

Lincolnshire Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RP7EV	Mental Health Unit, Lincoln County Hospital Site	Francis Willis Unit	LN2 5PU

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership 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 Lincolnshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Lincolnshire Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated forensic inpatient/ secure units as good overall because:

- Francis Willis was a slightly dated but pleasant environment. There were clear lines of sight throughout the ward. The trust has completed detailed ligature risk assessments and plans were in place to appropriately manage these risks within the unit.
- The defibrillator and essential safety equipment had been serviced and regular checks were undertaken.
- There was sufficient staffing during weekdays and the unit had medical support at all times. Staff had undertaken mandatory training and received regular supervision and appraisal
- Nursing staff on the wards were enthusiastic in their approach and patients spoke positively about them. The clinical team contained full multi-disciplinary representation.
- All admissions were planned following pre admission assessments. Local risk assessments were also carried out after admission. Patient care plans were personalised and based around the individualised risk.

- All patients had their physical healthcare needs met and there was an effective health care recording system
- Leadership on the unit was highly visible and managers had a positive presence on the ward.
- Areas of concern highlighted following our previous inspection had been addressed.

However:

- We remain concerned about the safety of the garden area of the ward. This contained potential ligature points and additional safety risks that had not been addressed through environmental risk management plans. Staff managed these risks through restricting patient access.
- We found some other examples of blanket restrictions. These included access to mobile phones and set vaping times.
- While patients had a good level of activity and escorted leave during weekdays there were limited activities available at weekend.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The environment within the unit was clean and essential maintenance and health and safety checks were undertaken.
- The trust has completed detailed ligature risk assessments and plans were in place to appropriately manage these risks within the unit.
- The defibrillator and essential safety equipment had been serviced and regular checks were undertaken.
- Clinical risk assessments were undertaken and reviewed regularly.
- There was sufficient staffing during weekdays and the unit had medical support at all times.
- Mandatory training was 98% complete.
- There had been few incidents and minimal restrictive intervention. The unit had a good safeguarding procedure and staff knew how to report incidents.
- Staff ensured that all medicines were stored, managed and prescribed appropriately.

However:

- We remain concerned about the safety of the garden area of the ward. This contained potential ligature points and additional safety risks that had not been addressed through environmental risk management plans. Staff managed these risks through restricting patient access.
- We found some other examples of blanket restrictions. These included access to mobile phones and set vaping times.

Good



Are services effective?

We rated effective as good because:

- Admissions were planned following thorough pre admission assessments.
- Patient care plans were personalised and based around the individualised risk.
- Patients physical healthcare needs were met and there was a good health care recording system. Physical health care and exercise were actively promoted by the team.
- Staff had regular supervision and received an appraisal in the previous 12 months.

Good



Summary of findings

- The ward had access to a full multi-disciplinary team (MDT) incorporating medical, nursing, psychology, social work and occupational therapy staff. In addition there were also physical trainers and physical healthcare nurses.
- Patients had psychological and occupational therapy assessments and had access to required therapy and treatment.
- Staff to access information about NICE guidelines on the wards and they reported that they followed these and other relevant professional guidelines.
- Patients had access to an advocacy service with appropriate information to support this.
- Treatment was delivered within the requirements of the Mental Health Act and the Mental Capacity Act.

Are services caring?

We rated caring as good because:

- Staff on the ward displayed positive attitudes towards the patients and care was individualised. This was confirmed by patients who spoke positively about the staff.
- Patients were in possession of their care plans and confirmed they were involved in care planning meetings.
- On admission patients were orientated to the ward, and encouraged to participate in their individual treatment process.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- There was a weekly referral meeting at the forensic service. Patients were engaged in pre admission assessment and discharge planning.
- Patient transfers within the services were planned and based on individual clinical need.
- There were quiet rooms, space to meet adult visitors and space to have private meetings with clinical staff.
- Arrangements were in place for patients to meet with child visitors off the ward.
- There was access to information leaflets in a variety of languages. Interpreters were available and accessed for patients whose first language was not English.
- The service had a chaplain and supported access to other faiths.
- There had been minimal complaints at the service however patients knew how to complain.

