

Wellesley Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

Overall summary

Wellesley hospital provides forensic inpatient / secure wards to patients from the south west of England.

We carried out a focused inspection of forensic wards at Wellesley hospital. We did not re-rate this service as we only inspected one (Selworthy ward) of the five forensic wards. The purpose of the inspection was to follow up on specific concerns that had come to our attention around the management of a serious incident.

We found that:

- The hospital managed patient incidents well. Staff recognised incidents and reported them appropriately.

Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

- Observations were proportionate and risk based. For example, if there was an increased risk to an individual patient or to others, the patient's level of observations would be increased. There was an observation sheet that required staff to sign at the time of observation and note where the patient was and confirm if response was gained. In addition, every patient was observed hourly and this was recorded in the same way.

Summary of findings

- Selworthy ward provided safe care. The ward environment was safe and clean. The ward had enough nurses and doctors to ensure safe care and treatment for patients. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff were appropriately trained in restraint and used this as a last resort.
- We observed staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Selworthy ward was well led, and managers fostered a culture amongst the team where staff felt able to challenge practice and raise concerns without fear of repercussions.
- Managers within the service promoted an open and honest culture. All staff had received training on their responsibilities under the duty of candour and additional information was available on the intranet. Duty of candour is a statutory (legal) duty to be open and honest with patients, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

However:

- At the time of this inspection, the investigation and analysis of the death of the patient on Selworthy ward was ongoing and staff told us they were waiting for this to share learning across the hospital.

Summary of findings

Our judgements about each of the main services

Service

**Forensic
inpatient or
secure wards**

Rating **Summary of each main service**

Wellesley hospital provides forensic inpatient / secure wards to patients from the south west of England. At the time of our inspection, five wards were open, offering care and treatment to males and female in medium and low secure settings.

Summary of findings

Contents

| | |
|--|------|
| Summary of this inspection | Page |
| Background to Wellesley Hospital | 6 |
| Our inspection team | 6 |
| Why we carried out this inspection | 6 |
| How we carried out this inspection | 6 |
| What people who use the service say | 7 |
| The five questions we ask about services and what we found | 8 |

Wellesley Hospital

Services we looked at

Forensic inpatient or secure wards;

Summary of this inspection

Background to Wellesley Hospital

Wellesley Hospital, owned by Elysium Healthcare, is a purpose built 75 bed hospital in South West England for men and women with mental health problems.

It provides care for patients aged over 18 years within a medium and low secure setting. Many patients who are admitted to a secure service will have been in contact with the criminal justice system. Patients who are admitted to a secure hospital will be subject to a detention under the Mental Health Act 1983. Wellesley hospital opened in December 2016 and the first patients arrived in February 2017.

The hospital forms part of the south west forensic care pathway programme, which has been commissioned by NHS England. This programme aims to reduce patient's length of stay and reduce the number of out-of-area patient placements.

Five wards were open at the time of our visit. Quantock ward, a medium secure ward for men, Mendip ward and Selworthy ward, a low secure ward for men. Blackdown ward a medium secure ward and Polden ward, a low secure ward for women.

Our last comprehensive inspection of Wellesley Hospital was in the May 2018. At that inspection, we rated the service as good overall. At the time of our last inspection, only Quantock, Mendip and Polden ward were open.

The wards are registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

There was a registered manager in place at the time of the inspection.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We undertook this inspection following concerns that staff may not have safely managed an incident during which a patient was restrained on Selworthy ward.

How we carried out this inspection

As this was an unannounced, focused inspection of Selworthy ward to follow up on specific areas of concern, we did not consider all of the five key questions that we usually ask. Instead, we focussed on specific questions within three domains to find out about the culture on Selworthy ward how staff managed incidents.

- Is it safe?
- Is it caring?

- Is it well-led?

