

Good 

Coventry and Warwickshire Partnership NHS Trust

Forensic inpatient/secure wards

Quality Report

Trust Head Office
Wayside House
Wilsons Lane
Coventry
CV6 6NY
Tel: 0121 3294900
Website:
www.covwarkpt.nhs.uk

Date of inspection visit: 11 to 15 April 2016
Date of publication: 12/07/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYG96	Brooklands	Janet Shaw ward	B37 7HL
RYG96	Brooklands	Malvern ward	B37 7HL
RYG96	Brooklands	Snowdon ward	B37 7HL
RYG96	Brooklands	Eden ward	B37 7HL

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

Requires improvement



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	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

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
Action we have told the provider to take	23

Summary of findings

Overall summary

We gave an overall rating for forensic inpatient / secure wards of good because:

- Care and treatment was delivered in a person-centred, kind and respectful way. Staff worked well together to assess and plan for the needs of patients. Treatment plans focused on recovery and rehabilitation and there was active discharge planning.
- Patients had care plans and risk assessments in easy read format. Staff updated and reviewed these regularly.
- Patients and their relatives told us that staff treated them with kindness and respect.
- Patients and relatives were involved in the planning and reviewing of care.
- Staff regularly held patient review meetings and care programme approach meetings.
- Staff managed complex behaviours effectively, using verbal de-escalation and a low stimulus environment as a first approach, and using medications or physical restraint as a last resort.
- Mental Health Act records were completed correctly and stored appropriately.
- Staff told us that they felt supported by the trust and could confidently report any concerns to senior staff without the fear of reprisal.

However,

- The seclusion room on the Janet Shaw clinic was not fit for purpose. In the en-suite area, there were bolts that had not been fitted properly so could pose a self-harm risk to patients. Staff had identified that the panels could be pulled off and used as a weapon. There was no clock, no mattress and no two-way communication system, which meant that patients had to call out to staff for assistance.
- One ward's ligature risk assessment lacked clear action plans of how risks were being managed safely.
- Patients did not have call bells in their bedrooms to alert staff for assistance.
- There was a blanket restriction on mobile telephones across the wards. This meant that patients could not always phone relatives and friends at the times they wanted. Hot drinks were limited to set times and so patients could not always access a hot drink.
- Forty-three percent of the care records examined on Eden ward had gaps in the recording of observation documentation.
- There were no daily clinic room temperature checks to ensure that medicines were stored appropriately.
- None of the four wards had achieved the trust wide supervision target.
- Staff said that they had not received training on the updated Mental Health Act 1983 code of practice.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Patients were at risk of harming themselves in the seclusion room on Janet Shaw Clinic. There were panels on the walls in the en-suite area, which could have been used for harming self, or used as a potential weapon to harm others.
- Staff on Eden ward did not consistently complete observation records fully. Forty-three percent of patient observation records had gaps in staff documentation. In addition, codes entered did not fully correspond with codes on the form regarding patients' whereabouts, which presented a risk that staff may not have accurate information on where patients were.
- Wards worked below the identified levels of staffing on a regular basis. This meant that patients may not have received the care and treatment they required at the time they needed it.

However:

- The hospital was continuing to recruit staff. Ward managers were able to request further staff if required.
- Patients told us that they felt safe on the wards.
- Staff had a good understanding of how to protect patients from abuse. Staff could identify what would constitute a safeguarding referral, how to report, and where to report.
- Staff regularly completed safety and security audits of the wards. The wards were clean and well maintained.

Requires improvement



Are services effective?

We rated effective as 'good' because:

- In line with the Mental Health Act Code of Practice (2015) and the National Institute for Health and Care Excellence (NICE) guidelines, patients received thorough physical health checks and medical attention to promote their well-being.
- Staff held regular care reviews and care programme approach meetings to monitor and review patient's progress.
- The medical, nursing, occupational therapist, activities staff, practice nurses, psychologists and speech and language therapists worked well together to achieve good outcomes for the patients.
- Staff and patients knew how to access an Independent Mental Health Advocate.
- Teams on each ward consisted of effective and skilled staff, for example nurses, occupational therapists and doctors.

Good



Summary of findings

Are services caring?

