

Requires improvement**North Essex Partnership University NHS Foundation
Trust**

Forensic inpatient/secure wards

Quality Report

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Date of inspection visit: 24th – 28th August 2015
Date of publication: 26/01/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RRDAC	Edward House	Edward House	CM1 7LF

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated forensic inpatient and secure wards as requires improvement because:

- The security of the building was compromised as the magnetic doors which opened to the outside could be breached by kicking them open. Some of the internal doors could be opened by using a credit/ bank card or similar.
- There were significant staff shortages. Therefore the ward relied heavily on agency and bank staff. Section 17 leave was cancelled due to staff shortages on some occasions.
- There was limited availability of psychological therapies and no specific offence related work took place.
- Historical Current Risk -20 assessments were not reviewed and updated regularly. The trust did not use the health of the nation outcome scores for secure services.
- Front line staff had a limited understanding of the trust's values and vision.
- Most staff had not received regular monthly supervision and annual appraisals. For example, staff supervision rates for July were only 55%.
- Actions arising from local audits had not been clearly addressed by senior managers.
- The trust did not provide a reporting structure for learning from trust wide incidents including complaints and service user feedback.

- Staff could not confirm any of their key performance indicators.

However:

- The ward had a full multi-disciplinary team which included medical, nursing, psychological, and occupational therapy. Weekly review meetings took place to assess individual progress. Daily handovers took place to ensure that staff were kept updated of changes to individual needs and risk.
- Care and treatment records showed physical healthcare checks took place.
- Staff demonstrated an understanding of individual patient need. This was demonstrated by our interviews with staff, review of care and treatment records and our observations of the care and treatment being provided.
- Patients were aware of how to complain and the ward feedback to patients on changes that had been made to the service via 'You said we did' posters.
- Staff morale was positive. Front line staff spoke highly of the new managers. We noted that staff were comfortable in approaching senior managers and were able to raise individual concerns with them. Bank staff stated they felt part of the nursing team.
- The ward had low sickness and absence rates. For example, between March and August 2015 this was at 1 %.

Summary of findings

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

Are services safe?

We rated forensic and secure wards as requires improvement for safe because:

- The security of the building was compromised as the magnetic doors which opened to the outside could be breached by kicking them open. Doors to some internal doors could be opened by using a credit/bank card. Whilst some of these had been repaired; the ward manager was awaiting further dates when the remainder would be fixed by the trust estates department.
- Historical Current Risk -20 assessments were not reviewed and updated regularly.
- The seclusion room had no viewing panel into the ensuite facility and the door opened manually from inside the seclusion room.
- The ward relied heavily on agency and bank staff due to the shortages of permanent nursing staff. Only 41% of staff were permanent trust employees. The unit currently had seven band five and five band three vacancies.
- Section 17 leave was cancelled due to staff shortages on some occasions.

However:

- Patients reported that they felt safe on the ward.
- Medicines management was managed appropriately with appropriate clinic room and storage for all medicines. Some patients were on self-administration of medicines. This had been risk assessed.
- There was a separate facility for children to visit relatives. This was away from the main ward area.

Requires improvement



Are services effective?

We rated forensic and secure wards as requires improvement for effective because:

- There was limited availability of psychological therapies and no specific offense related work took place.
- The trust did not use the health of the nation outcome scores for secure services.

Good



Summary of findings

- Regular supervision for permanent staff did not take place. Some supervision records were in place for bank and agency staff.

However:

- Patients had access to independent mental health advocacy services on the ward. There were posters and leaflets available on the ward informing patients of this service.
- The ward had a full multi-disciplinary team which included medical, nursing, psychology, and occupational therapy. Weekly review meetings took place to assess individual progress. Daily handovers took place to ensure that staff were kept updated of changes to individual needs and risk.
- Care and treatment records showed physical healthcare checks took place. Patients were able to access emergency physical health care when required.
- The medicine administration records demonstrated that the prescribing of medication on the ward was appropriate and in line with relevant guidelines,

Are services caring?