Good



Summary of findings

- Patients meetings took place regularly. Examples of where the team had acted upon individual requests were seen.
- Food had improved in both quality and quantity.

However:

- While patients had a good level of activity and leave during weekdays there were limited activities available at weekend.
- There had been some delayed discharges prior to the inspection, this related to access to appropriate move on accommodation.

Are services well-led?

We rated well led as good because:

- The service had made improvements and areas of concern that we raised with the trust following our last inspection had been addressed.
- Leadership on the ward was highly visible and managers had a positive presence on the ward. The team felt supported by senior and middle management.
- Team working and support mechanisms on the wards were evident and staff felt supported by their immediate managers.
- Staff were aware of and had signed up to the trust visions and values.
- There was a commitment to quality improvement and innovation. The unit was part of the QNIC network and key ward staff were involved in reviewing other services. Staff undertook clinical audit and research.

Good



Summary of findings

Information about the service

The Francis Willis unit was based in at the County Hospital site in Lincoln. The unit provided low secure forensic services for patients who were all detained under the Mental Health Act. The purpose of the Francis Willis unit was to provide assessment and therapeutic treatment for up to 15 adult males with mental health issues who require interventions within a safe and secure environment. Patients were under the care of a consultant psychiatrist. At the time of the inspection 13 patients were being cared for at the unit.

Lincolnshire Partnerships NHS Foundation Trust forensic / secure wards were last inspected in December 2015 where they were rated as good overall. Effective, caring, responsive and well led domains were rated as good. Safe was rated as requires improvement.

CQC identified the following area as an action the provider must take:

- The trust must ensure that all ligature risk are assessed and managed.

CQC identified the following areas as action the provider should take:

- The trust should ensure that staff receive all mandatory training.
- The trust should ensure that all emergency equipment is in date and maintained.
- The trust should review the provision and quality of food to patients

These were reviewed as part of the inspection. The trust had addressed the identified concerns.

Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Deputy Chair, Solent NHS Trust.

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC.

Inspection manager: Karen Holland, Inspection Manager (mental health) CQC.

The team which inspected forensic service included one inspection manager, one inspector, four specialist advisors, which included a mental health nurse, a

psychiatrist, an occupational therapist and an expert by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting. In addition, the ward was also visited by a Mental Health Act reviewer and a pharmacist during the inspection period.

The team would like to thank all those who met and spoke with them during the inspection and who shared their experiences and perceptions of the quality of care and treatment at the trust.

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 patients, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Summary of findings

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

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

During the inspection visit, the inspection team:

- visited the Francis Willis Unit, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- interviewed the service manager with responsibility for this service and the manager and deputy managers of the ward
- spoke with eight other staff members; including the doctor, nurses, occupational therapist, gym instructor, occupational therapy and nursing assistants, and administrators
- attended and observed a community meetings and two multi-disciplinary meetings
- spoke with a carer of a patient using the service
- reviewed in detail six care and treatment records of patients
- attended and observed two activity groups
- examined four staff supervision records
- carried out a specific check of the medication management on the ward including 12 medication charts
- Reviewed a range of policies, procedures and other documents related to the running of the service.

What people who use the provider's services say

We spoke with five people who used the service.

- There was mainly positive feedback from people who used the services.
- Patients stated that staff were helpful and supportive.
- Patients said they felt involved in their care planning and treatment and this was documented in the care record.

- Patients told us that there was a good range of activities during the week. Patients particularly enjoyed the gym and gardening sessions.
- Patients reported that the food had improved in quality and quantity.

However:

- Patients stated that there was not enough activity or leave at weekends.

Good practice

- The service offered a range of temporary paid employment opportunities to patients. Patients could apply for a post and if successful would be contracted in that role. Patients were paid the national minimum wage. Roles included gardening and valet.
- The physical healthcare monitoring provided was of a very high standard.
- The unit's psychiatrist had developed an IT app for use by staff to access information on NICE guidelines on the wards.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure that any restriction on patients freedom is managed on an individually risk assessed basis.
- The trust should address all areas of environmental risk within the garden area.
- The provider should ensure that there are sufficient activities at weekends.