We rated caring as good because:

- Staff were responsive to patients' needs and were respectful, patient and kind.
- We observed positive relationships between patients and staff on all wards. Staff were passionate and enthusiastic about providing care to patients who had complex needs. They demonstrated a good understanding of the needs of the patients.
- Patients were actively involved and participated in care planning.
- Patients had their own copies of their recovery plans if they wanted them.
- Patients told us that relatives were invited to their care review meetings.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- There was evidence of active and appropriate discharge planning for patients. Patients from the medium secure service could be referred to the low secure service, or vice versa if required.
- Staff arranged specialist assessments such as speech and language therapy when needed.
- Patients using the service were aware of how to make complaints and felt that staff would support them. There were notices informing patients how to complain and how to access an advocate.
- The wards collected patient feedback and looked to make changes in response.
- Most patients could make telephone calls in private if they wanted to.
- The facilities across the service promoted recovery. There was a good range of activities and patients had access to outside space. There were facilities available for visitors.

Good



Are services well-led?

We rated well led as good because:

- Staff had some knowledge around the organisation's values.
- Managers were visible on the wards and demonstrated the skill and experience to lead their service effectively. Staff felt able to approach them.
- Staff knew who the most senior managers in the trust were.

Good



Summary of findings

- Managers said they had both the support and autonomy to do their jobs effectively and felt confident to raise concerns to senior colleagues.
- Staff told us that they would be confident to use the whistleblowing procedure and felt their concerns would be taken seriously.
- There were well-developed audits in place to monitor the quality of the service.
- Poor performance was managed effectively with support from the human resources department if needed.

Summary of findings

Information about the service

The forensic inpatient / secure wards provided by Coventry and Warwickshire Partnership NHS trust are at Brooklands hospital. Brooklands hospital consists of eight specialist separate wards, four of which include inpatient assessment and treatment services to adults who have a learning disability.

Brooklands hospital has fifty-six inpatient beds across the forensic/secure service.

- Janet Shaw Clinic is a forensic medium secure ward for men and has 15 beds.
- Malvern ward is a forensic low secure ward for men with 15 beds.
- Snowdon ward is a forensic low secure ward for men with 11 beds.

- Eden ward is a forensic low secure ward for women and has 15 beds.

The hospital is registered for the following regulated activities:

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

Brooklands hospital was last inspected in January 2014. A breach of regulation 15 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 regarding safety and suitability of premises was identified. This related to the security system on Janet Shaw, and Malvern and Eden wards seclusion rooms. There has been ongoing improvement works around this.

Our inspection team

Our inspection team was led by:

Chair: Paul Jenkins, Chief Executive, Tavistock and Portman NHS Foundation Trust.

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

Inspection Manager: Margaret Henderson, Inspection Manager, mental health hospitals, CQC.

The team that inspected this core service consisted of three CQC inspectors, two specialist advisors (one nurse

and one social worker); one Mental Health Act reviewer and one expert by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

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

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Summary of findings

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information. We also sought feedback from patients with comment cards that we placed around the hospital site.

During the inspection visit, the inspection team:

- visited all four wards at the hospital site, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 21 patients who were using the service

- spoke with four relatives of patients using the service
- interviewed three ward managers
- spoke with 33 other staff members individually, including doctors, nurses, health care assistants, occupational therapists, matrons, psychologists, housekeepers, activity co-ordinators and student nurses
- reviewed 32 care and treatment records of patients
- carried out a specific check of the medication management across the service and looked at 40 patient medication charts
- looked at a range of policies, procedures and other documents relating to the running of the wards.

What people who use the provider's services say

- Patients were positive about their care and treatment and said that staff were caring, understanding and respectful.
- Families and carers had the opportunity to be involved in care reviews.
- Patients told us they enjoyed the ward activities and said they felt safe on the wards.
- Patients were aware of their rights, how to access advocacy, and how to complain.
- Patients' views about the food were variable. Many disliked the food and talked about the consistency, presentation and lack of choice.

Good practice

- Each ward had easy read pictorial documents including care plans and risk assessments. This included the HCR20.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must review its seclusion at Janet Shaw ward to ensure it is fit for purpose and ensure staff across wards have accurate information on which seclusion rooms are in use.
- The trust must ensure that there are enough staff on duty to meet the needs of the patients.
- The trust must ensure that staff have training on the Mental Health Act (1983).