We rated forensic and secure wards services as good for caring because:

- Staff demonstrated an understanding of individual patient need. This was demonstrated by our interviews with staff, review of care and treatment records and our observations of the care and treatment being provided.
- Individual patient involvement in care planning was recorded and care plans were individualised. Patients were given the option to attend ward rounds and CPA meetings..
- Patients had access to an independent advocacy service.
- The ward held regular community meetings. Minutes of these were seen. Actions arising from these were being addressed.
- The ward had a carers group and carers could attend ward rounds and/or care programme approach meetings.

Good



Are services responsive to people's needs?

We rated forensic and secure wards services as good for responsive because:

Good



Summary of findings

- The ward had a full range of rooms which supported therapy and activities. They included quiet rooms and a separate visiting area for families and carers to visit. There was a fully equipped clinic room to examine patients in private.
- Patients confirmed that the food was of good quality. However, there was no access to drinks and snacks at night.
- The ward was accessible for the disabled. Patients had access to spiritual support when required.
- Information leaflets and posters on advocacy, complaints procedure and local community activities were available on the ward.
- Patients were aware of how to complain and the ward feedback to patients on changes that had been made to the service via 'You said we did' posters.

Are services well-led?

We rated forensic and secure wards services as requires improvement for well-led because

- Front line staff had a limited understanding of the trust's values and vision.
- Most staff had not received regular monthly supervision and annual appraisals. For example, staff supervision rates for July were only 55%.
- Actions arising from local audits had not been clearly addressed by senior managers.
- The trust did not provide a reporting structure for learning from trust wide incidents including complaints and service user feedback.
- Staff could not confirm any of their key performance indicators.

However:

- Staff morale was positive. Front line staff spoke highly of the new managers. We noted that staff were comfortable in approaching senior managers and were able to raise individual concerns with them. Bank staff stated they felt part of the nursing team.
- The ward had low sickness and absence rates. For example, between March and August 2015 this was at 1%.

Requires improvement



Summary of findings

- The ward was accredited by the Royal College of Psychiatrists' quality network for forensic mental health services and was working within these guidelines.

Summary of findings

Information about the service

Edward House was a low-secure unit with facilities to care for up to 20 male patients under the care of a consultant psychiatrist. The service provided assessment and therapeutic treatment for adults with mental health issues who required interventions within a safe and secure environment.

There were 19 patients on the ward at the time of the inspection. The ward had two wings (east and west). One was designated as an admission area and the other as a rehabilitation area. Each patient was detained under the Mental Health Act.

This service was last inspected on 10 February 2014 and was found to be non-compliant against regulation 2 - consent to care and treatment. The trust had addressed this area of non-compliance at this inspection.

Our inspection team

Our inspection team was led by:

Chair: Professor Moira Livingston.

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

Inspection manager: Peter Johnson, Inspection Manager, mental health hospitals, CQC.

The team that inspected the forensic inpatient/secure ward team consisted of a CQC inspection manager, CQC inspector, a Mental health Act reviewer, a psychiatrist, a nurse and social worker and an expert by experience who had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and fair 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 on going 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?
- 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, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Reviewed the quality of the ward environment and observed how staff were caring for patients.
- Spoke with four patients who were using the service.
- Interviewed the manager for the ward and the modern matron.

Summary of findings

- Met with seven other staff members; including doctors, nurses, occupational therapists and psychologists.
- Attended and observed a hand-over meeting and one multi-disciplinary ward round.
- Reviewed four care and treatment records.
- Carried out a specific check of the medication management on the ward.
- Inspected 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 said that staff treated them with respect and dignity. They were positive about their involvement with the redesign of the garden. They felt safe on the ward.

Patients reported that no bullying had occurred on the ward and felt that the consultant was approachable. They told us that families and other carers were encouraged to visit and made welcome. They confirmed that private visiting areas were available.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that all the doors in this service are secure.
- The trust must ensure that the sharing of learning from previous incidents across the trust are disseminated to staff in this service.

