

Good

Cheshire and Wirral Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

Trust Headquarters, Redesmere
The Countess of Chester Health Park
Liverpool Road
Chester
Cheshire
CH2 1BQ
Tel: 01244 364343
Website: www.cwp.nhs.uk

Date of inspection visit: 10 October 2016
Date of publication: 03/02/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXA72	Soss Moss	Saddlebridge Recovery Centre Alderley Unit	SK10 4UJ

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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	9
What people who use the provider's services say	9
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13

Summary of findings

Overall summary

We rated forensic inpatient/secure wards as good because:

- The wards were clean, spacious and well maintained. Clinical rooms were well stocked and had emergency equipment available. Security procedures were in place to manage the environment safely. There was adequate staffing to manage the ward environment and patients' needs. There was low use of bank and agency staff, which meant that there was a consistent staff team to deliver care.
 - Care plans and risk assessments were in place. They were detailed, comprehensive, and met the individual needs of patients. There was limited use of blanket restrictions. Where restrictions were implemented, these were detailed in individual patients' care plans.
 - Staff followed the Mental Health Act Code of Practice in maintaining accurate records around seclusion. This was particularly evident around the decision to seclude and to continue to seclude patients. Staff had good knowledge of the Mental Health Act and the Mental Capacity Act. Staff knew where to go for advice and support.
 - Staff were aware of safeguarding procedures and could describe what to do should they be concerned about abuse of an adult or child. Effective multidisciplinary team meetings took place weekly and were multi professional and patient focused.
 - Staff received feedback from incidents and complaints, and learning was shared across the trust. Staff received supervision and an annual work performance appraisal in line with the trust's policy. Ward staff were qualified and skilled to perform their role and received a corporate and local induction on commencing their role. Staff were compliant with their mandatory training.
 - Patients spoke positively about staff. We observed the staff to be professional in their interactions with patients and knowledgeable about their patients' needs. Patients had access to an independent mental health advocate who was easily accessible.
- Daily morning meetings, and 'my service, my say' meetings took place. Patients felt that they were listened to and gave us examples of changes that had been made following their feedback.
- The service had good access and discharge procedures in place; we saw that discharge plans were in place that contained the patient's view on their discharge from hospital.
 - Therapeutic and diversionary activities were available seven days a week. Hot drinks and snacks were available throughout the day. Patients had access to their own mobile phones. The service met the spiritual needs of patients as there was a multi faith room available for patients to access and patients who had leave off the site were able to attend their designated place of worship.
 - Staff were aware of the vision and values of the trust and could demonstrate how these were embedded in their practice. Staff knew who the senior managers in the organisation were and told us that the modern matron was highly visible on the wards.
 - Good governance systems were in place, and there were regular clinical audits to ensure quality and standards were maintained. Ward managers accessed their key performance indicators through bimonthly safety metrics. This allowed ward managers to monitor their performance and make improvements where necessary. Staff felt supported by their managers and felt that they worked well within their teams. Regular team meetings took place to allow staff to give feedback on their service. The secure wards were part of the Quality Network for Forensic Mental Health.
- However;
- The trust had not put adequate mitigation in place to manage the two blind spots on Saddlebridge Recovery Centre. This increased the risk to patients of unwitnessed incidents occurring.
 - Additional training in learning disabilities was not provided by the trust to the staff working on Alderley unit.

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 wards were clean, spacious and well maintained. Clinical rooms were well stocked and had emergency equipment available should this be required.
- Security procedures were in place to manage the environment safely and staff had access to personal alarms and keys which ensured their personal safety.
- There was adequate staffing to manage the ward environment and patients' needs. There was low use of bank and agency staff, which meant that there was a consistent staff team to deliver care.
- Risk assessments were in place that were detailed, comprehensive, and met the individual needs of patients. Risk assessment for patients on Alderley Unit described the communication needs of patients, and how to take account of these during de-escalation.
- Staff followed the Mental Health Act Code of Practice in maintaining accurate records of the use of seclusion. This was particularly evident around the decision to seclude and to continue to seclude patients.
- Restrictions on patients were individualised and care planned to show the rationale for those restrictions.
- Staff could describe the process for safeguarding adults and children.
- Staff received feedback from incidents, and learning was shared across the trust.

However;

- The trust had not put adequate mitigation in place to manage the two blind spots on Saddlebridge Recovery centre. This increased the risk that staff would not be aware of incidents in areas of the ward they could not see easily.

Good



Are services effective?

We rated effective as good because:

- Care plans were holistic and recovery focused. Care plans met the needs of individual patients, including detailed physical health care plans.