Lincolnshire Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Francis Willis Unit

Name of CQC registered location

Mental Health Unit, Lincoln County Hospital Site

Mental Health Act responsibilities

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

- All staff had training in the Mental Health Act. Staff were able to demonstrate a good understanding of the Act and the code of practice principles.
- Staff ensured that patients had their rights read to them on a regular basis.
- Medication was prescribed in line with certificates of consent to treatment.
- Detention paper work was in order. There was administrative support to ensure paperwork was up to date and held appropriately.
- Patients had access to an independent mental health advocate with appropriate information to support this. Advocacy attended community meetings fortnightly.

Mental Capacity Act and Deprivation of Liberty Safeguards

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.

- 93% of staff had Mental Capacity Act training. The trust had a policy on the use of the Mental Capacity Act and there was good adherence to the Mental Capacity Act principles on the ward.
- Decisions on capacity were made and were reviewed in the ward round on an individual basis.

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 Francis Willis Unit was a purpose built male only ward that had good observation assisted by CCTV in key areas of the ward.
- At our last inspection we found that not all ligature risks were assessed and managed. We were particularly concerned about the garden area of the ward. Ligature is the term used to describe a place or anchor point to which patients, intent on self-harm, might tie something for the purposes of strangling themselves. Since then, the ligature and environmental risk assessment had been reviewed and was further updated in March 2017. This assessment was widened to include all potential risks. A number of ligature risks had been addressed. Four bedrooms had been designated as safe rooms where all potential ligature risks had been removed. These rooms were used for patients with higher self-harm risks. A programme of work was planned to remove additional ligature risks in the other bedrooms and bathrooms. In the interim staff managed and reduced risks by the use of individual risk assessments and supportive observation. Staff were able to show us where the risks were on the ward and knew how they should manage them. Patients told us that they felt safe on the ward.
- Since the last inspection, the garden area had been included in the ligature audit. However, there remained a large number of potential ligature points including fences, door handles and window fixings. We were also concerned that the roof line and the top of fences had rotating spikes. This may pose a significant risk to patients should they attempt to climb on to the roof and also gave an institutional and custodial appearance to the service. Staff were aware of these risks and so restricted patient access to the area in order to manage these. We raised our concerns with the trust during the inspection. We raised our concern to senior staff during the inspection and received assurance that the rotating spikes would be removed. We returned to the unit on 20 April at which time staff told us the trust had secured a company to remove the spikes and replace with fencing that is more appropriate. The work was planned for the end of June 2017.
- Ligature cutters were available throughout the ward. Staff were aware of where these were located and could easily access these in an emergency.
- Environmental health and safety checks were undertaken on a regular basis. Staff knew how to make maintenance requests and reported these were met in a timely way.
- Since our last inspection a seclusion suite had been built away from the main ward area. This included a de-escalation area and an adjacent bathroom. We noted a corner within the bedroom area that could not be fully observed by staff. We also noted a tear in the flooring of the bedroom area. These issues were raised with the trust who took immediate action to address them.
- The clinic room was clean, tidy and well equipped for carrying out physical examinations. At our last inspection the defibrillator had not been serviced. At this inspection all clinical equipment had been serviced and regular checks of the equipment were undertaken.
- All staff who worked on the ward had a personal alarm. Patients had access to a nurse call system however this system was old and required replacement. This was reflected on the trust risk register and was scheduled for replacement in the near future.
- Assessments undertaken under the patient-led assessment of the care environment (PLACE). Reviews in 2016 identified the unit had performed worse for the condition, appearance and maintenance of the environment at 82% against an England average of 95%. For cleanliness, the unit had scored 93% against an England average of 98%. However, at the time of our inspection the ward was clean and well maintained.
- Cleaning records and schedules showed that the ward was cleaned regularly.
- Staff completed audits in relation to infection control. All relevant staff had completed infection control training in the previous year.

Are services safe?