- The trust must ensure that actions arising from local audits are fully addressed.

Action the provider **SHOULD** take to improve

- The trust should ensure that supervision and appraisal rates are improved.
- The trust should review their staff recruitment and retention policies

North Essex Partnership University NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Edward House	North Essex Partnership NHS Foundation Trust

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 had a good understanding of the Act and the code of practice. For example, patient records showed that individual capacity and consent to treatment requirements were being met. Appropriate consent forms were attached to current medication forms.

Patients confirmed that they had access to independent mental health advocacy services on the ward. There were posters and leaflets available informing patients of this service.

The ward was supported by a Mental Health Act administrative team which gave guidance on MHA and capacity issues. Regular audits were carried out with regards to medication, capacity and consent to treatment.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the use of the Mental Health Capacity Act 2005.

Individual capacity and the consent to treatment were recorded on the trust's electronic system including the discussion with the patient and how the responsible clinician reached their decision about capacity.

Staff had an awareness of where to get advice from within the trust regarding MCA and DoLS. The Mental Health Act administrative team monitored on going adherence to the MCA.

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

- This was a male only ward with single rooms all of which were en suite. Staff had good lines of sight with limited blind spots. Those areas of the ward that could not be observed clearly were being fitted with mirrors to address this. The trust's building action plan showed us this. The ward had some ligature points and these risks were included in the local risk register.
- The ward environment was purpose built with appropriate furnishings and the necessary internal maintenance checks took place to ensure that alarms and call buttons worked correctly. However, the alarm system was internal only and was not being linked to the rest of the hospital. If further assistance was required then staff had to phone for help.
- The security of the building was compromised as the magnetic doors which opened to the outside could be breached by kicking them open. Some internal doors could be opened by using a credit/bank card or similar. Whilst some of these had been repaired; the ward manager was awaiting further dates when the remainder would be fixed by the trust estates department.
- The seclusion room had no viewing panel into the en suite facility and the door opened manually from inside the seclusion room.
- Staff maximise shift-time on direct care activities and this was supported by our observations.
- The ward manager had sufficient authority and received additional administrative support from the trust.
- Staff received appropriate mandatory training. The current rate for this service was 87%.
- The ward relied heavily on agency and bank staff due to the shortages of permanent nursing staff. Only 41% of staff were permanent trust employees. The unit currently had seven band five and five band three vacancies. Four new staff were due to commence in September. We were told that the trust were actively recruiting new staff for this service. The ward used the same bank and agency staff on a permanent arrangement. This included two qualified and eight healthcare assistants who were supervised by the unit's permanent staff.
- Some patients gave examples of their section 17 leave being cancelled due to staff shortages.
- Medical cover was provided by a consultant psychiatrist and a trainee doctor. Staff reported good out of hour's medical cover.

Assessing and managing risk to patients and staff

Safe staffing

- The director of nursing had reviewed staffing levels in the last 12 months. Staffing levels were calculated across the two wards, east and west wing and reported weekly to senior trust managers. The ward manager reported on any current issues that affected the staffing ratio.
- Baseline staffing levels were eight staff on duty during the day of whom four were qualified. Night staffing levels were six staff with two qualified. The ward manager was able to adjust staffing levels when required to meet patient assessed needs. Front line staff actively engaged with patients.
- Each admission to this service was planned. Patients received a multi-disciplinary assessment which included comprehensive risk assessments upon admission. However, there were no formal risk assessment tools used on the unit following admission or reviewed as required. Historical Current Risk -20 assessments were not reviewed and updated regularly. Each patient was risk assessed prior to the granting of section 17 leave. Patients reported that they felt safe on the ward.
- The trust policy on observation levels and the searching of patients was used.
- Care and treatment records showed that minimal restraint was used. There were 5 recorded episodes of

Are services safe?