Action the provider **SHOULD** take to improve

- The trust should ensure that ligature risk assessments mitigate where there are poor lines of sight.
- The trust should ensure that staff receive regular clinical supervision.
- The trust should ensure that patient observation documentation is accurate and up-to-date.

Summary of findings

- The trust should ensure that the clinic room temperature is checked and recorded daily to ensure medicines are stored correctly.

Coventry and Warwickshire Partnership NHS Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Janet Shaw Clinic	Brooklands Hospital
Malvern ward	Brooklands Hospital
Snowdon ward	Brooklands Hospital
Eden ward	Brooklands Hospital

Mental Health Act responsibilities

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

- All patients across the service were detained under the Mental Health Act.
- MHA 1983 training was a mandatory training requirement for qualified staff. However, compliance was low at 31%.
- Staff had completed the MHA paperwork correctly and detention paperwork was up to date.
- There was support available from a mental health act administrator if necessary and qualified staff knew how to access this.
- Medical staff completed consent to treatment and capacity assessments. Staff attached copies to medication charts to ensure they administered medication in accordance with the Act.
- There was evidence that the staff regularly explained patients' rights to them under the Act. This information was available in an easy read format.
- Patients had access to general advocacy, Independent Mental Health Advocates and Independent Mental Capacity Advocates. Information about detention under the Act was available on all of the wards.
- Patients had access to tribunals and hospital manager meetings, when relevant, to appeal against their legal detention.
- Patients had access to section 17 leave, which was granted by the consultant on either an escorted or an

Detailed findings

unescorted basis. Documentation was clear in respect of the frequency and length of leave granted. If patients were detained under part 3 of the MHA for having committed a criminal offence, the consultant liaised effectively with the Ministry of Justice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) awareness training which was mandatory. The compliance with this training was 95%. However, staff we spoke with showed variable knowledge of the MCA and the guiding principles.
- Staff knew how to access the trust's MCA policy and additional information about the Act through the staff intranet system.
- Patients' mental capacity was discussed in clinical reviews and recorded in care and treatment records.
- None of the patients receiving care and treatment in this core service during our inspection was subject to a DoLS application.

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

- Janet Shaw ward had clear lines of sight for staff to observe all parts of the ward, although at the time of the inspection there were refurbishing works on going which caused minor disruption to one particular corridor. The other three wards had blind spots that obstructed staff observation of patients. Staff told us that they regularly checked corridors and would discreetly follow a patient if they moved out of view. There was some use of mirrors in corners to aid visibility.
- There were high and low level ligature points on the wards. These posed a risk for patients with self-harming behaviours. The trust had identified these through the ligature audits. However, there was no clear action plan that stated how some of the identified ligature risks were being managed safely. This meant that patients could be at risk if staff on the wards were not regular staff.
- All wards had ligature cutters available in the event of an emergency and staff knew where these were located.
- The service was fully compliant with the Department of Health guidance on mixed sex accommodation.
- Resuscitation and emergency equipment was available on all wards and staff checked this regularly.
- Janet Shaw, Malvern and Eden wards each had a seclusion room. Seclusion is defined as 'the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour, which is likely to cause harm to others'.
- At the time of inspection, the seclusion room on Malvern ward was unavailable for use due to ongoing improvement works. The seclusion room on Eden ward was available – although staff reported not having used this for over twelve months.
- The seclusion room on Janet Shaw ward was not fit for purpose. In the en-suite area of the seclusion room, there were bolts, on the panels, which were not flush and could pose a self-harm risk to patients. Two staff members told us that they had identified that the panels could be pulled off and used as a weapon. There was no clock, no mattress and no two-way communication system in place. The seclusion rooms were located on a corridor, which patients could access, and so the privacy and dignity of patients in seclusion could be compromised. The ward manager told us that it was not in use but the trust confirmed it was still being used. This posed a risk because of poor communication.
- Eden ward had a small lounge, which they used, as a de-escalation room to calm patients who were distressed.
- The ward areas were visibly clean. Cleaning schedules were fully completed and audited. The patient led assessment of the care environment (PLACE) scored 99.7% for cleanliness in 2015. This was higher than the England average score. Patients told us that the wards were cleaned regularly and were well kept.
- Staff followed infection control policies and had access to protective personal equipment such as gloves and aprons. Equipment was well maintained and clean.
- Staff regularly completed environmental risk audits, which considered structural aspects of the buildings. Between audits, staff could report any concerns needing attention.
- Staff carried personal alarms. We heard the systems being tested while on site. The service had extra alarms available for visitors to maintain their safety.