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

Safe staffing

- The trust had set and monitored safer staffing levels for the service. For the unit these were two nurses and three nursing assistants during the day shift. During the week, this was supported by the ward manager, deputy manager and occupational therapy staff. The ward had also recently begun a pilot scheme for an administrator to lead on security management during the week to allow nursing staff to focus on patient tasks. At night staffing levels were set at one nurse and two nursing assistants. In addition, a floating staff member was shared with the nearby acute unit.
- The ward manager followed the local safer staffing protocol and had the authority to alter staffing levels when required. Staffing levels matched this on the majority of shifts we looked at and staff had taken steps to ensure that periods of absence were covered. Where required the manager would use regular bank staff with only four nursing shifts requiring agency staff in the previous three months. Just 1% of shifts (24 shifts) in the previous three months had not been filled.
- The sickness rate for the unit was 5%, in line with the trust average. This was mainly due to long term sickness which was about to come to an end.
- Data provided by the trust showed that there was one whole time equivalent vacancy for a healthcare assistant and no vacancies for qualified nurses. At the time of the inspection this post had been recruited to.
- We found that there were sufficient staff on duty during week days to ensure safety and that most leave was facilitated and activities occurred as planned. Patients told us that there were usually enough staff to meet their needs during week days. However, we were told by both patients and some staff that there were insufficient staff at weekends to ensure that there were activities and leave.
- The ward manager audited all escorted leave to ensure cancelled leave was kept to a minimum. For the three months prior to the inspection, 99% of planned leave had happened.

- A consultant psychiatrist provided medical cover to the service four days per week. This role was supported by a full time specialist doctor. Medical cover was available 24 hours per day at the unit as part of the trusts on call medical staffing rota.
- The manager provided a training update that demonstrated that staff had completed the majority of mandatory training relevant to their role. This confirmed that the service was above the trust target of 95% with a compliance rate of 98%. Staff had completed training in immediate life support, adult safeguarding, infection control, manual handling, medicines management, rapid tranquilisation, clinical risk management and falls management. Attendance at the majority of courses was 100%. The lowest compliance rate was for restrictive intervention at 80%.

Assessing and managing risk to patients and staff

- Security arrangements were in place. These included arrangements for patient personal and room searches. Systems were in place to ensure keys were managed safely and effectively. Patients could leave and access the building when they needed to according to their agreed leave arrangements and care plan. Patients were individually risk assessed for unescorted leave however there was a blanket policy restricting access to the ward garden due to environmental risks in the area.
- The ward had policies in relation to prohibited items. The ward had recently allowed access to IT equipment and the internet on an individually risk assessed basis. However, there were some blanket restrictions in place at the unit. Patients could not have their mobile phones on the ward, although where risk assessed they could use these while on leave. Smoking was banned on the unit although 'vaping' was allowed. There were set times for vaping due to the risks within the garden area. The manager told us that there was a working group looking at all restrictive practice. As part of this work the trust was considering ways to better manage access to mobile phones and vaping.
- We looked at six patient records on the trust's electronic care record system. All patients had risk assessments completed before admission. Risk assessments were detailed, clear, used historical information to identify risks and staff updated them regularly. They contained information about the patient's goals and considered

Are services safe?

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

positive risk taking where possible. Ward staff also completed a risk assessment prior to patients' going on leave. Staff reviewed risks in ward rounds and care programme approach meetings and routinely updated them.