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

restraint between November 2014 and April 2015. The ward had a strong emphasis on using de-escalation techniques first. There were no seclusion episodes recorded between November 2014 and August 2015.

- Rapid tranquilisation was not used on the ward. No patient had been prescribed rapid tranquilisation on their medicine card. There were no recorded episodes on the trust incident recording record.
- Medicines management was managed appropriately with an appropriate clinic room and secure storage for all medicines. Some patients were on self-administration of medicines. This had been risk assessed.
- There was a separate facility for children to visit relatives. This was away from the main ward area.

Track record on safety

- There had been no serious incidents that were reported at this service over the past six months.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and the importance of doing this accurately.
- Staff told us that incidents within this unit were discussed and reviewed at staff meetings. However, they were not provided with the lessons learnt from incidents across the trust so staff could not make improvements to local care delivery based on these.
- There were no debriefs for staff following serious incidents that had happened on the ward.

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

- Care and treatment records showed physical healthcare checks took place. Patients were able to access emergency physical health care when required.
- Care plans were up to date and individualised. These showed evidence of discharge planning. Patients were involved in the planning of their own care. For example they had meetings with their key nurse.
- The ward used an electronic record system which was accessible to all staff.

Best practice in treatment and care

- The medicine administration records demonstrated that the prescribing of medication on the ward was appropriate and in line with relevant guidelines,
- There was limited availability of psychological therapies and no specific offence related work took place. Other groups available for patients included music therapy, anxiety management, art therapy and a gardening group.
- The service did not use the health of the nation outcome scores for secure services so they were unable to assess progress.
- A local clinical audit programme was in place. These included capacity and consent, infection control and the care programme approach(CPA)

Skilled staff to deliver care

- Regular supervision for permanent staff did not take place. Some supervision records were in place for bank and agency staff.
- The records seen showed that staff performance issues were addressed promptly and effectively.

Multi-disciplinary and inter-agency team work

- The ward had a full multi-disciplinary team which included medical, nursing, psychology, and occupational therapy. Weekly review meetings took place to assess individual progress. Daily handovers took place to ensure that staff were kept updated of changes to individual needs and risk.

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

- Staff had a good understanding of the Act and the code of practice. For example, patient records showed that individual capacity and consent to treatment requirements were being met.
- Appropriate consent forms were attached to current medication forms.
- Patients reported that they had their MHA rights explained to them. This was confirmed by those records reviewed.
- The ward were supported by a Mental health Act administrative team who gave guidance on MHA and capacity issues. Regular audits were carried out with regards to medication, capacity and consent to treatment.
- Patients confirmed that they had access to independent mental health advocacy services on the ward. There were posters and leaflets available on the ward informing patients of this service.

Good practice in applying the Mental Capacity Act

- Staff had an understanding of the Mental Capacity Act. Capacity and consent for individual patients was assessed when required and recorded appropriately in patient's notes.
- The staff had an awareness of where to get advice from within the trust regarding MCA and DoLS.
- The Mental Health Act administrative team monitored on going adherence to the MCA.

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

- The ward was calm and relaxed with staff positively engaging with patients on the ward.
- Staff were observed to be respectful towards patients and treated patients with dignity.
- Patients told us that staff treated them well with dignity.
- Staff demonstrated an understanding of individual patient need. This was demonstrated by our interviews with staff, review of care and treatment records and our observations of the care and treatment being provided.

The involvement of people in the care that they receive

- Patients were orientated to the ward on admission and received information about the ward prior to admission.

- Individual patient involvement in care planning was recorded and care plans were individualised. Patients were given the option to attend ward rounds and CPA meetings. However, the records seen showed that no patients had advanced decisions in place.
- Patients had access to an independent advocacy service on a regular basis. They visited patients on wards once contacted by them.
- Patients reported that no bullying had occurred on the ward and felt that the consultant was approachable. They told us that families and other carers were encouraged to visit and made welcome. They confirmed that private visiting areas were available.
- The ward held regular community meetings. Minutes of these were seen by the inspection team. Actions arising from these were being addressed.
- The ward had a carers group and carers could attend ward rounds and/or care programme approach meetings.

