

Nottinghamshire Healthcare NHS Foundation Trust

Rampton Hospital

Quality Report

Rampton Hospital Retford DN22 0PD

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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)
RHA04	Rampton Hospital	Emerald Ward	DN22 0PD
RHA04	Rampton Hospital	Jade Ward	DN22 0PD
RHA04	Rampton Hospital	Ruby Ward	DN22 0PD
RHA04	Rampton Hospital	Alford Ward	DN22 0PD

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

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

Following a focussed inspection carried out in March and April 2016 where a warning notice was issued, we found that:

- The hospital had made improvements and progress occurred against the requirements of the warning notice on how the observations had been carried out. All four wards had an observation policy that had been reviewed in June 2016 and the general observations across the hospital were now carried out every 30 minutes.
- The hospital monitored and had a system in place to ensure that staff had read the policy and signed it. Staff followed the policy and demonstrated a good understanding of the policy. The hospital carried out audits to monitor that staff were carrying out observations in line with the trust's policy. The manager regularly reviewed closed circuit television (CCTV) to ensure that staff followed good practice.
- The hospital provided us with information that showed that they were monitoring staffing levels. The information demonstrated that the hospital was above their budgeted staffing levels. Patients and staff told us that they felt safe. The hospital reviewed staffing levels daily and used bank staff when necessary.

- The hospital offered patients 25 hours a week of planned meaningful activities. The hospital monitored the uptake of all patients. Those that achieved less than 25 hours of activities were monitored closely with a view to increasing uptake of activities.

However:

- Staff on Jade ward used additional codes that were not on the policy forms to specify certain locations or activity. Staff on Alford ward omitted to use the location codes on a number of occasions particularly at night. Three clocks on Emerald ward showed different times.
- Two staff from women's services reported that they did not get breaks from observations when on night shifts.
- Eight patients and seven staff across all four wards told us that low staffing levels occasionally led to activities being cancelled and staff moved around wards. The management deployed therapeutic involvement workers from the resource centre on the wards to cover for staff shortages.

Summary of findings

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

Are services safe?

We found that:

- Staff followed the policy and demonstrated a good understanding of the policy. The trust provided training on the observations policy to staff. The hospital monitored and had a system in place to ensure that staff had read the policy and signed it.
- Patients told us that staff always carried out their observations and were not left unobserved when on enhanced observations. The doctors reviewed patients on one to one observations on a daily basis.
- The hospital regularly monitored that staff carried out observations in line with the trust's policy.
- The hospital monitored and reviewed staffing levels on a daily basis and recruited staff above their budgeted staffing levels. Patients and staff told us that they felt safe. The hospital used bank staff when necessary to ensure that staffing levels were maintained at safe levels.

However:

- Staff on Jade ward used additional codes that were not on the policy forms to specify certain locations or activity. Three clocks on Emerald ward showed different times.
- Two staff from women's services reported that they did not get breaks from continuous observations when on night shifts.
- Eight patients out of 17 and seven out of 19 staff across all four wards told us that activities were occasionally cancelled due to staff shortages and staff were moved around wards.

Are services responsive to people's needs?

We found that:

- The hospital offered patients 25 hours a week of planned meaningful activities. The hospital monitored the uptake of all patients. Those that achieved less than 25 hours of activities were monitored closely with a view to increasing uptake of activities.
- The hospital monitored patient engagement to their planned therapeutic, leisure, social and educational activities. The hospital was to introduce a new electronic reporting system to monitor closely individual reasons for not attending activities.

However:

Summary of findings

- Patients and staff told us that activities were reduced in summer time and that the resource centre was closed.

Summary of findings

Information about the service

Rampton hospital is one of three high security hospitals in England and Wales and is part of Nottinghamshire Healthcare NHS Foundation Trust.

Rampton hospital provides services for approximately 350 patients requiring care and treatment in conditions of high security, through six clinical services.

