged the alert. If it was deemed as meeting the threshold, it was sent as a referral to the local community learning disability team, who then required St Andrew's to make appropriate enquiries and report back to them on the outcome of their investigation, the actions already taken, and the planned actions under section 42 of the Care Act 2014. St Andrew's safeguarding lead and social care team report that they had experienced unresolved difficulties in relation to a common understanding of the thresholds to raise a concern with the Multi-Agency Safeguarding Hub , in addition to managing it as an adverse incident internally. This was also compounded by a parallel set of difficulties in the investigation and reporting on section42 enquiries made through the community learning disability team .
- There are reported difficulties with St Andrew's making appropriate referrals, providing timely and good quality information, and making reports to the Multi-Agency Safeguarding Hub and Community Learning Disability Team. St Andrew's acknowledge that there has been some inconsistency in thresholds applied to referrals, and that there were challenges to providing requested information and reports at times, often due to the delays due to interviewing a range of staff on different rotas and bank/agency staff, and well as delays in the internal management process. Evidence from the hospital safeguarding management log and the inter-agency Multi-Agency Safeguarding Hub monthly

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.

safeguarding meeting with St Andrew's minutes supported that there concerns over the effectiveness of the inter-agency working and differences in a consistent and common understanding across the partners on the joint management and oversight of the safeguarding pathways in relation to St Andrew's.

- Issus in relation to timeliness appear to have elements arising from the actions of all partners (often appropriately taken). This had an impact on the feedback given to patients who are the victims of abuse. Patients were not provided with interim updates when delays in the safeguarding process occured.

Adherence to the Mental Health Act and the Code of Practice

- All case notes confirmed that the responsible clinician had informed patients of the outcome of the second opinion appointed doctor and the statutory consultees had recorded their discussions with the second opinion appointed doctor. In the electronic notes reviewed, the current responsible clinician had documented capacity and consent both on the treatment authorisationforms and contemporaneously in the notes alongside second opinion appointed doctor visits recorded.
- We found that Ministry of Justice approval was in place where required but we were concerned that it took a considerable time for senior staff to find this, the staff needed to telephone the consultant to find where on the electronic system it was filed.
- We were concerned that some patients were not given a copy of their leave form. This was a concern highlighted on our last visit and remains a concern.
- Data shows that 64% of staff have received training to become up to date with the new Mental Health Act code of practice. The programme of training had only recently begun so this figure was within reasonable expectations.
- There was information available about the advocacy service and we saw they were a regular presence on the ward. Patients told us they spoke with the advocates whenever they needed to.

Good practice in applying the Mental Capacity Act

- The case notes we reviewed had documentation regarding capacity specific assessments in relation to medication and for those patients who had requested prone restraint.
- The ward staff had pictorial and easy read formats of available to explain rights under the Mental Health Act and Mental Capacity Act.
- Records of multidisciplinary team minutes show that capacity is reviewed and discussed weekly.
- Training is provided within induction and through e learning.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Information about treatments available was given following assessments.
- Staff were observed to knock on bedroom doors before entering and, in the main, to speak respectfully to patients and other staff.
- We observed interactions between staff and patients on all wards. There appeared to be a good rapport between both. Patients comments about staff were positive, saying they were supportive and respectful, and about the access to other members of the multidisciplinary team.
- Our previous visit raised concerns about the use of inappropriate language by staff on Rufford ward. During this inspection, we noted much improvement in the approach on Rufford ward but were concerned about behaviour of staff we witnessed on Wollaton ward. Whilst in the office, we witnessed staff members consistently ignoring a patient attempting to get their attention. This patient was then told to be quiet in a demeaning manner by a member of staff. We also witnessed inappropriate language from staff whilst in the office. We raised our concern with the senior management who attended to our concerns immediately. Managers discussed staff behaviours in supervision sessions, team meetings and induction training.