- Patient observation levels were decided on an individual basis following patient risk assessments. Levels of observation could be increased or decreased as required. Staff recorded observation levels in patients' care records.
- There had been 67 incidents of restraint, on nine service users, between 1 January 2016 and 31 December 2016. 11 of these resulted in prone restraint. All of these incidents resulted in rapid tranquilisation being used. Staff reported they would use de-escalation techniques to minimise the use of restraint. Staff told us that the ward was more settled of late. There had not been any restraints on the unit since February 2017.
- Seclusion was used 27 times since 1 January 2016 but was last used in September 2016. Staff told us that this was for the minimum time possible. Seclusion records were completed appropriately and reviews undertaken in line with the MHA code of practice. There were no incidents of long-term segregation since January 2016.
- All staff had received training in safeguarding adults and children and were able to identify what abuse was. Staff were aware of how to make a referral to the local authority. Staff would seek support and guidance from the trust's safeguarding team. Staff reported incidents and concerns through the trust's electronic recording system. The service had made three safeguarding referrals to the local authority during the period 1 January 2016 to 31 December 2016.
- Medicines were securely stored on the wards. Medications were in date and staff checked the temperatures of both the clinic room and the fridge used to store medicines daily. These were within the correct range. Systems were in place for the ordering and disposing of medications. The unit was supported by the trust's pharmacy service. Regular medicine audits were being carried out and the ward had taken action to address any identified concerns. There had been two

reported medication errors in the three months prior to the inspection however we did not see any evidence of unrecorded omissions on medication charts. Medicine administration records (MAR) were completed appropriately.

- A rapid tranquilisation algorithm and policy was in place and staff were aware of this.

Track record on safety

- Staff reported two serious incidents between 1 October 2015 and 30 September 2016.
- Both incidents related to alleged abuse of patients by staff. Both incidents were unfounded.
- There had been no prevention of future death reports made by the coroner relating to the unit since the last inspection.
- There were no serious case reviews relating to this service since the last inspection.

Reporting incidents and learning from when things go wrong

- Staff reported incidents on the trust's electronic recording system. They knew what incidents to report and how to report them. Staff told us that they would report all incidents, including near misses. We reviewed the incident database, which confirmed this.
- Staff told us they discussed issues arising from incidents through the trust wide 'lessons learnt' bulletin, through team meetings and in supervision. This included incidents that had happened in other services within the trust. Staff shared learning, including improvements made as a result of these discussions.

Duty of Candour

- The duty of candour requires providers to be open and transparent with patients when something has gone wrong. The trust had a duty of candour policy, which the service followed. Staff were aware of this duty and could demonstrate were they had been open and honest with patients when things could be improved. Patients told us that staff were open with them when they had concerns.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We looked at six patient records. Staff ensured all admissions were planned following a pre admission assessment and local risk assessments were carried out post admission.
- Patient care plans were personalised and based around the individualised risk. These were reviewed and updated regularly. The unit held ward rounds and care programme approach meetings regularly with the patient, their families and relevant professionals. Staff used these reviews to monitor progress, update assessments and set new goals and targets.
- All patients had their physical healthcare needs met. There was a good health care recording system incorporating a six monthly full physical healthcare check as a minimum. The service had recently appointed a part time physical healthcare nurse.
- The services used an electronic system for patients' notes. Staff knew where information was stored and showed us how it was organised however staff reported that the system was difficult to use in practice. The trust was looking to replace the system within the next year.

Best practice in treatment and care

- Staff reported they followed the National Institute for Health and Care Excellence guidelines, including treatment of schizophrenia, psychosis, autism, personality disorder and diabetes. The unit's psychiatrist had developed an 'IT app' for use by staff to access information on NICE guidelines on the wards
- A clinical psychologist, occupational therapist and an occupational therapy assistant worked as part of the team. Patients had access to psychological and occupational assessment and therapies.
- Patients received care based on a comprehensive assessment of individual need and outcome measures were used. These included the Health of the Nation Outcome Scales (HoNOS), the recovery star, depression ratings, clustering and national early warning scores and other relevant measures. Physical healthcare assessments were routinely carried out using

recognised tools such as the malnutrition universal screening tool and the modified early warning system. The unit used HoNOS secure and HCR-20 (the historical clinical risk management tool) to identify potential risks.