- Mental Health Service (128 commissioned beds)
- National High Secure Learning Disability Service (54 commissioned beds)
- National High Secure Deaf Service (10 commissioned beds)
- National High Secure Healthcare Service for Women (50 commissioned beds)
- Personality Disorder Service (55 commissioned beds)
- The Peaks Unit (60 commissioned beds)

Patients are only admitted to Rampton hospital if they are referred by a health professional and assessed by the hospital as meeting the criteria for admission.

All patients admitted to the hospital are detained under the Mental Health Act 1983 (MHA) and classified as having a learning disability, mental illness and/or a psychopathic disorder.

Patients will have been assessed as requiring treatment under conditions within a high secure environment, meeting the criteria of posing a grave and immediate danger to themselves or the public. Many will have come via the criminal justice system.

Most admissions are under Part III of the MHA, either from the court, from prison or a medium security unit.

Those patients who have not committed a criminal offence are a civil admission under Part II of the MHA and will usually have come from a lower level security hospital setting and have been assessed as potentially a serious danger to others.

The average length of stay in the hospital is approximately five years, but a very small number of patients are likely to remain at Rampton hospital for a significantly longer period of time.

CQC inspected Rampton Hospital in 2013 and found that it met the standards reviewed. CQC undertook a comprehensive review of Nottingham Healthcare NHS Foundation Trust in May 2014. The forensic service, of which Rampton is a part of, was rated overall as good for safety, effectiveness, caring, responsiveness and for being well led. A focussed inspection was carried out in March and April 2016 and a warning notice was issued for the four wards inspected.

We visited the same four wards as part of this inspection:

- Emerald ward is a 12 bed purpose built intensive care for vulnerable women primarily with learning disabilities and personality disorders. The ward was divided into A and B sides with six bedrooms each side.
- Jade ward is a 12 bed female assessment and treatment ward for patients with a primary diagnosis of mental illness.
- Ruby ward is a 14 bed female treatment ward for patients with a primary diagnosis of personality disorder.
- Alford ward is a high dependency 16 bed rehabilitation and treatment ward for men with complex mental illness.

Our inspection team

Our inspection team was led by:

Team Leader: Kathryn Mason (CQC Inspection Manager)

The team that inspected this core service comprised seven CQC inspectors.

Summary of findings

Why we carried out this inspection

We carried out this inspection as part of our follow up inspection to check whether the provider had taken actions to improve following the issue of a warning notice on 13 June 2016. The focussed inspection carried out on 18 March and 11 April 2016 identified a number of serious concerns on how staff carried out patients' observations. This was carried out on three women's wards and a male ward at Rampton hospital following coroners concerns about serious incidents.

The provider was issued with a warning notice and instructed that a significant improvement was required and that they MUST take action to improve so that:

- patient observation system is operating effectively to ensure patients' safety.
- all staff sign to show that they had read the observation policy.
- closed circuit television footage is audited to check the observation policy was implemented appropriately.

- observations are carried out on time
- the trust reviewed gaps in observation records to ensure that all signed to indicate that observations were carried out
- observations are recorded at the time that they are carried out instead of using pre-printed times on observation forms
- responsible clinicians must review frequent observations daily
- staff should receive further training on observations and following recommendations from serious incidents.
- The trust must have a system of monitoring how the observations were carried out

The provider had put in place some actions and demonstrated that improvements had been made in response to concerns identified in the focussed inspection and progress had been made against the requirements of the warning notice.

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following two questions of this service and provider:

- Is it safe?
- Is it responsive to people's needs?

Before the inspection visit, we reviewed information that we held about these services. This included the action plans submitted by the provider to meet the improvements required following the previous inspection.

During the inspection visit, the inspection team:

- visited Emerald, Ruby, Jade and Alford wards.
- observed how staff were carrying out observations.