Good



Summary of findings

- The secure wards used a number of assessment and outcome tools to monitor patient outcomes.
- There was a good psychology provision with the secure wards.
- Staff received supervision and an annual work performance appraisal in line with their trust's policy.
- Ward staff were qualified and skilled to perform their role. All staff received a corporate and local induction on commencing their role.
- Effective multidisciplinary team meetings took place weekly which were multi professional and patient focused.
- Staff had a good understanding of the Mental Health Act and the Mental Capacity Act. Staff knew where to go for advice and support should they need guidance.

However;

- Additional training in learning disabilities was not provided by the trust to the staff working on Alderley unit

Are services caring?

We rated caring as good because:

- Patients spoke positively about staff and told us they were friendly, kind and respectful. We observed the staff to be professional and they were knowledgeable about their patients.
- Patients gave mixed views about their level of involvement in their care planning. However, the majority of the patients we spoke with told us that they had some input into their care plan.
- Patients had access to an independent mental health advocate who was easily accessible.
- Patients had daily morning meetings, and 'my service, my say' meetings. Patients felt that they were listened to and gave us examples of how changes had been made following their feedback.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The service had good access and discharge procedures in place. Discharge plans were in place in all patient records we reviewed.
- There was a full range of rooms for therapeutic activities. Therapeutic and diversionary activities were available seven days a week.

Good



Summary of findings

- Hot drinks and snacks were available throughout the day and patients had access to their own mobile phones to enable them to maintain contact with friends and family.
- There was a multi faith room available for patients to access and patients who had leave off the site were able to attend their designated place of worship.
- The service had received a low number of complaints. Patients and staff were able to describe the complaint procedure. Staff received feedback on complaints through supervision and team meetings.

Are services well-led?

We rated well-led as good because:

- Staff were aware of the vision and values of the trust and could demonstrate how these were embedded in their practice. Staff knew who the senior managers in the organisation were and told us that the modern matron was highly visible on the wards.
- Good governance systems were in place, and there were regular clinical audits to ensure quality and standards were maintained.
- Ward managers had access to their key performance indicators through bimonthly safety metrics information. This allowed ward managers to monitor their performance and make improvements where necessary.
- Staff felt supported by their leadership team and felt that they worked well within their teams. Regular team meetings took place to allow staff to give feedback on the service.
- The secure wards were part of the Quality Network for Forensic Mental Health.

Good



Summary of findings

Information about the service

Cheshire and Wirral Partnership NHS Foundation Trust provide low-secure forensic services at two units, Alderley Unit and the Saddlebridge Recovery Centre. These are both based in Cheshire East at the Soss Moss site. All admissions into these units are commissioned by NHS England Specialist Commissioning services.

Alderley Unit accommodates males aged from 18 years who have mild to moderate learning disabilities. It is a purpose-built unit. Saddlebridge Recovery Centre is an adult inpatient unit for individuals experiencing enduring mental health issues. Both have 15 beds and are for males only. All of the patients were detained under the Mental Health Act 1983.

The CQC previously inspected the trust in June 2015. We issued four requirement notices relating to the forensic inpatient/secure units following this inspection. These were in relation to:

- Regulation 9, Person centred care.
- Regulation 13, Safeguarding service users from abuse and improper treatment.
- Regulation 17, Good governance.
- Regulation 18, Staffing.

Following the inspection in June 2015, the trust submitted action plans telling us how they would make improvements. On this inspection, we found that all except one of the improvements had been made and that the trust had taken action to address the requirement notices.

Our inspection team

Our inspection team was led by:

Team Leader: Lindsay Neil, Inspection Manager (Mental Health), Care Quality Commission.

The team that inspected this core service comprised two CQC inspectors and one nurse specialist advisor with a background in forensic services.

Why we carried out this inspection

We undertook this unannounced focused inspection to find out whether Cheshire and Wirral Partnership NHS Foundation Trust had made improvements to their forensic inpatient/secure units since our last comprehensive inspection of the trust on 22 June 2015.

When we last inspected the trust in June 2015, we rated forensic inpatient/secure units as requires improvement overall. We rated the core services as requires improvement for three domains: safe, caring, and well-led.

Following the June 2015 inspection we told the trust that it must take the following actions to improve forensic inpatient/secure units :

- The trust must ensure that patients are cared for in the least restrictive manner and review blanket restrictions in place.
- The trust must ensure that the patients are cared for in line with the Mental Health Act Code of Practice.
- The trust must ensure that staff are aware of environmental risks and that actions are taken to mitigate these as far as possible.
- The trust must ensure that patients are always treated with dignity and respect.
- The trust must ensure that there are sufficient, suitably skilled staff to meet the needs of patients.

Summary of findings

- The trust must ensure that the governance arrangements are sufficiently robust to effectively monitor quality of care being provided.

We issued the trust with four requirement notices that affected forensic inpatient/secure units. These related to:

- Regulation 9, Person centred care.
- Regulation 13, Safeguarding service users from abuse and improper treatment.

