

Southern Health NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RW148	Ravenswood House Medium Secure Unit	Malcolm Falk Ward Meon Valley Ward Mary Graham Ward Lyndhurst Ward Ashurst Ward	PO17 5NA
RW146	Southfield Low Secure Unit	Cedar Ward Beech Ward Oak Ward	SO40 2RZ

This report describes our judgement of the quality of care provided within this core service by Southern Health 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.

Summary of findings

Where applicable, we have reported on each core service provided by Southern Health NHS Foundation Trust and these are brought together to inform our overall judgement of Southern Health NHS Foundation Trust.

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

This inspection was a follow up visit from a comprehensive inspection that was undertaken in October 2014. We do not rate services based on the outcome of a focused inspection. The ratings that were awarded at the time of the comprehensive inspection in October 2014 remain.

In summary we found the following:

- Patients' at both sites were not routinely having their observation levels and associated risks recorded within a plan of care, although (and with the exception of two patients with the pre discharge flat) the practice of completing observations of patients was being done.
- The understanding of the differences between seclusion and de-escalation was not clear. The practice of providing bowls to patients for toileting purposes as opposed to appropriate facilities, when in seclusion, was of concern to us. We also found that the current design of the room did not allow for good, clear and effective communication between staff and patients' held within the seclusion room at Southfields.
- Nursing staff were not aware whether Flumazenil medicine was stored on the premises at Southfield. At both Ravenswood and Southfield, there was limited knowledge for the use of Flumazenil by registered nurses and whether it was stored on the premises or not.
- That safety improvements to the environment at Ravenswood had begun, were on schedule, and were due to finish in February 2016.
- Environmental assessments across both sites were being completed on an annual basis.
- The Trust had implemented a programme of learning which involved showing staff how to use ligature cutters and how to correctly store and record ligature cutters.
- Fridge temperature monitoring across both sites for the safe and effective storage of medicines was, on the whole, being completed.
- The recruitment of Band 5 registered nurses remained a problem for the Trust, however, work continued within the Trust in order to address this.

Summary of findings

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

Are services safe?

- We were concerned to find at Southfield that the privacy and dignity of one patient during an episode of seclusion had not been maintained. We found that there was confusion around what constitutes seclusion as opposed to de-escalation, and that mandatory reviews of patients' in seclusion had on occasion not been undertaken or recorded.
- The seclusion suite at Southfield had no means to allow for two way conversation as the door into the seclusion room was solid with no drop down hatch and as a result, effective communication had been compromised.
- Staff on all wards across both Ravenswood and Southfield were all undertaking observations of all patients', however there were no specific individual care plans detailing this information.
- We were concerned to find in the case of one patients' records we reviewed at Southfield that the recording of processes and information around safeguarding had not been followed.
- Nursing staff were not aware whether Flumazenil medicine was stored on the premises at Southfield. At both Ravenswood and Southfield, there was limited knowledge for the use of Flumazenil by registered nurses and whether it was stored on the premises or not.
- The Trust continued to experience difficulties recruiting Band 5 registered nurses, which due to an overall national shortage was out of their control. The Trust had addressed this issue by recruiting Band 6 registered nurses and Band 2 Health Care Assistants to help fill staffing deficits.
- All five wards at Ravenswood (Malcolm Faulk, Mary Graham, Ashurst, Meon Valley and Lyndhurst) were the subject of a redevelopment plan to improve the safety of the environment and were either under completion and or due to be completed as part of a 12 month Trust improvement plan.
- Southfield was not included in the initial 12 month refurbishment plan at Ravenswood but is part of a longer term development plan, details of which were shown to us on the days of our inspection.
- Despite the improvements being made in relation to ligature risks through the refurbishment programme, there remained ligature risks on the completed wards, Mary Graham and Ashurst, as well as the older wards Meon Valley and Malcolm Faulk. We also noted restricted lines of sight. We found at Southfield that there were not clear lines of sight on any of the

Summary of findings

three wards visited, Oak, Beech and Cedar. However, mirrors to aid observation had been mounted around the wards. Environmental audits were being completed and we saw up to date audit records as evidence.