Safe staffing

- Ward managers told us that staffing levels were calculated by the trust. In November 2015, the service had an agreed establishment of forty-five whole time equivalent nurses (WTE) and seventy-eight health care assistants. There were three nurse vacancies and six health care assistant vacancies across the service. The service had an established "floating team". The floating team consisted of regular health care assistants, who were used to cover shortfalls in staffing across the service on a day-to-day basis. There were 26 health care assistants in post on this team, with five vacancies. The service also used agency staff to cover unfilled shifts. Staff told us that they try to book staff who are familiar with the wards. Janet Shaw ward had the highest

Are services safe?

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

number of vacancies and had required more use of agency staff (46%). Agency staff had covered 215 shifts across the service between September and November 2015. However, the trust was unable to cover a further 55 shifts. The trust could not be sure there were always sufficient staff available for safe care and treatment.

- Sickness rates across the service varied between 5% on Snowdon ward and 9% on Malvern ward. The total number of substantive staff leavers across the service was nine, four of which were on Eden ward. This represented a 7% turnover in a 12-month period, which is below the UK average.
- Ward managers advised that senior staff were supportive when increases to staffing were required on a daily basis to meet the individual needs of patients. However, staff told us getting staff to cover shifts when required was often problematic, particularly at short notice.
- The service aimed to have a qualified nurse present in communal areas of the wards at all times. When this was not possible, there would be a regular and experienced health care assistant present.
- Staff ensured that one to one nursing support time was taking place with patients. We saw that staff allocated this time on the daily planning sheet for the shift. Patients confirmed that they received regular one to one time with nursing staff.
- Each ward identified the importance of patient escorted leave and activities. Staff told us that very occasionally leave would need to be postponed due to staffing levels or increased activity. Two of the 21 patients we spoke with, said that leave had been cancelled due to staff shortages.
- There were enough staff across the service to carry out restraint. The wards assisted one another in the event of an incident.
- During office hours, there was medical cover in the case of an emergency. Consultants could be contacted out of hours for advice if necessary. There was no doctor on site out of hours – but there was a doctor on call based at the Caludon centre, which is approximately 20 minutes away by car. In the event of a medical emergency, the staff would call 999.

- Overall 80% percent of staff in this core service had received mandatory training. The lowest compliance was Malvern ward at 63% and the highest rate was on Snowdon at 92%.
- Permanent staff completed training in the management of violence and aggression to promote the safe use of physical interventions (restraint). Fifty-one percent of staff were compliant in this training, which was lower than the trust target. Staff and patients could be at risk if there was not enough trained staff attending incidents where physical interventions and de-escalation may be required. Staff we spoke with told us that they had received this training.

Assessing and managing risk to patients and staff

- The service had low use of seclusion, the emphasis was on preventing the patients from getting distressed with early interventions from staff.
- Between June and November 2015, there had been two episodes of seclusion across the service on Janet Shaw ward. There were no reported incidents of long-term segregation. Since then there has been one further recorded episode of seclusion and two of long-term segregation. One patient's records showed that they had been in seclusion for over one hour and had not been reviewed by the doctor. The ward manager confirmed this. The trust standard for review, of a patient in seclusion is an hourly review by medical staff in line with the Mental Health Act code of practice.
- Staff used verbal de-escalation to manage disturbed behaviour. Staff told us that restraint would only be used as a last resort and if necessary to manage risk.
- Medical staff prescribed rapid tranquilisation in accordance with National Institute for Health and Care Excellence (NICE) guidelines. We found low use of rapid tranquilisation. Across the service over a six month period between June and November 2015, eight patients were given rapid tranquillisation. Staff confirmed that following administration of rapid tranquilisation, staff placed patients into the supine (face up) position and care records confirmed this. Staff monitored physical observations following rapid tranquillisation, monitoring blood pressure, temperature and pulse. Patients were observed more

Are services safe?

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

closely following administration. Staff were aware of the guidance contained in the Department of Health document, Positive and Proactive Care (2014) relating to the use of prone restraint.