- Regulation 17, Good governance.
- Regulation 18, Staffing.

As the service was rated requires improvement in three of the five domains, we carried out a full comprehensive inspection of all five domains to fully understand whether the required improvements to the forensic inpatient/secure services had been made.

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following five questions of the provider:

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

On this inspection, we paid particular attention to whether the trust had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited both of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 10 other staff members including doctors and nurses
- interviewed the matron with responsibility for both wards
- attended a multidisciplinary team meeting
- looked at six care records of patients
- reviewed 20 prescription 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 we spoke with during our inspection told us;

- They felt safe on the wards and they received a good orientation to the ward either by staff or fellow peers.
- That the staff were kind caring and respectful towards them, and they knew who their named nurse was.
- There was easy access to an advocate who attended their ward rounds when requested.
- There was plenty of activities and leave off the ward, which was rarely cancelled.
- That the previous restrictions on Saddlebridge Recovery Centre had reduced.
- That there was good access to the GP if they had any physical health problems.

Summary of findings

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that they keep under constant review the mitigation in place for the management of the blind spots on Saddlebridge Recovery Centre.
- The trust should consider how it would support staff with additional training in learning disabilities for those staff who work on Alderley unit.

Cheshire and Wirral Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Saddlebridge Recovery Centre Alderley Unit	Soss Moss

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.

Staff received training in the Mental Health Act. Statutory Mental Health Act documentation was in place. Staff regularly read patients their rights under the Mental Health Act.

Prescription charts that had medicines relating to a patient's mental health treatment had been prescribed within the parameters of T2 and T3 forms.

A Mental Health Act administrator supported the staff team and answered questions they might have about the Mental Health Act.

Patients had access to an independent mental health advocate, who visited the wards and regularly attended the multidisciplinary team meetings.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act. All patients within the secure wards were detained under the Mental Health Act, therefore Deprivation of Liberty Safeguards applications were not needed.

The staff were able to describe the principles of the Mental Capacity Act, by directly telling us what they were or describing instances where they would have concerns about a person's capacity to make informed decisions and the process they would follow.

Detailed findings

The trust had a policy on the Mental Capacity Act and staff knew who to contact should they have any questions or concerns around the processes for the assessment of capacity.

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 wards were spacious with high ceilings and large windows, which allowed plenty of natural light onto the wards. Both wards were well maintained, clean and although functional, the furniture was in a good state of repair and comfortable.

During the previous inspection in June 2015, it had been highlighted that there were a number of ligature points and environmental risks that had not been identified and with no adequate mitigation to reduce the risk.

On this inspection, we found the layout of the ward on Saddlebridge Recovery Centre did not allow easy observation of all the ward areas. This was particularly highlighted on Saddlebridge Recovery Centre where there were two blind spots along the bedroom corridor. There was seating in one of the corridors that could be used by patients as a quiet area to sit, which was unobservable by staff. Staff we spoke with told us that these areas were managed through hourly checks. We noted that there was closed circuit television facing each area. However, staff did not monitor the footage as part of the risk management of this area. We also found this area of the ward did not have a high staff presence.

Each ward had an environmental risk assessment that highlighted high-risk areas of the ward. This included ligature points. A ligature point is a place to which patients intent on self-harm might tie something to strangle themselves. Each ward also had a risk map displayed in the staff office. This showed areas that were deemed high, medium and low risk, and used a colour-coded system to identify the level of risk posed. Staff were aware of the ligature points on the ward and were able to tell us what they were doing to mitigate those risks. Staff told us that should patients pose a risk of harm to themselves that they would be placed in bedrooms that were in a more central location of the ward, and once risks reduced they would be moved on to the bedroom corridor. Ligature points such as window closures were also checked hourly. Other rooms that had identified high-risk ligature points such as the activity room and gym had supervised access.

We found that although staff had significantly increased their awareness of the environmental risks since our last inspection, the mitigation in place did not fully reduce the risks to patients and staff. This was particularly evident on the bedroom corridors where there were blind spots. This meant there was an increased risk of unwitnessed incidents occurring in between the times the areas were checked.

The wards were both single sex and therefore complied with Department of Health standards for same sex accommodation.

The clinical rooms on the wards were clean, and of a reasonable size for their purpose. Each area was well stocked with equipment for physical health care, including a blood pressure machine, thermometer, blood glucose monitoring machine and various dressings and syringes. All the medical devices had an annual maintenance check and it was clear when these were next due to be undertaken. Sharps bins were labelled correctly.

Resuscitation equipment was available and this was checked regularly as per the trust guidelines. Emergency drugs such as flumazenil were available. This ensured that in an emergency staff would have access to equipment and drugs to perform immediate life support.