- spoke with 17 patients
- spoke with two managers.
- spoke with two deputy matrons and one matron.
- spoke with 19 other staff members; including nurses, nursing assistants, occupational therapists and therapeutic intervention workers.
- observed patients engaged in activities.
- looked at observation records, staffing records and activities and engagement records.
- looked at observation policy, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Patients told us that they felt safe. They told us that activities were cancelled due to low staffing levels. They told us summer time was always difficult with staffing shortages that resulted in activities being cancelled.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that all staff use the same code indicated on the policy and that all records are fully completed with codes.
- The trust should ensure that all clocks on the wards show the same and correct times.
- The trust should ensure that all staff on night shift should get breaks from continuous observations.
- The trust should review their baseline numbers of staff to determine the adequate numbers required to maintain safe staffing and staffing to meet therapeutic care and treatment.
- The trust should ensure that there are proper arrangements in place to ensure that staffing levels are always adequate in summer time to maintain high therapeutic levels of activities.

Nottinghamshire Healthcare NHS Foundation Trust

Rampton Hospital

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Emerald Ward	RHA04
Jade Ward	RHA04
Ruby Ward	RHA04
Alford Ward	RHA04

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 staffing

- The inspection carried out in March and April 2016 identified that the trust should ensure that there were enough staff in place to provide care, treatment, and activities for patients. All staff and patients told us they felt safe. Eight patients out of 17 and seven out of 19 staff told us that low staffing levels occasionally led to activities being cancelled and staff moved around wards. However, the information the trust provided us showed that staffing levels were mostly maintained to and above their minimum required staffing levels.
- The hospital provided evidence that demonstrated that they were monitoring staffing levels. The evidence demonstrated that the trust were above their budgeted staffing levels. Staffing levels were reviewed regularly and bank staff was used appropriately to cover shifts. The hospital had its own regular bank staff that were familiar with the patients and the wards.
- The hospital had a robust staff recruitment and retention action plan in place that was regularly reviewed. We saw records that showed that they had recruited 28 nurses and one nursing assistant due to start in September, October and November 2016.
- The information provided by the hospital showed that Emerald had whole time equivalent of 19.5 nurses and 29 nursing assistants, Ruby 17 nurses and 16 nursing assistants, Jade 13.6 nurses and 14.5 nursing assistants and Alford 13.7 nurses and 11.3 nursing assistants. According to their budgeted staffing levels, Emerald had 4.3, Ruby 3.4, Jade 1.8 and Alford 0.4 above the staffing numbers required.
- Sickness levels across the four wards varied. The national average sickness rate is 4.2%. The trust average sickness rate from April 2016 to July 2016 was 5% and 7% for forensic high secure service. The highest sickness rate from April 2016 to July 2016 was Emerald 13.3%, followed by Ruby 11.7%, Jade 10.9% and Alford 8.9%.
- Staff turnover rates for a six month period from February 2016 to July 2016 were 17.1% for Emerald, 14% for Jade, 0% for Ruby and 6.2 for Alford.
- It was difficult to tell the number of shifts filled in by bank or overtime staff for these wards only as staff were regularly moved around different wards. The data provided by the hospital showed that staff were moved between wards 1733 times between 1 July and 31 August 2016. The periods ranged from one hour to 14 hours. The hospital maintained records to monitor frequency and length of cover provided between wards.
- The hospital also maintained a number of pool staff who were based on wards throughout the hospital ready to cover any emergencies such urgent medical treatment outside of the hospital. The hospital told us that this would on certain occasions require between 12 and 18 staff. This meant on these occasions activities might be cancelled and staff redeployed around wards. The hospital could not provide us with information on how many times did this happen in the last 12 months. We were unsure whether the hospital monitored this in order to predict the actual number of staff required in the pool.
- The hospital told us that the minimum staffing levels for Alford was five, Jade five, Ruby five and Emerald nine during the day. The optimum staffing levels for Alford was six, Jade seven, Ruby seven and Emerald 11 during the day. Staffing levels for Ruby and Emerald had been reduced by one staff from 18 August 2016. We looked at the rotas for two weeks for all four wards from 8 August 2016 to 25 August 2016 and saw that staffing levels were consistent with the numbers. The hospital provided us with the staffing levels monitoring information for three months from 1 June 2016 to 31 August 2016. We noted that there were three shifts in Alford and four in Emerald where they were below the minimum required numbers in that period. Staff recorded incident reports where staffing numbers were reduced below minimum staffing levels.
- The site manager was contacted when a ward was below the required staffing levels and would redeploy staff to meet the needs of patients.