- The training delivered reflected the Department of Health principles of Positive and Proactive Care (2014). There were 124 incidents of restraint across the service over a six-month period. Ninety-six of these were on Eden ward and had involved eight different patients. Of all restraints, 34 (33%) were in the prone position (face down) across the service, 22 of these occurred on Eden ward. Staff told us that they would always try not to use the prone position, and if this did occur, then the patient would be turned onto their backs as soon as is possible.
- We reviewed 32 care records. Staff undertook a risk assessment of every patient on admission. Risk assessments contained plans to manage risks, for example, staff could increase the level and frequency of observations of patients. Risk assessments were detailed and had taken into account the patient's previous history as well as their current mental state. Three patients' records, out of the 32 examined, had not had their risk assessments updated.
- The service used the detailed historical clinical risk management tool (HCR-20 version.3) for risk of violence. Staff updated these regularly at CPA meetings or after any significant incident. However, there was one patient on Janet Shaw ward whose assessment was last reviewed in March 2015. This was outside the trust's standard for review. The risk assessments were in easy read version.
- Hot drinks were limited to set times and so patients could not always access a hot drink. Some patients used a flask for when attending the groups.
- There was a policy on the management of patient observations. There was a planned system for ensuring that all patients were allocated individual staff members to observe them on an hour-by-hour rotation as a minimum. However, we found gaps in this documentation on Eden ward.
- Staff adhered to the searching of patients policy, for example when returning from unescorted leave. Staff told us that they searched patients if there was an increased risk, for example if patients had deliberately

hurt themselves and they were concerned about their safety. Each ward conducted random bedroom searches, or whole ward searches – if for example an item of cutlery could not be located. Staff did not search patients who had been out on escorted leave routinely, this showed risk was assessed on an individual basis.

- All staff undertook basic safeguarding training as part of their mandatory training. Ninety-four percent of staff across the service had been trained in the safeguarding of vulnerable adults, and in the safeguarding of children. Staff were clear about their safeguarding responsibilities and knew how to identify and make a safeguarding referral. Managers told us strategy meetings were held to formulate action plans following concerns being raised. Between November 2014 and January 2016, the service made twenty-three safeguarding referrals.
- There were processes for the secure storage, recording and administering of medication. Staff recorded fridge temperatures daily and these were within required range. However, there were no daily clinic room temperature checks to ensure that medicines not requiring a fridge were stored appropriately to ensure their quality.
- Visitors' rooms were identified for privacy and child visits. Managers told us that staff completed appropriate risk assessments prior to any such visit and staff talk to relevant professionals to arrange. This meant that there were safe procedures in place for children who visit the wards.
- There was a blanket restriction on mobile telephones across the wards, as these are contraband items. Therefore, patients either had to use the pay phone to contact friends and family or receive incoming calls from the ward mobile telephone, which was situated in the nursing office.
- Forty-three percent of care records seen on Eden ward had gaps in observation documentation. This means that staff did not complete the observation records accurately.

Track record on safety

- There were no serious incidents reported across this core service between February 2015 and February 2016.

Are services safe?

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

Reporting incidents and learning from when things go wrong

- Staff we spoke with could describe the system to report incidents and their role in the reporting process. For example, on Snowdon ward staff told us about an incident, which had occurred. Staff had reported this on the day and there was evidence of lessons learnt in documentation seen.
- Care records showed that incidents were reported as they occurred. Managers reviewed reports and conducted investigations at both local and senior management level.
- Ward managers attended monthly meetings where incidents and lessons learnt were discussed. They shared outcomes of investigations with staff. Permanent staff received regular bulletins and a trust wide learning log electronically as a way to share learning around incidents.
- Staff reported their managers and senior managers were supportive when incidents occurred and debriefs were held for the benefit of staff and patients following incidents where possible. However, two staff were unsure if these were recorded.

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 32 care and treatment records and all of these had a thorough assessment of the patients following admission to the wards.
- Records showed that a physical health examination had been completed for patients. Staff monitored patients' physical observations and physical health problems. Staff discussed physical health needs at multi-disciplinary team meetings and received support from the on-site practice nurses.
- We found there were detailed and thorough care plans that supported patients. The care plans were recovery focused, personalised and holistic.
- Individual patient records were paper files. They were stored securely and are available to transfer if, for example a patient moved between wards.