Medication was kept in locked cabinets and there was a separate locked cabinet for controlled drugs. The keys that accessed the medication cupboards were kept on a qualified member of staff at all times.

There were seclusion suites in each ward, which complied with the Mental Health Act Code of Practice. Both suites had en suite showers, and an intercom system that allowed two-way conversation. Staff were able to adjust the lighting, heating and ventilation within the seclusion rooms dependent on the patient's needs. A clock was visible to ensure that any patient in seclusion remained orientated to time.

Annual audits took place for health and safety, and infection prevention and control. Identified actions from this were action planned and key people were identified to resolve any outstanding issues. The matron for the service conducted monthly audits on cleanliness to ensure concerns were identified quickly. Security and fire audits

Are services safe?

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

were also conducted monthly. The Patient Led Assessment of the Care Environment was conducted annually. The Soss Moss site scored 99.5% for cleanliness, and 95.2% for condition, appearance and maintenance.

Staff had access to personal alarms and the security nurse provided the personal alarms to staff and visitors prior to them entering the ward. Security nurses were assigned at the start of each shift and were responsible for signing people in and out of the units, and the physical and relational security of the ward.

Safe staffing

Saddlebridge Recovery Centre and Alderley Unit worked on an establishment of two qualified and four clinical support workers during the day and two qualified and two clinical support workers on each ward at night. Additional staffing was available during core hours Monday to Friday 9am to 5pm who worked across both wards such as occupational therapist and forensic psychologists. The ward manager for each ward also worked additional to these numbers. On the day of the inspection, we found that the staff on duty met the required establishment.

During our last inspection in June 2015, we found that there were a significant number of vacancies across both wards with high levels of sickness. There were also a high number of unfilled shifts by bank and agency over a two-month period. Therefore, there were not sufficient numbers of staff on duty to provide care and meet the needs of the patients. During this inspection we found:

The budget for staffing whole time equivalent for each ward at the time of inspection was:

- Saddlebridge Recovery Centre – 32.6
- Alderley Unit – 31

The whole time equivalent vacancies at the time of the inspection for each ward was:

- Saddlebridge Recovery Centre – 3
- Alderley Unit – 4

The sickness and absence rate for each ward at the time of inspection was:

- Saddlebridge Recovery Centre – 7%
- Alderley Unit – 7%

The number of staff leaving in the last 12 months as a percentage was:

- Saddlebridge Recovery Centre – 14%
- Alderley Unit – 6%

Over the period of July 2016 to September 2016 there were no agency staff used across the forensic services. However, there were 99 requests for bank qualified staff, 68 of which were filled by either substantive staff completing extra hours or bank staff. Thirty-one qualified shifts went unfilled. Alderley Unit had the highest number of unfilled qualified shifts at 22. Over the same period there were 291 clinical support worker shifts requested. Substantive staff completing extra hours or bank staff filled 229 of these shifts. Sixty-two shifts were unfilled by a clinical support worker, the highest being on Alderley Unit of 42 unfilled shifts across the reporting period.

Staff and patients told us that leave and activities were rarely cancelled. When these were cancelled this was mainly due to unexpected sickness, observation or incidents occurring on the ward. Staff told us that where this happened that they would usually look at leave and activities with the patients to make alternative arrangements.

This showed that there was a reduction in the number of nursing and clinical support worker vacancies and sickness levels across both wards from the previous inspection. There was also a reduction in the amount of unfilled shifts for both qualified and clinical support workers. This averaged at five shifts per month for qualified nurses and 10 per month for clinical support workers across both wards. This allowed staff to provide care and meet the needs of patients.

The ward managers told us that they were able to adjust staffing levels according to the needs of the patients and the ward.

Patients we spoke with were aware of who their named nurse was and told us they could speak with them when they had any concerns. Staff told us that they were able to spend one to one time with their patients.

There was medical cover available day and night. During the day there were doctors available on site and there was a on call doctor out of hours that could attend the wards if needed.

Are services safe?

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

Ninety-one percent of clinical staff at Saddlebridge Recovery Centre and Alderley Unit had completed the required mandatory training. This was better than the trust target of 85%. This showed that staff maintained their skills and knowledge in areas such as safeguarding, fire safety, equality and diversity, and basic and immediate life support.

Assessing and managing risk to patients and staff

Risk assessments of all patients were completed prior to admission and on admission to the ward. We reviewed the care records of six patients and found that they all had detailed risk assessments in place. These were reflective of patients' historical and current risks, and identified protective factors and factors that could increase risks along with some helpful interventions. Risk management plans were not always directly written alongside the risk assessments; we were told that risk management plans were often incorporated within the care plan. On reviewing the care plans, we found that this was the case and that these adequately managed an individual's risk. However, these were often lengthy and could not be quickly reviewed.