Are services safe?

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

- The hospital told us that the staffing levels were established through analysing previous year's numbers and levels of clinical activity. They took into account the patient numbers, environment, general level of clinical activity, wider needs such as activities and non-direct care requirements when calculating the final number. In addition to set baseline numbers, the wards provided a weekly update on what their current level of staffing requirements were. This would be based directly on the level of clinical activity and would be agreed by the ward manager taking into account their and the team's clinical judgement.
- Although the hospital told us they had over recruited staff according to their baseline numbers we found that the impact was not being felt. Whilst safe staffing levels were being maintained, staffing to maintain therapeutic activity was not always enough on occasions particularly in summer.
- Eight patients and seven staff across all the four wards told us that low staffing levels occasionally meant activities were cancelled. This was particularly reported in the women's service, which were Ruby, Jade and Emerald wards. Patients and staff from Alford told us that they experienced staff shortages when patients from other wards used the seclusion in Alford. Staff from Alford ward were used to maintain observations in the seclusion and this affected the staffing levels on the ward. Records reviewed showed that there were five occasions between July and August 2016 when Alford staff were used to maintain observations for patients from other wards in seclusion.
- Patients from women's services told us activities were worse in summer, occupational therapy sessions were reduced and occasionally no access to fresh air and the communal areas were locked due to staffing shortages. Others reported that they would stay in their bedrooms when there was not enough staff on the wards. We observed that therapeutic involvement workers that were staff from the resource centre had been deployed on the wards and the resource centre was closed. Staff told us that it was a problem with staffing in summer time and that it was difficult to get annual leave authorised.
- The managers told us that the therapeutic involvement workers had been redeployed to work in wards to cover staff leave and would continue to engage with patients on the wards. We were told the women's service had two occupational therapists working in the service, which was in line with the patient numbers and one per 25 caseloads. In addition, there were two occupational therapy support staff to assist with these caseloads. Patients in long term segregation and those ready for discharge received intensive involvement from the occupational therapists.
- The hospital gave us an evidence table to show how they reviewed and monitored activities on the wards. This document also recorded the reasons as to why patients may not have received the target of 25 hours per week of activities. The results showed that Alford had 100%, Jade 92%, Emerald 17% and Ruby 7% attendance of patients with 25 hours or more of offered activity. The main reason for low numbers was patient refusal to attend and related to individual patient's mental state. Staff shortages accounted for 5% of the reason for not achieving 25 hours per week target.
- The hospital was monitoring patients' activity engagement and was introducing the new electronic system to ensure they effectively record and clearly capture what activities would be taking place.
- We also looked at the incidents for the period 1 June 2016 to 31 August 2016 on all four wards. We found the rate of incidents not to be high. Emerald ward reported two, Jade two, Alford four and Ruby none incidents of unsafe environment affecting activities due to low staffing levels within this period. Emerald had a high rate of self-harm and physical aggression incidents towards staff compared to three other wards. Staff reported and dealt with all incidents appropriately and in a timely manner.
- There were enough staff to carry out physical interventions safely. Patients told us that they had one-to-one time with their named nurse.
- All wards had access to medical cover day and night. Out of hours, the on call doctors could attend the wards quickly in an emergency if needed.

Assessing and managing risk to patients and staff

Are services safe?