Best practice in treatment and care

- Medical staff prescribed rapid tranquilisation in accordance with National Institute for Health and Care Excellence (NICE) guidelines.
- Staff supported patients' communication methods. We saw patients had communication passports, which explained how best to communicate with them on an individual basis. The speech and language therapists were actively involved and worked alongside the nursing team in developing these.
- The service offered psychological therapies such as dialectical behavioural therapy cognitive analytical therapy as well as various other treatments such as trauma work and a sexual offender treatment programme. These were offered in line with NICE guidelines.
- Specialist staff were available for advice relating to specific physical health issues, including smoking cessation, diabetes, weight management and asthma. This included the doctors, practice nurses, dieticians and speech and language therapists. This meant that there was access to physical health care.

- The service used a recognised rating scale to assess and record severity and outcomes - the Health of the Nation rating scale (HONOS) for learning disability.
- Ward managers and ward staff participated in clinical audit, examples included pharmacy, mental health records and care records.

Skilled staff to deliver care

- Wards had multi-disciplinary teams of nurses, consultant psychiatrists, doctors, occupational therapists, health care assistants, activity co-ordinators, psychologists and speech and language therapists. The teams also had support from pharmacists, dieticians and practice nurses. This meant that patients had access to a variety of skills and experience for care and treatment. Social workers were accessible via community teams.
- New staff underwent a formal induction period to teach them about the ward and trust policies. Newly qualified nurses told us they felt supported and engaged in a well-structured and in-depth preceptorship programme.
- All new healthcare assistants undertook the care certificate. Existing staff have the opportunity to complete this also. The care certificate is a set of standards aimed to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. This programme was implemented in April 2015.
- We saw that appraisals for staff were in progress. Snowdon ward had the highest rate of appraisals completed with 97%; Janet Shaw ward was 86%; Malvern 83% and Eden ward 62%. Eden ward did not have a ward manager in post at time of inspection. A manager had been appointed and we were told they would continue with appraisals once in post. Appraisal is a method by which the job performance of an employee is documented and evaluated.
- Bank and agency staff underwent a basic induction including orientation to the ward, key induction, information around security, emergency procedures and a handover about patients and their current risks.
- As well as the staff induction and mandatory training, permanent staff told us that there was additional training available such as learning disability training, basic awareness in autism and personality disorders.

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.

- Managers felt able to address poor staff performance with support from senior staff and the human resources department.
- Four staff out of 36 told us that they did not receive regular supervision on a one to one basis. The service held a weekly group supervision session for staff. There was evidence of informal supervision on the wards as and when required but this was not captured in documentation. In November 2015, supervision rates across the wards varied. The highest rate was Snowdon ward at 91%, Eden ward was 71%, Janet Shaw ward 62 % and Malvern ward at 47%. Trust data acknowledged that all four wards fell below the trust-wide clinical supervision target.
- There were no regular staff meetings across the site on each ward. This meant that information from across the service and trust-wide was not being disseminated effectively.
- Staff completed MHA paperwork correctly and this was up to date. There was administrative support to contact if staff felt this was necessary to help with any issues around the MHA or Mental Capacity Act. Information was stored securely. Managers routinely carried out audits of care records – which included the detention paperwork.
- Patients had access to Independent Mental Health Advocates. Information relating to this service was on each ward notice board. Patients we spoke with told us how useful this service was.
- Staff reported that they had not received training on the updated code of practice which came into effect October 2015. We observed that there were some training sessions ongoing across the trust. Not all staff had accessed this yet.

Multi-disciplinary and inter-agency team work

- Staff attended weekly multi-disciplinary meetings on the wards. Different professionals worked together effectively to assess and plan patients' care and treatment.
- Nursing staff held hand-overs between each shift. These highlighted any particular information where staff attention may be required – for example patients with epilepsy.
- Managers reported effective links with outside agencies to support patient care. For example, local authority representatives attended strategy meetings related to safeguarding referrals and local housing officers attended the hospital sites to assist with housing needs for patients prior to discharge.