The involvement of people in the care they receive

- Patients received an induction pack prior to being admitted to the ward which the staff went through
- Patients we spoke to told us that they felt they were well involved in their care and in the care planning process. They were able to attend MDT reviews and were able to have a copy of their care plans.
- One patient told us they wrote their care plan together with their named nurse and had a copy of it, while another patient told us they preferred to have theirs as an electronic copy but that staff would print it off for them if they requested it.
- One patient we spoke to told us that his family attended St Andrews for Care Programme Approachmeetings and he felt well supported by this.
- Each patient had an activity care plan. The activities on offer included; psychology, music, evening planning meetings, one to ones with speech and language and attendance at the café. One patient told us that leave had been cancelled a few times due to staffing. One patient was clear about the purpose of the occupational therapy activities they had, and the psychology sessions that had to be undertaken in order to progress. Photography and woodwork sessions were offered. There was an information technology suite which was in use. One patient was working with the Salvation Army, another had paid employment on the hospital site library, and patients were involved in staff interviews.
- We were told by patients that they had a community meeting weekly on a Monday and that they liked to attend this. This was also promoted through being written into patients weekly activity planner
- A patient survey had been undertaken in February 2014 in which six people had responded. 78% had rated care as excellent or very good. Comments were also made about feeling unsafe due to staffing levels.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Patients were admitted from across the country.
- Beds remained available when patients returned from Section17 leave and patients were only transferred to other wards on site when appropriate after full risk assessment and care planning had been undertaken. Thoresby ward had a 'meet and greet' morning for new admissions prior to their admission date. Patients already on the ward were encouraged by staff to play a role in this.
- Patients we spoke with were able to discuss with us their discharge plans, what they needed to do to achieve discharge, and who they were working with to achieve this aim. We were able to see evidence of this discharge planning within patients care plans. Patients we spoke with had clear goals for the future and were hopeful of achieving them.
- The case records of two patients identified as having significant delays in their transfer of care to a more appropriate setting were considered. These cases had been the subject of discussion and concern in the monthly inter-agency safeguarding meeting. Both case records showed that the hospital had identified the inappropriateness of the current placements continuing at an early stage, and had made appropriate initial attempts to work with the relevant commissioners to identify placements that are more suitable. In the interim, appropriate measures had been put in place to mitigate the risks and to best meet the needs of the relevant patients in the current setting as far as was possible given the circumstances (which included commissioning and provision availability problems and legal restrictions on the ability to transfer).
  However, minutes of meetings, notices to commissioners about the patients, showed there were some problems in maintaining the continuity of contact with commissioners over time, particularly from those outside of England. Further avenues to support the patients in moving to more appropriate placements, including seeking to engage commissioners and commissioning managers in the safeguarding case management of the individuals, and in ensuring patients had access to enhanced advocacy and legal representation had not been considered.

The facilities promote recovery, comfort, dignity and confidentiality

- A full range of rooms was available to support treatment and care. There were quiet rooms for patients to use when they wished to have some time away from the immediate ward environment. Therapy rooms were available for the use of patients and a sensory room was available on wards.
- Visitors rooms were available to be used, and the wards also had an accessible and private with a telephone for patients to use.
- Patients had access to outside space. During our visit we observed patients using these areas the staff. There was an accessible court yard area and café which is accessible to all wards. This was a well maintained and pleasant environment.
- Protected meal times were in place . One patient told us they chose not eat the food provided by the hospital and were supported in cooking their own meals. Other patients we spoke with told us they thought the food was good and spent time at the weekend planning their menu for the forthcoming week.
- Patients could access a small kitchen on the wards during the day to make drinks and snacks. After 11pm patients on Thoresby were unable to use the kitchen and needed to request staff assistance. On Newstead ward, there appeared to be confusion over the availability of hot drinks and snacks on a round the clock basis. Some staff told us that patients could have hot drinks throughout the night whilst other staff appeared to be unsure. Patients we spoke to told us they believed after approximately half past ten in the evening during the week they were no longer allowed hot drinks and this changed to half past eleven at weekends. One patient told us they could ask for hot drinks after this time but that they weren't sure staff would allow it. This was fed back to the ward manager.
- Patients are able to personalise their room if they choose and we could see that some had chosen to do this.

Meeting the needs of all people who use the service

- There was a letter of welcome and a ward induction pack for patients which was detailed and in an easy read format. It could be produced in different languages if required.
- Not all patients choose to have pictorial care plans.

Are services responsive to people's needs?