On Alderley Unit, we found good examples of where risk assessments identified ways that patients could communicate distress through a 'traffic light' system. This identified what the patient's presentation may look like at each stage, with agreed interventions that may help reduce levels of distress. We also found a good example of a care plan explaining that a patient's increased distress reduced their levels of communication, and how communicating using simple phrases, concrete words and visual information helped with de-escalation.

On both wards, patients had specific intervention plans for activities such as leave off the ward. This detailed what the risks were associated with that activity, what the benefits were, the risk management plan and any contingency plans in place.

The wards also used the Historical, Clinical, Risk Management -20 risk assessment tool. This is an assessment tool that helps mental health professionals estimate a person's probability of violence. In the six care records we reviewed, we found four in place and up to date, the other two were in the process of being populated, as they were more recent admissions to the wards. The Historical, Clinical, Risk Management -20 assessments were comprehensive and detailed.

There had been 18 incidents of seclusion from April 2016 to September 2016 with 11 of these occurring on Saddlebridge Recovery Centre. There were 24 incidents of restraint over the same period and 12 of these involved prone restraints. A prone restraint is where a patient is restrained laid in the face down position. Alderley Unit had the highest number of restraints totalling 14 with five of these being recorded as the patient being placed into prone restraint. Saddlebridge Recovery Centre had 10 restraint incidents with seven being recorded as the patient was placed in prone restraint. There were five recorded incidents of rapid tranquilisation across both wards for this period.

The staff we spoke with were able to identify there was a drive to reduce and remove the use of prone restraint and this was covered in their training in management of violence and aggression. Staff told us should patients be placed in prone restraint they would be turned as soon as was practical and safe. Staff were able to tell us the different strategies that were used to reduce the need for restraint, the emphasis being on de-escalation and working with the patient.

During our previous inspection in June 2015, we found that staff had not followed the Mental Health Act Code of Practice in relation to the use of seclusion as staff did not always document why the patient was required to remain in seclusion.

On this inspection, we reviewed the last three episodes of seclusion, one episode on Alderley Unit and two episodes on Saddlebridge Recovery Centre. We found that the episodes of seclusion followed the safeguards that are set out in the Mental Health Act Code of Practice. We saw that there were clear rationales for seclusion being commenced and continuing. There was a clear plan put in place, when a patient's presentation allowed, to reduce their time spent in the seclusion room and reintegrate them back on to the main ward area.

.

During our previous inspection in June 2015, we found that there were a number of restrictions in place on both wards. This included a number of concerns raised to the inspection team around restrictions to snacks, fizzy drinks, and access to mobile phones. These did not appear to be individually risk assessed but generalised blanket restrictions.

Are services safe?

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

During this inspection, it was evident that there had been a significant piece of work completed around reducing restrictions across the wards and only restrictions that were individualised and based on risk were in place. We found that patients now had unlimited access to snacks and fizzy drinks on Saddlebridge Recovery Centre. Care plans were in place to show how considerations had been made regarding the risks of patients having free access to snacks and sugary drinks, balanced against the person's capacity to choose to make unwise decisions about their diet. Patients also had access to their own mobile phone following an individual risk assessment. Only those patients where the risk assessment had indicated a specific concern would not have access to their mobile phone. Metal cutlery and ceramic plates were now in use.

On Alderley Unit, we found that patients continued to have lockers where their snacks were kept and there was access to this on three occasions throughout the day. The patients we spoke to felt that this was a good system. An internet suite was available in which patients could have supervised access as part of their activity schedule.

Clear observation policies were in place. All patients were on hourly observations unless assessed as requiring enhanced observations. Staff were knowledgeable about the implementation of the observation policy.

A search policy was in place. Staff undertook a random search each week of two bedrooms. This could be targeted should staff have concern around specific risks such as access to restricted items. Pat down searches of patients on return from leave were completed on a risk basis, but all items that were brought on to the ward were checked for items that were restricted such as glass jars.

Staff were aware of how to raise safeguarding alerts, both internally to the trust lead and with the local authority. The secure wards had raised 43 safeguarding alerts for either children or adults, 11 of these met the criteria for referral to the local authority and were referred onwards. Both wards were 96% compliant with safeguarding family training level 2 and 100% compliant with safeguarding family training, level 1. There were flow charts available in the staff offices for how to make a referral to the local authority safeguarding team.

Track record on safety

From September 2015 to September 2016, there had been five reported serious incidents that required investigation within the secure wards. All of these were categorised as missing or absconded patients. The trust undertook a full review of all the incidents and an action plan was developed to highlight any improvements or lessons to be learned. This included staff adhering to the observation policy, support for patients during the discharge period, and mental state assessments being conducted prior to leave.

Reporting incidents and learning from when things go wrong

Staff used an electronic incident reporting tool to report all incidents. Staff were able to identify the type of incidents that were to be reported.