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

- Thirty-one percent of eligible staff had received Mental Health Act training across the service.
- Medical staff completed consent to treatment and capacity requirement forms. Staff attached copies to medication charts to ensure they administered medication in accordance with the Act.
- Staff regularly explained and recorded patients' legal rights under Section 132 of the Act in records reviewed.
- Staff completed Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) awareness training, which was mandatory. The compliance with this training was 95%. There were ongoing sessions for staff scheduled and we saw evidence of this. However, staff we spoke with displayed varying degrees of knowledge. Staff were aware that there was a policy around this, and said that they would seek advice from senior staff, or the Mental Health Act administrator if needed.
- None of the patients receiving care and treatment during our inspection was subject to a Deprivation of Liberty Safeguards application (DoLS).
- There was some evidence in clinical notes that the multidisciplinary team had considered capacity during care reviews. The doctors used capacity forms when considering patient consent to treatment reviews. Mental capacity assessments of patients were also completed on an individual basis for other decisions when required. One example was a best interest decision that was made around discharge planning for a patient.
- We observed that patients were encouraged to make decisions for themselves. If staff felt that a patient lacked mental capacity around a specific issue, this was discussed in the multi-disciplinary meeting and recorded.

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

- We observed staff interactions with patients. Interactions were respectful and responsive across all wards. It was clear that the staff had built up a good rapport with the patients.
- We spoke with 21 patients receiving care and treatment across the service. Patients told us that they found the staff respectful. They said that staff always knocked before entering their room. Some patients had told us how they put up a sign on their bedroom door to tell staff they are in the shower, to maintain their dignity. We observed some of these signs in use.
- Staff were enthusiastic about providing care to patients with complex needs. They showed a good understanding of the care and treatment needs of patients, for example, re-directing patients towards meaningful activity during periods of agitation, and distracting patients away from situations that were becoming stressful to them.
- The latest patient led assessment of the care environment audit (PLACE) 2015 showed 92% patient satisfaction for privacy, dignity and wellbeing for the hospital. The trust scored higher than the England average, which was 86%.

The involvement of people in the care that they receive

- All wards had a patient admission and welcome pack, which was comprehensive, and give new patients helpful information about the ward. New patients were shown around the ward and introduced to other staff and patients. Patients we spoke with confirmed this.
- Patients had received, or were offered, a copy of their care plans and said they felt included in future planning. They attended regular multi-disciplinary team meetings, and could prepare for this by filling in a form before the meeting with any requests or items for discussion.
- Patients had access to advocacy services. There were posters on each ward with details about how to contact advocacy. The staff actively assisted patients to make a referral if needed.
- Relatives we spoke with said that they had been invited to attend care reviews, and had received feedback from the consultant. They felt that they were involved in care offered to their relative.
- Patients were involved in the running of the ward through weekly community meetings where they could raise ideas or concerns.

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

- Average bed occupancy across this service between June and November 2015 was 97%. All four wards had a bed occupancy rate of more than 90%, with Malvern ward having 100%. The service did not accept unplanned admissions, all were planned and involved a pre-admission assessment.
- There were no reported out of area placements identified over the past twelve months.
- Admissions and discharges were well planned and occurred at appropriate times of the day.
- Data showed that there had been no delayed discharges or re-admissions to hospital within 30 days, between April and November 2015.
- The average length of stay in the medium secure service between October 2014 and November 2015 was 686 days. The average length of stay in the low secure wards was 612 days.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had multiple rooms for care and treatment, which included activity rooms, clinic rooms, meeting rooms, and rooms where patients could meet visitors or staff in private.
- The trust provided payphones on each ward where patients could make a phone call in private. In addition to this, each ward had a hand held mobile telephone, which could receive incoming calls for patients.
- The wards had access to outside space for all patients with benches to sit on. The Janet Shaw ward had a small horticulture unit and we were told patients had previously grown their own vegetables.
- The patient led assessments of the care environment (PLACE) 2015 scored 84% for ward food at the hospital. This was slightly lower than the England average at 89%. Out of the 21 patients we spoke with, eight expressed dissatisfaction with the food quality, taste and variety. The trust acknowledged this and had discussed ways to improve with the suppliers of the food.

- Patients had access to snacks and cold drinks twenty-four hours per day and could store dry foods in their bedrooms.
- Patients were able to personalise their bedrooms. We saw patients had photographs and artwork displayed in their rooms. Patients' bedrooms were usually locked when not in use and so patients could store their belongings securely. Patients were risk assessed before being given access to keys to their bedrooms.
- All wards ran activity programmes. These programmes included a range of activities such as creative crafts, relaxation and community meetings. Staff placed activity timetables on patient notice boards. Staff told us that the timetables were developed from patients' needs assessments and patient requests.
- Staff facilitated planned activities, observations and escorted leave. This meant that staff tried to accommodate the needs of the patients.