Good

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

- On Rufford ward, there was a lack of easy read literature available.
- Wards had disabled access and patients we spoke with told us the environment was generally easy to navigate for them, and staff knew how to assist them when they needed it.
- There was information available for patients around how to complain, their rights and information about treatments. There were a lack of display boards on the wards which we were told was as a result of vandalism by the patients. Management were exploring options to address this but as an interim measure, information was placed on the office windows and was available during community meetings.
- Patients we spoke with told us the food was of a acceptable standards but not all patients were happy. Kitchen staff had attended the Thorsby therapeutic community meeting on more than one occasion to discuss food choices.
- Staff worked with patients to meet their cultural needs. For example time was spent developing a timetable during the Ramadan period for one patient, together with special menus. Facilities to pray were provided in accordance with the patients views.
- The site had a multi faith room for people of all faiths to use.

Listening to and learning from concerns and complaints

- A log of local complaints was kept. For the year April 2014 to March 2015, there was a total of 63 formal complaints. 13 were upheld, 26 partially upheld, 16 not upheld and 4 withdrawn. 4 were uncategorised.
- Local resolution of complaints occurred in the majority of instances. Staff told us and we saw documented examples of complaints resolved locally. In one instance there was a complaint about staff attitude. The ward rang the relative to find what had happened and resolved the complaint. In another instance a member of staff did not attend the appointment made with a patient. This was resolved by the member of staff apologising to the patient and giving an explanation of why the situation had occurred. Patients told us they knew how to complain
- On Thoresby ward a lot of concerns and complaints are raised within the therapeutic community meeting which happens three times a week. Patients are encouraged to contribute and problem solve issues with support from each other and staff

Are services well-led?

Good

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

Our findings

Vision and values

- The Chief executive had visited the hospital. The hospital director and senior management were visible to staff and the patients. At ward level, the management were accessible to both patients and staff. Patients told us they knew their manager and they were visible on the wards.
- Staff appeared to understand and own the values of the organisation. Each ward had documented operational policies which included the longer term vision for that ward. Thoresby ward was implementing the therapeutic community approach to treatment and Newstead ward was in the process of embedding the positive behavioural support model. These were reflected in the wards operational policy.

Good governance

- There was a daily review meeting carried out by hospital coordinators to look at staffing, safeguarding, seclusions and incidents and where wards or staff needed support.
- Team meetings occurred monthly and discussed relational security, boundaries, finances, ward rules and staffing.
- Governance procedures were in place for monitoring the progress and functioning of the hospital. Results were produced monthly and disseminated to ward managers via the dashboard. We saw examples of this on each ward and managers were able to interpret the data in relation to successes and improvements required. Safegaurding information was held on a database located with the senior social workers. Due to the sensitie nature of entrieson the database it was not shared openly with staff.
- We saw minutes of senior staff meetings which included consideration of both the local and provider wide risk register. We tracked a concern around the inappropriate placement of an individual from ward level to hospital management level, and to provider level through the minutes, and we saw evidence of discussion and actions planned and undertaken as a result.

Leadership, morale and staff engagement

- Staff said they were confident about using the whistleblowing, grievance and bullying and harassment policies. Between April 2014 and March 2015, there had been ten disciplinaries and one grievance.
- For the year April 2014 – March 2015, there was an average monthly sickness rate of 9.25% which is higher than the NHS average. Mangers monitored sickness levels and this was reported to the board. Return to work interviews and sickness management policies were in place.
- Staff reported that the ward managers were visible on the wards and felt well supported.
- Staff told us they were able to give suggestions about the care provided through team meetings or individually to managers. They told us they had been involved in training to assist them in understanding and implementing the new treatment models on the wards. They spoke positively about this and the support received during the process.

Commitment to quality improvement and innovation

- Thoresby ward have continued to develop the therapeutic community approach and are preparing a service evaluation to look at how the approach has contributed to reducing the amount of seclusion and restraint usage and the impact on outcomes for patients. They had recently joined the 'community of communities' organisation to share ideas and promote good practice
- Newstead ward was adopting the positive behaviour support model which enabled staff to work more flexibly with service users and to promote inclusion in ward based activities.