During the inspection visit, the inspection team:

- visited Selworthy ward and looked at the quality of the ward environment
- spoke with the registered manager and the clinical lead
- spent time observing interactions between staff and patients on the ward

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the services
- reviewed five patients care records
- reviewed six staff training records for management of violence and aggression
- sought advice from national professional advisor regarding the quality and the content of the Management of Violence and Aggression training delivered and provided to staff.

What people who use the service say

During this inspection we were not able to speak to any patients.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

This was a focused inspection, so we did not rate this key question. We found that:

- The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received mandatory training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.
- Observations were proportionate and risk based, for example if there was an escalating risk to self or others, the patient`s level of observations would be increased. There was an observation sheet that required staff to sign at the time of observation and note where the patient was and confirm if response was gained. Every patient was observed hourly and this was recorded in the same way.
- The service managed patient incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- At the time of this inspection, the investigation and analysis of the death of the patient on Selworthy ward was ongoing and staff told us they were waiting for this to share learning across the hospital.

Are services effective?

At the last inspection in May 2018 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services caring?

This was a focused inspection, so we did not rate this domain. We found that:

Summary of this inspection

- We observed staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Are services responsive?

At the last inspection in May 2018 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

This was a focused inspection, so we did not rate this key question. We found that:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Managers within the service promoted an open and honest culture. All staff had received training on their responsibilities under the duty of candour and additional information was available on the intranet.

Forensic inpatient or secure wards

Safe

Caring

Well-led

Are forensic inpatient or secure wards safe?

Safe and clean environment

- Selworthy ward was safe, well equipped, well furnished, well maintained and fit for purpose. Each patient had their own bedroom with an ensuite bathroom. There were quiet areas for privacy. All ward areas were clean.
- Staff followed procedures to minimise risks where they could not easily observe patients. There was one blind spot in the corridor where it was not possible to hang a convex mirror. However, this was mitigated by a constant staff presence in the corridor both during the day and at night. The corridor and communal areas had closed-circuit television (CCTV) to facilitate review of incidents by senior managers so lesson could be learnt and shared across the hospital.
- Staff had easy access to alarms and patients had easy access to nurse call systems. Staff carried personal alarms and there were call points on the walls.

Safe staffing

- All ward managers held a daily morning meeting to check staffing levels and share staff if needed. The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm. We saw evidence that staffing levels on the ward were consistent across night and day shifts over the last two months. Although the ward relied on agency staff to fill current vacancies, they were employed on a locum basis so they worked on the wards on a regular basis which provided consistency to the ward. At the time of this inspection there was a psychiatrist post vacant at Wellesley Hospital. This post was covered by a locum psychiatrist. There were eight vacancies for registered nurse positions, out of these five posts were covered by locum nurses and the remaining posts were covered by bank shifts. There were seventeen healthcare support worker

vacancies at the time of this visit. However, the registered manager told us that twelve support workers had been recruited and due to start but this was delayed due to the current Covid-19 (corona virus) pandemic and the remaining shifts were covered by bank staff.

Mandatory training

- The hospital was not providing any face to face training because of the restrictions in place during the Covid-19 pandemic. Staff received a comprehensive induction program at the start of their employment. Staff also had access to mandatory trainings. These training were red, amber, green rated (RAG rated) when they were due for re-training or a refresher training. Training matrix of staff were discussed during staff supervision. Ninety five per cent of health care support workers had completed mandatory training. Agency and bank staff had access to the same training and supervision as substantive staff.
- Management of Violence and Aggression (MVA training) was one of the mandatory training at Wellesley Hospital. All staff had completed this training and staff were not allowed to work in clinical areas if they had not completed the MVA training. The MVA training was a training package developed by Elysium and was General Services Association (GSA) accredited. GSA is a membership organisation for people who are trained as tutors in the prevention and management of violence and aggression. This training was competency based and comprised of practical and written scenario exercises. We sought advice from our National Professional Advisors who reviewed the quality and the content of the MVA training who told us this was appropriate. We reviewed six MVA training handbooks, we saw comments and feedback given to staff on their performance during the training session and where staff had not met the required competencies the trainer had asked the staff to re-train.