Meeting the needs of all people who use the service

- Wards had full access for people with restricted mobility, with all wards being on ground level. The wards had wide corridors and en-suite showers with disabled access.
- Patient information leaflets were visible on all wards and covered a range of subjects including local services, advocacy and how to complain. Staff could access information in other languages when needed.
- Staff told us that interpreters were available using a local interpreting service. Staff could access these services to assist in assessing patients' needs and explaining their care and treatment.
- Staff updated the menu every three weeks. We saw there was a range of choices provided in the menu that catered for patients dietary, religious and cultural needs.
- Spiritual support was available to patients for a range of faiths. Chaplains visited the wards. Due to refurbishment, the multi faith room on Janet Shaw ward was unavailable. Staff said that this would be available for use again in the next few weeks.
- The food was 'cook-chill' and so not prepared fresh on site. The trust had taken actions to address this. There

Are services responsive to people's needs?

Good 

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

had been discussions with the suppliers and they were looking at ways in which to improve upon presentation of the food. The trust had arranged for some tasting sessions to gain further feedback.

Listening to and learning from concerns and complaints

- Ward staff reported that most complaints were dealt with at ward level, as they could easily be resolved, without the need for escalation. This would be recorded in care and treatment records or in community meeting minutes. Patients also told us that staff would contact an advocate on their behalf if this was required.
- Patients told us that they felt supported in raising complaints and felt that staff would listen to them. In the twelve-month period, leading up to October 2015 there had been one formal complaint reported for this service. This complaint was not upheld and was not reported to the parliamentary and health service ombudsman.
- Information about the complaints process was available on notice boards. Patients we spoke with knew how to make a complaint. Staff confirmed they knew how to support patients to make a complaint.

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

- Trust vision and values were visible for all to see on the ward notice boards. Staff we spoke with were aware of these.
- Managers visited the wards regularly and demonstrated the skill and experience to lead their services effectively.
- Managers said they had both the support and autonomy to do their jobs effectively and were able to raise concerns with senior staff.
- Staff were able to tell us who the most senior managers in the trust were.

Good governance

- The trust had governance processes in place to manage quality and safety within the service. Managers attended regular meetings such as the secure services meetings. These meetings were an opportunity to review the service and discuss incidents.
- Managers used methods, such as the matron reports (set monthly audits) to give information to senior managers. This enabled them to monitor quality and risk across the service.
- Managers had access to reports that tracked incidents and other relevant data for each individual ward and the hospital as a whole.

- However, the ward manager and the consultant on Janet Shaw ward were not aware of the recent report findings from the most recent forensic quality network review.
- Clinical staff were not receiving one to one supervision on a regular basis.
- There were audits in place to monitor service quality.

Leadership, morale and staff engagement

- The managers leading the service used an open and transparent culture. Staff were actively encouraged to raise concerns and said that they felt able to. However, there were no ward staff meetings taking place. This meant that the staff could not discuss issues of importance as a group.
- There were no reported incidents of bullying or harassment across the service at the time of inspection.
- Staff we spoke with confirmed they understood the whistleblowing process and would feel confident to use it. Staff said that they felt able to raise concerns without fear of victimisation.
- Staff reported good morale across wards. Staff told us that they felt part of a team and received support from each other. Staff felt well supported by their immediate managers and felt they valued their work.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none">• The trust had not filled all required shifts with agency staff, leaving staffing gaps across the service.• A low number of staff had received training in the MHA 1983. This was a breach of Regulation 18(1)(2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment <ul style="list-style-type: none">• The seclusion room on the Janet Shaw clinic was not fit for purpose. In the en-suite area, there were identified bolts, on the panels that were visibly not flush and could pose a self-harm risk to patients. Staff had identified that the panels could be pulled off and used as a weapon. There was no clock, no mattress and no two-way communication system. The seclusion rooms were located on a corridor, which patients could access, and so the privacy and dignity of patients in seclusion could be compromised.• Staff were not aware which seclusion rooms were in use. This was a breach of Regulation 15 (1)(c)(e)(f)