- All wards at both Ravenswood and Southfield had now implemented training relating to the use of ligature cutters. The Trust had provided face to face sessions to show staff how to safely use ligature cutters and thereon an e learning package was available.
- Generally the overall management and monitoring of medicine fridge temperatures and resuscitation equipment was good.
- We did a comprehensive review of three case records at Ravenswood. We found in all three cases updated HCR20 documentation, which is a formal risk assessment tool.

Are services effective?

- All disciplines contributed to the treatment pathway of all patients; however we were concerned to find that in relation to safeguarding procedures, in one set of records we reviewed, the social work department had not entered relevant information onto the Trust RIO system.
- Overall care records contained up to date, personalised, holistic, recovery-oriented care plans. However, there were not individual care plans for patients detailing their observation levels and potential environmental risks.
- We reviewed staff records at Ravenswood and we found evidence to show that staff performance issues are addressed promptly and effectively.

Are services caring?

- One patient had been given a bowl to toilet them self within the seclusion room on Southfield. the toilet facilities were positioned within the seclusion suite, but not within the seclusion room. Staff had recorded that the patient was 'high risk', therefore had provided alternative means for toileting.
- We did observe on the days of our inspection at both sites, interactions between staff and patients' that was mutually respectful, good humoured and caring.

Are services responsive to people's needs?

- Patients' on Mary Graham ward, who had moved from Lyndhurst ward, said they much preferred the new environment and were happy with the furnishings, decor and facilities.

Summary of findings

Are services well-led?

- Care plans did not accurately reflect individual observation levels and associated environmental risks. There was no audit to show adherence to the nursing process and to ensure that this information and treatment plan was being care planned, reviewed regularly and kept up to date.
- Staff told us that they felt supported to do their job and that generally morale was good, although their work load was busy and that senior leadership was visible on the wards.
- During our inspection we were shown plans to improve the environment at Ravenswood and reduce the ligature risks presented to patients'. In addition the Trust shared their longer term renovation plan with the inspection team, which would see Ravenswood moved to the Southfield site and additional forensic services such as learning disabilities added, along with a complete refurbishment of the existing Southfield site.

Summary of findings

Information about the service

The forensic inpatient/secure wards are based on two geographically separate hospital sites at Ravenswood House and Southfield. The Trust provides inpatient care for men and women with mental health problems who have come into contact with the criminal justice system.

Ravenswood House provides medium secure inpatient services for adult men on five wards: Malcolm Faulk, Meon Valley, Mary Graham, Lyndhurst and Ashurst. An intensive care area (ICA) is attached to Malcolm Faulk ward which serves as an admission ward to the service.

Low secure services are provided at Oak, Beech and Cedar wards at Southfield. Cedar ward is a female only ward, whilst Beech and Oak accommodate male patients'.

Both Ravenswood and Southfield sites have seclusion facilities and both sites have pre discharge flats that can accommodate two patients' each at any one time.

At the time of our focused inspection Ravenswood was the subject of a refurbishment plan and in order to support these works, a temporary male ward had been set up at the Woodhaven site, called Evergreen.

Both sites were the subject of a comprehensive inspection by the Care Quality Commission in October 2014 and both sites were found to be non-compliant in several different areas.

Overall we found during the comprehensive inspection in October 2014 that forensic services 'required improvement', We rated 'safe' as inadequate; 'effective', 'caring' and 'responsive' as good; and 'well led' as requiring improvement. Compliance actions were issued and are set out below.

- The provider had not made suitable arrangements to protect people from the use of unsafe equipment; as staff were not aware of the procedure for replacing single use ligature cutters, which had not been replaced once their seal had been broken.
- The provider had not ensured that people who use the service were adequately protected against identified risks posed by unsafe or unsuitable premises; in relation to environmental ligature risks.
- The provider did not have regard to relevant guidance in relation to the appropriate use of methods of control and restraint; in that people were not being afforded the safeguards of the Mental Health Code of Practice when subject to restraint or seclusion.

We revisited both Ravenswood and Southfield as part of a focused inspection to monitor and review the Trusts progress following the findings of the comprehensive inspection in October 2014. The following report details the findings of this inspection.