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

- This service provided a forensic service for patients within the trust catchment area. If a patient required a bed elsewhere due to deterioration in their mental state; a referral would be made to medium secure services.
- If a patient went on leave a bed would be available for them on their return. Average bed occupancy for this service over the last six months was 94%.
- The trust's discharge process engaged with the local community mental health team who attended the relevant ward rounds; where appropriate.
- Patients were not moved during their admission and would only be transferred to a non-secure environment or discharged to the community when a section 17 meeting had taken place. NHS England who commissioned this service on behalf of local commissioners would be involved in this process.
- There had been one re-admission to this service within 90 days of discharge between November 2014 and April 2015. Staff had reviewed the reasons for this.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a full range of rooms which supported therapy and activities. They included quiet rooms and a separate visiting area for families and carers to visit. There was a fully equipped clinic room to examine patients in private.

- Patients were able to make private phones calls.
- The ward had access to outside space with a secure garden which patients had assisted in landscaping.
- Patients confirmed that the food was of good quality. However, there was no access to drinks and snacks at night.
- Some patients had personalised their rooms. Secure storage for personal possessions was available.

Meeting the needs of all people who use the service

- The ward was accessible for the disabled. Patients had access to spiritual support when required.
- Information leaflets and posters on advocacy, complaints procedure and local community activities were available on the ward. However, there was no evidence of easy access to interpreters if required.

Listening to and learning from concerns and complaints

- Patients were aware of how to complain and the ward fed back to patients on changes that had been made to the service via 'You said we did' posters.
- Staff accurately recorded individual complaints. Individual concerns and complaints were responded to appropriately by the trust. Patients told us that they were supported by staff where required to make complaints.

Are services well-led?

Requires improvement 

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

- Front line staff had a limited understanding of the trust's values and vision, although these were available on the ward.
- Senior trust managers had visited the service and staff were aware of senior trust executives.

Good governance

- The training records seen showed that frontline staff received mandatory training. However, most staff had not received regular monthly supervision and annual appraisals. For example, staff supervision rates for July were only 55% against a target of 85%.
- Actions arising from local audits had not been clearly addressed by senior managers.
- The trust did not provide a reporting structure for learning from trust wide incidents including complaints and service user feedback.
- Staff could not confirm any of their key performance indicators. However, senior staff confirmed that these had been determined recently with commissioners. These were not being worked to at the time of the inspection.

Leadership, morale and staff engagement

- Staff morale was positive. Front line staff spoke highly of the new managers. We noted that staff were comfortable in approaching senior managers and were able to raise individual concerns with them. Bank staff stated they felt part of the nursing team.
- Staff reported that prior to the new ward manager there was a high turnover of staff which has contributed to the current staffing shortage
- The ward had low sickness and absence rates. For example, between March and August 2015 this was at 1 %.
- Front line staff were aware how to use the trust's whistle-blowing process.
- Frontline staff understood the duty of candour requirement and gave us examples of where they had given open and honest feedback to individual patients.

Commitment to quality improvement and innovation

- The ward was accredited by the Royal College of Psychiatrists' quality network for forensic mental health services and was working within these guidelines.

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
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The trust did not protect patients from the risks associated with unsafe or unsuitable premises by means of suitable design and layout.</p> <ul style="list-style-type: none">• The security of the building was compromised as the magnetic doors which opened to the outside could be breached by kicking them open. Some of the internal doors could be opened by using a credit/bank card or similar. <p>This was in breach of regulations 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The trust did not protect patients, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the trust to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <ul style="list-style-type: none">• Actions arising from local audits had not been clearly addressed by senior managers.• The trust did not provide a reporting structure for learning from trust wide incidents including complaints and service user feedback.

This section is primarily information for the provider

Requirement notices

This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.