Skilled staff to deliver care

- The service had a full multi-disciplinary team. This included ward managers, deputy ward managers, medical staff, nurses, psychologists, social workers and occupational therapists. The team was supported by a qualified gym instructor and a gym assistant, and occupational therapy and nursing assistants. The service had support from trust pharmacists and pharmacy technicians.
- Staff received appropriate training at induction and through regular updates. Records showed that mandatory training was at 98% and that most staff were up to date with their training.
- Staff received additional role specific training. For example, forensic services, substance misuse and reinforce the appropriate and implode the disruptive (RAID) training had been provided for front line staff.
- Staff had access to leadership training.
- Staff received regular supervision every four to six weeks. However, the trust was unable to provide accurate data due to changes to the reporting system. Supervision records reviewed on site showed that staff were receiving supervision in line with trust policy. The clinical psychologist also offered regular clinical group supervision to the team.
- Trust figures showed that all staff including medical staff had received an appraisal in the previous 12 months.
- The managers addressed performance issues appropriately within supervision.

Multi-disciplinary and inter-agency team work

- Different professions worked effectively to assess and plan care and treatment programmes for patients.
- Staff handovers we observed were effective and well structured. Regular multi-disciplinary meetings were held involving a psychiatrist, psychologist, nurses, occupational therapists, and social workers.

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.

- The service had good links with the local authority about safeguarding concerns and worked closely with NHS England and other commissioners. The manager told us that the team had also developed an excellent working relationship with the local police.
- Community mental health service teams were actively engaged with patients, particularly when discharge arrangements were being considered.

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

- The unit had received one ward visit and a seclusion review from the MHA review team since January 2016. Both visits were unannounced. There were minimal issues identified during these visits.
- All relevant staff had training in the Mental Health Act (MHA). The trust also had an online MHA resource centre available to all staff, providing easy access to the relevant MHA policies, procedures, forms and other information. Staff were able to demonstrate a good understanding of the Act and the code of practice principles.
- The MHA team visited the wards regularly to ensure a visible presence. An audit programme was in place. Recent audits included MHA treatment forms with associated capacity assessments, patients' rights and section 17 leave.
- Detention paperwork and Ministry of Justice authorisations were in order. There was administrative support to ensure paperwork was up to date and held appropriately.
- Staff ensured that patients had their rights explained to them on a regular basis.

- Section 17 leave was approved correctly and supported by appropriate risk assessment.
- Medication was prescribed in line with certificates of consent to treatment.
- Patients had access to an independent mental health advocate with appropriate information to support this. Staff asked all patients if they would like to be referred to the advocacy service. Advocacy support was also discussed at ward rounds. Staff recorded this in patient care records. Advocacy attended community meetings fortnightly.

Good practice in applying the Mental Capacity Act

- All patients at the unit were detained under the MHA therefore there were no deprivation of liberty safeguard (DoLS) authorisations in place.
- 93% of staff had received Mental Capacity Act (MCA) training.
- The trust had a policy on the use of the MCA and information and support was also available from the MCA team.
- The trust's MCA team audited compliance with the MCA and were available to chair complex best interests' meetings
- There was good adherence to the MCA principles on the ward. Staff were able to describe how they would apply the principles of the Act in their roles. Staff were aware of the MCA definition of restraint. Decisions on capacity were made and were reviewed in the ward round on an individual basis.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- The unit scored below the England average for the patient-led assessment of the care environment (PLACE) assessment of privacy, dignity and wellbeing at 75% compared with the trust average of 82%. However, patients told us that staff treated them with respect and ensured their dignity was maintained.
- Staff on the ward displayed positive attitudes towards the patient group and care was individualised. We spoke with five patients and observed how staff cared for patients on the wards. Patients told us that staff treated them with kindness and respect and that their overall experience of living on the wards was positive.
- Staff explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of the needs of patients on this unit. We saw examples of staff treating patients with kindness and understanding, individually and as part of group sessions. Patients told us that most staff were good and that they felt supported.

The involvement of people in the care that they receive

- Staff orientated patients to the ward on admission and encouraged them to participate in their individual treatment process.
- Patients interviewed had their own care plans and confirmed they were involved in care planning meetings. Care plans showed details of patient's views and demonstrated that patients had been involved in formulating their plans, including their goals and aspirations.
- Community meetings were held every two and were well attended. The meetings were supported by the advocacy service. Patients were able to give feedback through the trust initiative 'You said, we did'. The manager was able to demonstrate actions undertaken in response to this feedback from individual patients.
- Staff encouraged families and carers to visit. The unit was involved in developing the triangle of care toolkit for carers and had developed a carers' network with the rehabilitation units. We spoke to one carer who said that the service provided good care and treatment.
- The unit had a dedicated social worker lead and they liaised closely with patients' families. There was space on the ward for family visits however staff facilitated child visits out of the unit at another inpatient facility nearby.