Our inspection team

The team was comprised of two Inspectors and three specialist advisors who visited both sites.

For Ravenswood only, we were accompanied by one mental health act reviewer and one pharmacy inspector.

Why we carried out this inspection

We inspected this core service as a follow up from a comprehensive inspection in October 2014.

How we carried out this inspection

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

During the inspection visit, the inspection team:

- visited both Ravenswood and Southfield sites

Summary of findings

- we visited all seven wards, two pre discharge flats on both sites and a temporary ward, Evergreen, at Southfield
- spoke with the managers or acting managers for each of the wards
- Spoke with 22 other staff members, who were registered nurses, health care assistants, agency nurses and administration staff.
- met with divisional directors, senior managers and one doctor to review plans for improvements
- Looked at 16 treatment records of patients in detail.
- Reviewed four previous episodes of seclusion and one current episode of seclusion
- carried out a specific check of the medication management at Ravenswood

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The Trust must take action to protect the privacy and dignity of all patients being nursed within the seclusion suite and provide access to appropriate toileting facilities.
- The Trust must take action to ensure that every individual patient has an accurate and up to date care plan that details patients' observation levels and risk status. The trust must also ensure that these records are the subject of regular review and audit. With regards to seclusion records, the Trust must take action to ensure that all records detailing all seclusion activity are accurate, complete and are a contemporaneous record in respect of each patient.
- The Trust must take action to ensure that staff are aware of and understand the differences between seclusion de-escalation. The Trust must also take action to ensure that all patients' subject to seclusion conditions receive regular mutli disciplinary reviews and are secluded for reasons as defined by the Code of Practice.

Southern Health NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Malcolm Falk Ward Meon Valley Ward Mary Graham Ward Lyndhurst Ward Ashurst Ward	Ravenswood
Cedar Ward Beech Ward Oak Ward	Southfield

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 ward environment

- All five wards at Ravenswood (Malcolm Faulk, Mary Graham, Ashurst, Meon Valley and Lyndhurst) were the subject of a redevelopment plan to improve the safety of the environment. The wards were either under completion, or due to be completed as part of a 12 month Trust improvement plan. Lyndhurst was vacant at the time of our inspection and work to renovate the ward had started. Both Mary Graham and Ashurst had been completed and Meon Valley and Malcolm Faulk were still to be done. The overall improvement plan to be completed by February 2016.
- In order to allow flexibility whilst undertaking these improvement works, a temporary ward named Evergreen had been created at the trust's Woodhaven site. Evergreen had previously been used as low secure facility and was now temporarily being used to care for men under medium secure conditions. We visited Evergreen and found that the external fence had been altered to meet medium secure specification. Additional internal fencing had also been added to further prevent any incidents of absconson. The ward area was large with a feeling of space. Lounge areas were well equipped and we saw a full size snooker table in one of the lounge areas. The entrance had security procedures in place that were in line with medium secure specifications, including an air lock controlled door. We observed bedroom corridors with observation panels to bedrooms with additional mirrors above door height up and mounted on the ceilings to aid with observation of patients'. The service manager told us that prior to commencing using the unit as a medium secure facility both the local commissioning groups and ministry of justice personnel had been consulted.
- Despite the improvements being made in relation to ligature risks through the refurbishment programme, there remained ligature risks on the completed wards, Mary Graham and Ashurst, as well as the older wards Meon Valley and Malcolm Faulk. We also noted restricted lines of sight. All four wards had identified through audit, areas of ligature risk. These audit records were made available to us. These records were up to date

and we saw evidence to show that where areas of risk had been identified, action had been taken. For example, Malcolm Faulk ward had many ligatures identified on the wards environmental risk assessment, including door handles, bathroom taps and bed frames. New beds that were ligature compliant had been ordered and were due for delivery week commencing 10th August 2015. Anti-pick putty had been applied to mirrors and picture frames. Further mitigation of potential risk, was through the use of 15 minute observations. There was a completed up to date ligature risk assessment that was subject to six monthly review.