Over the period of April 2016 to September 2016, there were 265 incidents reported across both wards. Saddlebridge Recovery Centre had the higher number of 176 incidents with 44 of these related to security; all of these were rated to have minor or no impact. Alderley Unit had 89 incidents with the highest category reported as violence/physical abuse or harassment with 24 incidents. Five of these incidents were rated as moderate impact all the others were rated as minor or low impact.

Staff we spoke with told us that they received feedback from incidents through staff meetings and supervision. Staff were also aware of a trust wide bulletin which gave feedback on shared learning from across the trust. Staff we spoke with were able to tell us that they would apologise to patients if things went wrong.

Duty of Candour

The trust provided guidance for staff regarding Duty of Candour within their incident reporting and incident management policies. Staff we spoke with told us that they would apologise to patients or their families and offer an explanation if something went wrong. We observed a multidisciplinary team meeting where a discussion took place where staff had apologised to a patient's family following a complaint about information that had been written which the family did not agree with.

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 reviewed six care records. We found that all care records had a comprehensive assessment of needs prior to admission to the wards. Following admission, the service followed 'my shared pathway'. This is a set of recovery based care plans developed collaboratively with patients in secure services to help reduce their hospital stay. These care plans were developed over a 12-week period of initial assessment, and we found that in all the records we reviewed patients had recovery focused and comprehensive care plans, or in those patients who had been recently admitted that these were in development. The majority of the care plans contained the patient's views.

We saw that all patients' physical health was assessed on admission to the service. This was completed by the nursing team and also the doctor which ensured that a baseline physical health assessment was completed. We found that ongoing physical health care was monitored by a GP who attended the wards on a weekly basis and would see all those patients where there were ongoing physical health care needs or where new physical health care concerns had arisen.

We saw that care plans for physical health care were in place for patients with diabetes who required wound dressings or support with managing healthy life styles. These were detailed and met the needs of the patients.

All care records were electronic, with some paper-based records which we found to be stored securely in a lockable cabinet. These were easily accessible by staff and patients' records followed them if they accessed other trust services.

Best practice in treatment and care

We reviewed 20 prescription cards and found that all medicines were prescribed within British National Formulary guidelines. Prescription cards contained all the mandatory information such as name, date of birth, and allergy status. Where antipsychotic medication was above British National Formulary limits, we saw the recommended physical health care checks were taking place for those patients. Patients all had photographs alongside their prescription cards. This enabled staff to identify patients easily and reduced the potential for medication errors.

There was a psychology provision within the secure services that offered one to one work, formulation and Historical, Clinical, Risk Management -20 assessments. This was in line with the National Institute for Health and Care Excellence guidelines.

The secure services used a number of recognised rating scales and outcome measures such as Assessment of Motor and Process skills, Outcome of Severity Integration screening tool and Health of the Nation Outcome Scales. Alongside this, other assessment tools were used for falls, venous thromboembolism, and malnutrition universal screening.

The deputy ward managers for the service alongside the ward manager and matron undertook clinical audits within the service. These included reviews of care records, infection prevention, blanket restrictions and Mental Health Act documentation.

Skilled staff to deliver care

There was a full range of multidisciplinary team members within the secure service. This included nurses, doctors, psychologists, occupational therapists, assistant practitioners and social workers.

The staff that worked on the ward were suitably skilled and qualified for their role, and had had adequate training to maintain their skills. The trust employed registered mental health nurses for Saddlebridge Recovery Centre and a mixture of registered mental health and learning disability nurses for Alderley Unit.

All staff received a corporate and local induction on commencing employment with the trust. We saw an example where there was a changeover of a ward manager, and a full handover had taken place prior to the ward manager in post leaving that role.

Staff told us that they received supervision within the trust policy timescale of six weeks. The information from the trust showed that in September 2016 82% of clinical staff on Alderley Unit and 65% of clinical staff on Saddlebridge Recovery Centre had received supervision.

Annual work performance appraisals also took place. Staff told us they were in the process of commencing a new appraisal system. The trust told us that timescales had

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.

been agreed for the completion of all the new annual appraisals by January 2017. As of September 2016, 67% of staff on Alderley unit and 53% of Saddlebridge Recovery Centre had completed their appraisal.

A number of additional training courses were available to staff, to enhance their role and work performance. This training included the care certificate for clinical support workers on commencement of their role, relational and physical security, seclusion and segregation and autism awareness. However, we did not find any further additional training in relation to learning disabilities for those staff who worked on Alderley Unit and were not specifically trained in learning disabilities.

Multi-disciplinary and inter-agency team work

Multidisciplinary team meetings took place each week and reviewed patients on a three weekly basis. Patients could be seen outside of this should the need arise. We observed a multidisciplinary team meeting that was well attended by a number of different professionals who showed good knowledge of the patient's history, presentation and current formulation of risk. The meeting was holistic and included the patient's perspective, clear goal setting and discharge planning.