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

- Clear assessment guidelines were in place to ensure that the unit's admission criteria were being met.
- Weekly referral meetings were held to discuss referrals to the service and review current patients' placements in the service.
- Average bed occupancy between 1 January 2016 and 31 December 2016 had been 98%. However, the ward had two empty beds at the time of our inspection. We were told that there was a high demand for forensic beds at the trust and so the ward would admit to these beds in the near future.
- During the same period the average length of stay for discharged patients was 523 days. At the time of the inspection the average length of stay for existing patients was almost 23 months.
- Since January 2016 there were no readmissions within 28 days of discharge for the service.
- Between January and December 2016 there were eight delayed discharges at the service. The manager reported that this position had improved due to better access to rehabilitation and community services. There was only one person waiting for discharge at the time of our inspection. This related to a lack of appropriate move on accommodation in the community.
- We were told that there was responsive joint working with the commissioners of this service and external agencies to ensure any patient transfers or discharges were planned and based on individual clinical need. Staff discussed discharge with patients on admission and patients' notes included detailed discharge planning.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward was clean, tidy and had large open spaces for the patient's recreation. However, we noted that the décor was dated in areas.

- The ward had quiet rooms, a room to meet adult visitors and also a room to have private meetings with clinical staff. Arrangements were in place for patients to meet with child visitors at an adjacent unit.
- There were activity and art rooms. The ward had dedicated occupational therapy support and there was a full programme of activities available to patients. Patients were offered at least 25 hours of activity per week. There were programmes of activities, both on and off the wards, with weekly plans for each patient. Activities included gardening, IT, mindfulness groups, practical skills groups and cooking groups
- The service offered a programme of paid work opportunities for patients. Jobs included roles as a gardener and valet.
- Patients had access to a fully equipped gym. This facility was supported by a qualified gym instructor and assistant. All patients had access to at least two full training sessions per week. Group fitness activities including football, basketball and circuit training were also available.
- There was a range of therapeutic interventions available on an individual and group basis.
- The patient phone was in a room off the main area of the ward which allowed for some privacy. This was broken at the time of the inspection but patients were allowed to use a cordless ward phone instead. Patients were not allowed mobiles within the unit however some patients, where risk assessed, were able to use mobile phones when on leave.
- The ward had access to a large outside space. However, we had some concerns about patient's restricted access to this area, which are identified under the safe domain.
- At the last inspection patients reported that the food was of a very poor quality. Patients were also unhappy with food access arrangements. Since, assessments undertaken under the patient-led assessment of the care environment (PLACE) reviews in 2016 identified that the unit scored better than average at 95% for the food element of the assessment against an England average of 92%. At this inspection, we found that patients were

Are services responsive to people's needs?

Good 

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

generally happy with the quality and quantity of food. The trust was in the process of engaging a new food supplier and patients had been involved in the decision making for this contract.

- Patients were able to store their own snacks. There were also healthy ward snacks available to patients.
- Hot and cold drinks were available to patients during the day. Patients had to request hot drinks from staff during the night although cold drinks were available.
- Patients were able to lock their rooms and had secure storage.
- Patients were able to personalise rooms although few had done so.

Meeting the needs of all people who use the service

- The unit provided information about services such as advocacy, including Independent Mental Health Advocates, the Mental Health Act and treatments. Information leaflets in a variety of languages could be accessed via the trust intranet and the trust had access to interpreting services. We saw evidence of one patient accessing this service on a regular basis.
- The service had an equal opportunities and diversity policy in place. Staff compliance with diversity and human rights training was 100%.
- Assessments undertaken under the patient-led assessment of the care environment (PLACE) reviews in 2016 identified the unit had performed worse for

disability access at 73% against an England average of 85%. The ward did not have a designated bedroom for people with a physical disability. However some adaptation had been made to bathrooms to aid people with a minor physical disability.