- Southfield was not included in the initial 12 month refurbishment plan at Ravenswood but is part of a longer term development plan, details of which were shown to us on the days of our inspection. We found at Southfield that there were not clear lines of sight on any of the three wards visited (Oak, Beech and Cedar). However, mirrors to aid observation had been mounted around the wards. Environmental audits were being completed and we saw up to date audits records as evidence. Further mitigation was through the use of observations. At very minimum patients were being observed on an hourly basis and this was increased based on individual needs. We saw live records to show that these observations were being undertaken on all three wards at Southfield.
- With regards to the pre discharge flat at Southfield, we were shown records to show that environmental risks assessments were being undertaken. These were comprehensive and up to date. There were many risks identified in this area and we were told that in order to mitigate some of these risks observations were performed every three hours and risk assessments undertaken prior to transfer from the ward to the flat. The two patients who currently occupied this flat had previously been resident on Cedar Ward, therefore staff on Cedar held the responsibility for observing the two patients' every three hours. We were concerned to find that the live records pertaining to the morning of the 6th July 2015 during our inspection, had not been completed, indicating that the two patients had not been observed or checked on at all on the morning in

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question. Furthermore, in the case of one patient we could not find any evidence within RIO to show that a risk assessment had been completed prior to the patients' transfer from the ward to the flat.

- Other work being undertaken as part of an action plan to improve the safety of patients following our inspection in October 2014 was around the safe use and storage of ligature cutters. All wards at both Ravenswood and Southfield had now implemented training relating to the use of ligature cutters. The Trust had provided a face to face session to show staff how to safely use ligature cutters and there was an e learning package available. We saw records to show that this had been implemented and most staff had now completed the face to face session and the e learning. Where staff had not received this training this was due to maternity leave and long term sickness. Staff we spoke to were able to verbalise how and when to replace ligature cutters once used and.
- All wards, across both sites, all stored a variety of different types of ligatures cutters for different types of materials that may be used to cause harm, for example, wires, webbing, nylon and leathers. We reviewed records to show that this equipment was checked and reviewed regularly on a shift by shift basis. We found the recording at Ravenswood was more complete than the recording at Southfield. We found on Beech ward and throughout the month of June 2015 that the checking and recording of the ligature cutters had been missed on 18 occasions (shifts) and for the month of July 2015 had not been recorded on eight occasions (shifts). On Cedar ward throughout June and July 2015, the checking and recording of ligature cutters had been missed on 16 occasions..
- The resuscitation equipment at Ravenswood, including emergency medicines, was kept on Meon Valley and Malcolm Faulk ward. With regards to the emergency equipment held on Malcolm Faulk we were told these were checked both daily and weekly. However, we found that between the 1st August 2015 and the 5th August 2015 regular checks had not been carried out. Records showed that the 1st, 2nd, 3rd and 4th August 2015 checks had not been recorded, with only the 5th August 2015 being completed.
- With regards to the emergency medicines held on Meon Valley, there was a list of all medicines contained with the emergency bag along with their expiry date.
- Replacement equipment for emergency bags for both wards at Ravenswood was held with security to allow out of hours replenishment and replacement medicines were held on units as ward stock.
- At the Southfield site, the emergency resuscitation bag was kept on Oak ward. We saw records to show that the contents of the emergency bag were checked daily and the whole bag was fully checked and equipment tested every week on a Sunday.
- We checked records to show that medicines that required refrigeration for preservation and efficacy purposes, were on most occasions being completed on a daily basis. Across all wards on both sites, fridges were within range, which is generally between 2 – 8 degrees. At Southfield, on Cedar ward, we found that throughout the month of April, May, June and July 2015 fridge temperatures had not been recorded on 4 occasions. On Beech ward fridge temperatures had not been recorded on 3 occasions for the same time period, and on Oak ward fridge temperatures had not been completed twice throughout the month of July 2015.
- The seclusion room which was located in the intensive care area of Malcolm Faulk ward allowed for clear observation due to a large window looking into the seclusion room and CCTV. There was two-way communication by means of a drop down hatch and the toilet facilities were integral to the seclusion room.
- The seclusion suite at Southfield was entered through a patient and staff accessed corridor and was not integral to any immediate ward environment. This meant patients needing seclusion were escorted past offices and other patient areas. The suite consisted of a seclusion room, a de-escalation room and separate toilet facilities. There was no means to allow for two way conversation as the door into the seclusion room was solid. There was no drop down hatch and in order to talk with the patient confined within the seclusion room, the door would have to be opened. We reviewed one case record which showed that effective communication was a problem.