Handovers took place twice daily at the changeover of shift. We did not observe a handover but staff told us that these were detailed and contained all the relevant information they required to understand the needs of each patient for that shift. This included information about changes in care, presentation, observation and risk.

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

Staff received training in the Mental Health Act. Staff on Saddlebridge Recovery centre were 91% compliant with this training and Alderley Unit were 89% compliant, which was above the trust target of 85%.

We reviewed the Mental Health Act documentation for six patients and found the statutory documentation to be in place. We found that staff regularly read patients their rights under the Mental Health Act.

We reviewed 20 prescription charts and found that all medications relating to patients mental health treatment had been prescribed within the parameters of their T2 and T3 forms. A T2 form is a certificate of consent to treatment that is completed by the responsible clinician to record that the patient understands and agrees with the medication they are being given. A T3 is a certificate of second opinion, which is completed by an independent second opinion doctor when a patient does not consent or does not have the capacity to consent to the medication prescribed by their responsible clinician, but the medication is deemed necessary and can be prescribed without the patients consent. The forms were attached to each patient's prescription chart.

There was Mental Health Act administrative support through the Mental Health Act administrator. There was an identified person who was allocated to the Soss Moss site who staff could contact with any questions should they need to.

Patients had access to an independent mental health advocate, who visited the wards and regularly attended the multidisciplinary team meetings.

Good practice in applying the Mental Capacity Act

Staff received training in the Mental Capacity Act. Staff on Saddlebridge Recovery Centre were 100% compliant with this training and Alderley Unit were 93% compliant, which was above the trust target of 85%.

All patients within the secure wards were detained under the Mental Health Act, therefore no Deprivation of Liberty Safeguards applications had been made.

The staff were able to describe the principles of the Mental Capacity Act, by directly telling us what they were or describing instances where they would have concerns about a person's capacity to make informed decisions and the process they would follow.

There was a trust policy on the Mental Capacity Act and staff knew who to contact should they have any questions or concerns around the processes for the assessment of capacity.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

During our previous inspection in June 2015, two of the six patients we spoke to told us that they were not treated with dignity and respect. We spoke to seven patients during this inspection who told us that staff were polite, friendly, caring and respectful. Patients told us that they felt safe on the ward and the environment was calm and friendly. This was an improvement from the patients' perspective since our previous inspection.

We observed staff interacting in a polite and professional manner with all patients. Staff also showed a good knowledge and understanding of their patients' needs. We observed respectful and knowledgeable discussions about and with patients during multidisciplinary team meetings.

The Patient Led Assessment of the Care Environment score for privacy, dignity and wellbeing was 95.5%.

The involvement of people in the care that they receive

The patients that we spoke with told us that they were orientated to the ward on admission; this was either by a staff member or by a peer.

We received mixed views from the patients we spoke with about their level of involvement in their care planning. Some patients told us that they had been asked their thoughts and what they felt their needs were prior to care

plans being written, other told us care plans were written and they had been asked to comment on whether they agreed with them or not. Other patients told us that they had not been involved at all. On reviewing the care records of we found the majority of care plans were written from the patient's perspective and contained the patient's views on their care.

Both wards had access to an independent mental health advocate, and patients told us they knew who this was and how to access advocacy should they need to.

A community meeting took place each morning, which looked at the plan for the day. This included the activity schedule for the ward, individual activities and leave arrangements for the day. We observed one of these meetings which was well attended by both patients and staff and was helpful in understanding the routine for the day.

The wards also ran 'my service, my say' groups, where patients and staff came together and were given the opportunity to say what was working on the ward, and what improvements could be made. Patients we spoke with on Saddlebridge Recovery Centre told us that there had been a number of changes made following these meetings. An example of this was that a parabolic mirror had been installed on a corridor where a drinks machine was, as this had been raised as a blind spot and a concern by both patients and staff.

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

Admission to the secure wards was funded by NHS England Specialist Commissioning services. A trust gatekeeping/ outreach team assessed and reviewed all referrals for admission and a gatekeeping meeting took place weekly where admissions and discharges were discussed. A member of staff from each ward was involved in these meetings.

The average bed occupancy for each ward as of September 2016 was:

- Saddlebridge Recovery Centre – 93%
- Alderley Unit – 92%

The average length of stay for each ward at the time of inspection was:

- Saddlebridge Recovery Centre – 529 days with five discharges within the last 12 months
- Alderley Unit – 216 days with two discharges within the last 12 months

There were no identified delayed discharges or patients that were placed out of area at the time of the inspection.