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

- We noted an improvement on how the observations had been carried out. All four wards had an observation policy reviewed in June 2016 and the general observations across the hospital were now carried out every 30 minutes.
- The hospital monitored and had a system in place to ensure that staff had read the policy and signed it. Records reviewed showed that all staff from Jade, Ruby and Alford wards had signed to indicate that they had read the policy. Emerald ward had 97% of staff that had signed to show they had read the policy.
- Staff followed the policy and demonstrated a good understanding of the policy. The hospital provided training on observations policy to staff. Staff told us they received training through 1:1, face to face group training or online. Emerald had 92% and Alford 60% of staff that had completed the training. All staff from Jade and Ruby had completed the training. Alford ward had a low rate of completion due to long term sickness and maternity leave. All other staff were booked to attend the training. The trust monitored training on the policy.
- The hospital developed and introduced a new observation rota/planner that was easy to follow and clearly showed how staff were allocated to carry out observations. Staff told us the new planner was easy to follow and they knew who was responsible for observations at each given time. We observed that this clearly identified who was undertaking observations on a particular patient at a given time. Patients told us that staff always carried out their observations and were not left unobserved when on enhanced observations. The doctors reviewed patients on enhanced observations on a daily basis.
- Staff responsible for undertaking observations signed consistently each time they had completed observations to show that observations had been carried out. The hospital had introduced new observation forms with no prepopulated times. Staff recorded the exact time that observations were carried out rather than using prepopulated times. However, staff on Jade ward used additional codes that were not on the policy forms to specify certain locations or activity. Staff on Alford ward omitted to use the location codes on a number of occasions particularly at night. Three clocks on Emerald ward showed different times.
- Staff reported a lot of paperwork was required to be completed repeatedly therefore taking away their time from direct patient care. Patients from women's services also reported that staff were constantly recording observations records and do not get time to engage with patients in meaningful activities.
- Staff reported that they mostly get breaks between observations. Two staff from women's services reported that they did not get breaks from observations when on night shifts.
- The hospital carried out an observational audit for the whole site in July and August 2016. The findings showed that the revised observations procedures and paperwork were in use in all wards. Staff consistently completed the handover and daily planner. Staff recorded observations in actual times on all occasions. Staff had a good knowledge and awareness of the observations policy and procedures. Doctors were reviewing enhanced observations on a daily basis including weekends. It identified problems on few occasions about recording of times and omitted and no review notes in patient records.
- The ward managers carried out monthly observations audit and the results were discussed with the matrons to ensure that any identified problems were resolved.
- Closed circuit television (CCTV) footage was reviewed at random on a weekly basis by the deputy matrons and reported findings to the senior management. Records of CCTV audit log reviewed showed that senior management took action to address any concerns identified. Senior managers conducted random night visits to the wards to check how observations were carried out.
- The hospital had strengthened its governance arrangements by setting up an observation procedure review working group to monitor the quality and improvement of observations. The group consisted of different health care professionals, senior managers and nursing assistants.

Are services responsive to people's needs?

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

Our findings

Meeting the needs of all people who use the service

- Each ward had an individual ward timetable with activities offered to patients. Patients also had an individual weekly timetable specific to them with meaningful activities that they could attend off the ward such as gym sessions, education, recovery college sessions and psychological therapies. Nurses also organised social and recreational events unexpectedly on the day. However, patients told us that activities were cancelled due to staffing shortages.
- The hospital told us that these social activities that were arranged on wards by nurses were the ones that the patients enjoyed more than their planned meaningful therapeutic activities. Patients were not happy when these activities were cancelled due to staffing problems. The hospital had not been monitoring these cancelled activities and they were putting measures in place to record and monitor this.
- The hospital had been monitoring patient engagement to their planned therapeutic, leisure, social and educational activities.
- The occupational therapists worked with patients in women's service long term segregation on 1:1 basis work. They prioritised patients that required motivational work, as they were difficult to engage due to their ill mental health. Some patients did not have a full programme of activities planned particularly in Emerald ward because of their mental health as they coped better with attending activities that were not planned ahead. This offered less pressure and more flexibility to the patients. The hospital provided some information that showed how patients benefited from this. Patients with less planned activities ended up attending more activities.
- The information provided by the hospital showed that not all patients that had a full programme always achieved the target of 25 hours a week for different reasons. The main reason for this was patients refusing or declining to attend the offered activities. The hospital was finalising a robust electronic reporting system to monitor closely individual reasons for not attending activities. The hospital monitored, reported via quarterly reports and discussed in the performance meeting all patients with less than 25 hours of activities, with a view to increasing activities uptake for those patients.