Safe staffing

- We reviewed ward rosters which showed that all wards, on both sites, were using agency staff in the event of bank staff being unavailable. Bank and agency staff received a local induction prior to commencing their shift. In the case of Malcolm Faulk, two bank staff were booked on a long term placement to provide

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consistency and familiarity. For the month of May 2015 Ravenswood bank and agency use for band 5 staff was 1421 hours and for band 2 staff was 2658 hours. For Southfield bank and agency usage for band 5 staff amounted to 361 hours and 528 hours for band 2 staff.

- Records showed ,at Ravenswood, throughout the month of July 2015 there were 11 band 5 whole time equivalent (WTE) vacancies and 2.5 band 2 WTE vacancies. Some recruitment and appointments had taken place as for the month of May 2015 there were 11 band 5 WTE vacancies and 8 WTE band 2 vacancies. Southfield had also recruited staff. In the month of July 2015 there were 2.4 WTE band 5 vacancies, where as throughout May 2015 there had been 4 WTE vacancies. Band 2 staff however had seen an increase in vacancies from zero in May 2015 to 1 WTE band 2 in July 2015.
- The Trust continued to experience difficulties recruiting Band 5 registered nurses,. The Trust had addressed this issue by recruiting Band 6 registered nurses and Band 2 Health Care Assistants to help fill staffing deficits. We spoke to 14 staff who told us that there had been positive changes to staffing levels and that they felt more able to undertake tasks, including the escorting of patients’.
- We saw minutes of meetings to show that site managers held a daily meeting to review staffing levels and bank and agency usage. This meeting was used to plan for any staffing deficits that may have occurred due to sickness, court escorts and seclusion and any other clinical activity such as patient leave.
- Ward rosters showed that there were enough appropriately qualified staff on duty at any one time to safely carry out physical interventions. Staff also confirmed this.

Assessing and managing risk to patients and staff

- Staff on all wards, across both Ravenswood and Southfield, undertook observations of all patients’. For example, patients’ on Malcolm Faulk Intensive care area were all observed at a minimum every five minutes and all patients’ on the main acute area of Malcolm Faulk were all observed at a minimum every 15 minutes. Paperwork used to record these observations being undertaken was available to the inspection team and up to date. Observations of this sort are used in order to help mitigate environmental risks to patients’ and observe overall the general wellbeing and safety of patients’. We reviewed overall and across both sites, 16

care records. In all cases, we were concerned to find that none had plans of care around patients’ observation levels. We were told and were shown minutes of a previous meeting there were plans in place to include observation information within the environmental risk care plan, but this was yet to be actioned. Post inspection, the Trust has submitted a sample copy of a care plan that identifies environmental risks and observational levels of each individual patient. This care plan has been titled ‘Safety’ and the Trust informed us that every individual patient will now have this care plan in place.

- We found at Ravenswood that there was a specific medicine called Flumazenil stored on both Malcolm Faulk and Mary Graham ward but not on Meon Valley and Ashurst ward. Flumazenil is used to support the safe administration of Lorazepam. This medicine would be used in line with NICE guidelines for rapid tranquilisation. 7 of the 10 registered nurses we spoke with, at Ravenswood, did not know why Flumazenil was used, and none of the ten registered nurses knew if it was held on the premises. At Southfield, the nurses were not aware that Flumazenil was stored on the premises. We reviewed the training records held at Southfield with regards to the use of rapid tranquilisation and found that out of 21 band 5 registered nurses, 19 were up to date with rapid tranquilisation training. However, 5 registered nurses out of 6 who were on duty on the day of our inspection, did not know what Flumazenil was, or whether it was stored on site.
- Between 24th May 2014 to 16th June 2015 there were 21 episodes of seclusion recorded at Southfield. We reviewed four records relating to the use of seclusion within this time period and one episode of de-escalation within the same time frame. We found that there was confusion around what constitutes seclusion. Staff told us that when the main area used for the purpose of seclusion is not locked this is considered de-escalation, referring to the entrance door to the seclusion suite directly off a patient accessed corridor. We also found in the case of one recorded episode, an entry stating that as the door to the actual seclusion room (a second door separate from the main entrance to the seclusion suite) was open it was not considered seclusion. The Code of Practice states that ‘Seclusion is the supervised confinement of a patient in a room, which may be locked’. Furthermore we found records and entries from professionals involved in one specific