Discharge planning was evident in care plans, which gave the patient's perspective on their future placement. We observed a multidisciplinary team meeting that included plans for each patient to 'move on'. Care programme approach meetings took place with the patients' locality team care coordinator to review the patient's recovery and plans for discharge.

The facilities promote recovery, comfort, dignity and confidentiality

There was a full range of rooms to support therapeutic activities such as quiet areas for patients to have one to one time, an activity room, computer room and gym.

There was a family visiting room off the ward where patients could visit with their families, this included children. Visitors over the age of 18 were able to visit on the ward.

Patients had access to their own mobile phones to enable them to make phone calls and maintain contact with their friends and family.

The Patient Led Assessment of the Care Environment score for ward food was 100%. Patients we spoke with gave a mixed view about the food provided. The food served was cook-chill which is a food preservation method where food is prepared, portioned, cooked then chilled. Cook-chill preserves food for up to for day before it is reheated for eating. Patients told us that food was always hot and the variety and portion sizes were 'all right'. However, some patients commented that the quality of the cook-chill food was 'ok' or 'could be better'.

Hot drinks were available throughout the day on both Saddlebridge Recovery Centre and Alderley Unit. Snacks were available throughout the day on Saddlebridge Recovery Centre. However, on Alderley Unit snacks were only permitted on three occasions throughout the day.

We saw and patients told us that they were able to personalise their bedroom areas with personal photographs and equipment should they wish to do so.

Patients had access to lockers to store their valuables; there was also a safe available for keeping their money.

Diversory activities took place seven days a week and included activities such as a disc jockey music group, and art groups. Therapeutic activities such as relaxation, mindfulness, social outings, gym, and adult education sessions took place from Monday to Friday. Each patient had an individual activity planner, which showed the activities that they were involved with. Patients we spoke with told us that activities were only cancelled in an emergency situation or due to unforeseen circumstances.

Meeting the needs of all people who use the service

Both wards were based on the ground floor and were both open and spacious throughout, which allowed easy wheelchair access. Assisted bathrooms were available for patients. Bath hoists were not available, but these could be provided if a patient was assessed as needing this level of support.

Leaflets were available on a range of topics such as complaints, CQC, advocacy, and the Mental Health Act. Although these were not displayed in other languages, staff could access translated leaflets from the trust intranet or from the corporate teams. Interpreters were available on request. Staff told us that these were easily accessible. There was a multi faith room based at York house that

Are services responsive to people's needs?

Good 

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

patients told us that they could access. Some patients we spoke with told us that staff or their families would take them to their designated place of worship if they had leave to do so.

Listening to and learning from concerns and complaints

From September 2015 to September 2016, there had been three complaints across the secure wards. All three of these

complaints were rated green, which indicated that they were informal low-level complaints that were resolved locally within 10 working days. None of the complaints was upheld by the service.

Staff received feedback from complaints through supervision and team meetings. Staff were able to tell us how they would handle complaints, and information was available around the ward which directed patients how to complain.

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 trust vision was;

- Leading in partnership to improve health and well-being by providing high quality care.

The trust had adopted the NHS England 6Cs as their trust values which were:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment.

We saw the trust values displayed around the wards. Staff we spoke with were aware of the vision and values, and were able to tell us how they were embedded in their everyday work. Staff told us that that they occasionally saw members of the senior management team attending the wards and there was a high presence of the modern matron.

Good governance

Effective systems and processes had been put in place on Saddlebridge Recovery Centre since our previous inspection to ensure that the governance on the wards had improved. We found that all staff had a good knowledge and understanding of the concerns raised through our previous inspection and were able to clearly identify how things had improved.

Clinical audits around hot spot areas such as care planning, seclusion records, and blanket restrictions were routinely completed. This picked up gaps to enable them to be rectified quickly.

The trust produced quarterly reports of its key performance indicators that were used to gauge the performance of the team. The ward managers told us that they had access to their key performance indicator data as they received bimonthly safety metrics. The ward managers we spoke with felt that they had sufficient authority to perform their role.

The trust had a risk register. Staff told us that they were able to raise their concerns and following discussion and agreement with the senior management team, their concerns would be submitted on to the risk register.

Leadership, morale and staff engagement

There were no bullying or harassment cases submitted to the trust for the secure wards from September 2015 to September 2016.

Staff we spoke with felt supported by their leadership team and felt they worked together well within their teams. Staff told us that they were confident to raise concerns with their managers and understood there was a whistleblowing policy and how to use this should they need to.

Staff meetings took place both formally and informally. Staff felt that they were able to contribute to service improvements and developments.

Commitment to quality improvement and innovation

Saddlebridge Recovery Centre and Alderley Unit engaged in the Quality Network for Forensic Mental Health. This is where the services benchmark themselves against a set of good practice standards. A peer review process was in place where a team of multidisciplinary professionals from other services conducted the same assessment against these standards.