Assessing and managing risk to patients and staff

Forensic inpatient or secure wards

- Staff managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff knew about the risks of each patient and acted to prevent or reduce risks. Staff demonstrated a good knowledge of the patients on the ward and spoke competently about their de-escalation and crisis plans.
- We looked at five care records on Selworthy ward. We found staff developed detailed, robust risk management plans in response to identified needs and changing risks. At this inspection, staff completed a risk assessment of every patient on admission and updated it regularly. Staff had the skills required to develop and implement positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour.
- Staff identified and responded to any changes in risks to, or posed by, patients. Such as recognising the deteriorating patient or noticing dynamic changes on the ward between patients. We saw example of medical and nursing review due to change in patient's presentation and how this was reflected in the patient risk management plan. We observed staff undertaking patient observations during the ward visit. We observed staff proactively managing and verbally de-escalating patients who became agitated.
- Staff used restraint and seclusion only after attempts at de-escalation had failed. Levels of restrictive interventions were low. We saw records for the last six months which showed the level of seclusion on Selworthy ward was proportionate. During the last six months there were two episodes of prone restraint for intramuscular medication administration. The ward staff participated in the provider's restrictive interventions reduction programme.
- Observations were proportionate and risk based. For example, if there was an escalating risk for an individual patient or other patients, the patient's level of observations would be increased. There was an observation sheet that required staff to sign at the time of observation and note where the patient was and confirm if response was gained. Every patient was observed hourly and this was recorded in the same way.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. There was a comprehensive clinical governance reporting system at ward level in place. This included data and supporting information on complaints, incidents, length of stay, staff absence etc. This was reported on each month and discussed at the hospital governance meeting, where any trends and associated remedial action was actioned. When an incident required investigation, the provider now allowed managers to review CCTV footage of the incident to help assess the situation. This was learning transferred from a serious incident at another hospital within the organisation.
- Staff received feedback following incidents. This could be through formal debrief sessions with a clinical psychologist or informal ad hoc feedback sessions that were treated as reflective sessions. Feedback was also disseminated to staff through team meetings, meeting minutes and newsletters. Senior managers produce a lesson learnt newsletter that allows dissemination of lessons learnt from across the different wards.
- At the time of this inspection, the hospital had not yet completed its formal internal investigation and analysis of the death of the patient on Selworthy wards and staff told us they were waiting for this to share learning across the hospital. However, following the incident leading to this inspection the manager had implemented a management of violence and aggression care plan for all patients with physical health co-morbidity.

Are forensic inpatient or secure wards caring?

Kindness, privacy, dignity, respect, compassion and support

- We observed staff treating patients with compassion and kindness during the ward visit. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Observation of staff attitudes and behaviours when interacting with patients showed that they were

Reporting incidents and learning from when things go wrong

Forensic inpatient or secure wards

discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. We observed staff supporting patients in a caring and kind manner.

Involvement in care

- The clinical lead told us that staff used the admission process to inform and orient patients to the ward and to the service and staff ensured that patients could access advocacy. We saw posters of advocacy services clearly displayed in the communal areas. We were told that the independent advocates visited the hospital weekly for dropping sessions, but this had stopped due to the COVID-19 pandemic. However, patient could still access advocacy services virtually.

Are forensic inpatient or secure wards well-led?

Leadership

- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.

- The clinical lead told us that managers supported staff to progress in their careers and had been given opportunities to do associate nurse and nurse training.

Culture

- A hospital wellbeing team was available for all staff who worked at the hospital to access should they wish. They were approachable and provided face to face contact, telephone support or email.
- The senior management team held a monthly breakfast club for all staff and a monthly staff forum where each department provided a represented member of staff to raise any concerns or issues. These meetings were run by a member of senior management and minutes are taken identifying actions taken.
- Managers within the service promoted an open and honest culture. All staff had received training on their responsibilities under the duty of candour and additional information was available on the intranet.