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episode of seclusion to show that the patient concerned had been secluded due to the risk they posed to themselves as opposed to others. The Code of Practice requires that people are secluded due to the risk they pose to others as opposed to themselves, stating 'its (seclusion) sole aim is to contain severely disturbed behaviour which is likely to cause harm to others'. The Code of Practice also requires that any periods of seclusion are the subject of regular reviews by nursing and medical staff, an initial multi-disciplinary review and an independent review. We found in the case of all four records that regular reviews as described had not taken place at varying points during episodes of seclusion.

- We did find evidence at Southfield to show that good practice principles had been applied on occasion when using the seclusion suite for de-escalation purposes. In the best example, patient consent to go to the seclusion suite in order to use the area to relax and to avoid situations escalating in a negative manner was specifically asked and written in records. There was good practice noted in one care record that we reviewed which demonstrated staff efforts to minimise the need for the use of the seclusion / de-escalation suite. Work with the occupational therapist had included a sensory assessment and a record of the patients' wishes and preferences for interventions from staff at difficult and stressful times.
- During our inspection there was one patient being secluded on Malcolm Faulk ward. We reviewed the care records relating to that episode of seclusion and found that all reviews by medical and nursing staff had been completed and recorded, including one review by an independent consultant psychiatrist. There was a seclusion care plan, however it did not detail what the patient needed to achieve for seclusion to be ended. We also found that this patient had asked for a pillow on two separate occasions. The patient had not been given one and there was no explanation given as to why not. The seclusion policy says that a blanket and a pillow will be provided. We also found that the use of handcuffs had been used to transfer the same patient from one ward to Malcolm Faulk. We reviewed the records directly related to this incident and found that all correct procedures for authorisation to use handcuffs had been followed and recorded.
- We reviewed one case record at Cedar Ward which showed an initial safeguard plan had been agreed for a patient due to concerns. However, it had not been

followed or reviewed before changes were made.

Documentation around the safeguarding event was limited, due to the social work department keeping their own records of the safeguarding process and not uploading relevant information onto RIO.

- We did a comprehensive review of three case records at Ravenswood. We found in all three cases updated HCR20 documentation, which is a formal risk assessment tool. Staff did record incidents appropriately records we reviewed were up to date and current. Pre-leave assessments and post leave assessments in all three cases were being undertaken.

Track record on safety

- During our inspection in October 2014, we identified many areas that required development and improvements in order to make safe the wards at Ravenswood and Southfield. We were shown evidence of the Trust's plan relating to the outcome of the inspection in October 2014 and we reviewed records to show that the Trust was meeting the outcomes of this plan. For example, the previous inspection in October 2014 highlighted concerns around environmental risks and ligatures, the assessment of ligature risks, the use and storage of ligature cutters and staffing levels. We reviewed records on the wards to show that ligature assessments were being completed and were up to date. We saw training records to show that the Trust had implemented face to face training and an e learning package around the use of ligature cutters. Where staff were not compliant in this area this was due to staff not being available for training due to long term sickness and maternity leave. Although the Trust continued to experience difficulties in recruiting Band 5 nurses, they had addressed this deficit by employing more Band 6 (qualified nurses) and Band 2 (Health Care Assistant) staff.

Reporting incidents and learning from when things go wrong

- At Ravenswood we asked four staff members their understanding of the Trust electronic reporting system, called Ulysses. All four staff were able to describe when and how to report incidents and all four staff reported that they had direct access to the Ulysses system in

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order to report incidents. We reviewed incident reporting records between 1st January 2015 to 30th June 2015 and saw that staff were reporting and recording incidents as required.