- Patients' diverse needs such as religion and ethnicity were assessed and these were being met through religious specific diets and access to spiritual visitors.
- A prayer room was available elsewhere on the hospital site. If patients were unable to attend this we were told that the chaplain would visit them on the ward regularly.

Listening to and learning from concerns and complaints

- There was a process in place to allow patients to make a complaint and receive feedback from complaints.
- Patients had been given information about how to complain and had regular advocacy provision. Patients told us that they knew how to complain.
- The unit received three complaints and one compliment between January and December 2016. Of these, one complaint was withdrawn, one fully upheld and one was partially upheld. The trust had made changes as a result of this complaint.
- There was a trust wide governance structure via business meetings and ward handovers that enabled information from complaints to be disseminated across the trust.

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

- Staff understood and demonstrated the trust's vision and values and could describe them. Posters explaining the values were on display in all staff areas.
- Relationships between senior and junior members of the multi-disciplinary team were very positive. Front line staff felt valued by the ward managers and could give feedback about the service.
- Staff reported that senior managers visited the wards and there was a positive relationship between the service and the senior executive team.

Good governance

- The unit used key performance indicators (KPIs) and other indicators to gauge the performance of the team. These included staffing measures, incident and restrictive intervention data, complaints and audit results.
- Areas of concern that we raised with the trust following our last inspection had been addressed.
- Incidents were reported via the trust reporting system and relevant information was emailed to the appropriate ward manager. Action was taken in response to any learning from incidents. Managers facilitated monthly team meetings where they discussed incidents and complaints, including from other services across the trust.
- Ward managers met weekly with the service manager to discuss incidents, referrals, complaints and other items relevant to the service.
- The ward manager had sufficient authority and appropriate support to do their job. The manager was highly thought of by all ward staff.
- Staff had a process in place to submit concerns and issues to the individual ward risk registers which fed in to the trust risk register where appropriate.
- The trust target for mandatory training was 95%. Overall the team had 98% compliance with training.
- Supervision rates across the nursing staff were good and averaged 90% per month.

- All staff had received an appraisal in the previous 12 months.
- We looked at shift records for the previous three months. There were usually sufficient staff on all shifts, qualified workers were always on duty and there was a range of skills and experience.
- Managers carried out audits of risk management, care records, safeguarding, infection control, equipment and privacy and dignity. MHA audits had looked at treatment forms with associated capacity assessments, patients' rights and section 17 leave. Pharmacy audits were undertaken by visiting pharmacists.

Leadership, morale and staff engagement

- The service manager and ward managers were highly visible on the wards and offered clinical support and encouragement to staff.
- Morale within the team was high. Staff worked well together within a multi-disciplinary approach. Team working and support mechanisms on the ward was evident and staff felt supported by their immediate manager. Staff morale and job satisfaction was positive.
- Leadership training was available to qualified staff. Managers had access to an 'inspirational leadership' programme. The ward manager supported staff to develop their leadership skills at ward level.
- Sickness and absence rates were 5% in line with the trust target. This was mainly due to long term sickness which was about to come to an end. The manager showed that the process was managed via the sickness policy and individual supervision.
- Staff stated that they were aware of the process of raising their concerns and were aware of the whistleblowing policy.

Commitment to quality improvement and innovation

- The service offered a range of temporary paid employment opportunities to patients. Patients could apply for a post and if successful would be contracted in that role. Patients were paid the national minimum wage. Roles included gardener and valet
- The physical healthcare monitoring provided was of a very high standard.

Are services well-led?

Good 

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

- The unit's psychiatrist had developed an 'IT app' for use by staff to access information on NICE guidelines on the wards
- The unit was a member of the Royal College of Psychiatrist's quality network for forensic mental health

services. The trust had joined in 2013 however during 2015 further peer reviews had occurred. The unit had met 89% of the low secure standards. The ward manager and other senior staff act as peer reviewers for the quality network.

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.