- The total number of reported incidents between the 1st January 2015 to the 30th June 2015 for Ravenswood was 343. The most reported incidents were security concerns, assault and threats made towards staff and patients displaying dangerous behaviour, which was further categorised as either major and or moderate harm to patients self, other people or property. The total number of reported incidents over the same six month period at Southfield was 265. The most reported incidents were self-harm and or self-injurious behaviour, assault or threats towards staff and disruptive or dangerous behaviour, which were further categorised as either major or moderate harm towards patients self, other people or property.
- 'Triangulation' meetings took place on an annual and an 'as required basis'. This meeting was used to review and discuss events, complaints and incidents and we saw records to show that during April 2014 to March 2015 a triangulation meeting had occurred. However, the Trust had recognised that there was a need for more frequent review of events and incidents and we saw evidence of a proposed plan for both sites to meet on a monthly basis. Terms of reference and a first agenda for a new meeting named 'The Learning from incidents Forum', was made available to us and the first meeting of this kind is scheduled to start in September 2015 and will occur on a monthly basis.

Are services effective?

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

- Overall care records contained up to date, personalised, holistic, recovery-oriented care plans. However, there were no individual care plans for observation and managing potential environmental risks.
- All patient information is electronic and is held on the Trust RIO system.

Best practice in treatment and care

- Staff across all four wards at Ravenswood and all three wards at Southfield was consistent in their explanation as to how to order medicines, as there was no pharmacy provision at either location. Pharmacy was provided by the acute hospitals within the local areas and transportation was either by porter or a courier service. Staff reported that there were no delays in obtaining medicines once ordered.

Skilled staff to deliver care

- There was a full range of mental health professionals providing input to all the wards at both Ravenswood and Southfield including medical staff, occupational therapists, psychologists, social workers and pharmacists.
- We reviewed staff records at Ravenswood and we found evidence to show that staff performance issues are addressed promptly and effectively. During the 1st January 2015 and the 30th June 2015 there were four disciplinary procedures taken against staff, the process and outcome of which were made available to us. There were no disciplinary cases during the same time period at Southfield.

Multi-disciplinary and inter-agency team work

- All disciplines contributed to the treatment pathway of all patients'. However, when we reviewed one patient's records at Southfield who was the subject of safeguarding procedures, the social work department had not entered relevant information onto the Trust RIO system. This meant not all staff involved in the patients' care, would have access to relevant information.

Adherence to the MHA and the MHA Code of Practice

- We reviewed three care records to observe compliance around consent to treatment, capacity assessments and detention paperwork. In the case of one record, there was no evidence of a capacity assessment having been undertaken. All other paper work pertaining to detention under the mental health act 1983 was present and correct.

Good practice in applying the MCA

- We did find evidence at Southfield to show that consent had been sought when using the seclusion suite for de-escalation purposes and consent was specifically asked and written in records. There was good practice noted in one care record that we reviewed which demonstrated staff efforts to minimise the need for the use of the seclusion / de-escalation suite. Work with the occupational therapist had included a sensory assessment and a record of the patients' wishes and preferences for interventions from staff at difficult and stressful times.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- At Southfield, one patient had been given a bowl to toilet them self within the seclusion room as opposed to being allowed to use the toilet facilities. The toilets facilities were positioned within the seclusion suite, but not within the seclusion room. Staff had recorded that the patient was 'high risk', therefore had provided alternative means for toileting.
- We did observe on the days of our inspection at both sites, interactions between staff and patients' that was mutually respectful, good humoured and caring.
- Of the few patients who stopped to talk to us whilst undertaking inspection activity across both sites, all said that they were 'cared for' by the staff.

Are services responsive to people's needs?

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

Our findings

The facilities promote recovery, comfort, dignity and confidentiality

- Patients' on Mary Graham ward who had moved from Lyndhurst ward said they much preferred the new environment and were happy with the furnishings, décor and facilities.

Listening to and learning from concerns and complaints

- We reviewed minutes of community meetings held on Meon Valley Ward dated 3/08/2015 and 13/07/2015 which showed that three separate concerns raised by patients' were actioned. For example, patients' had requested more healthy options at dinner time and as a result, fish, pasta and rice had been ordered.

Are services well-led?

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

Good governance

- We were concerned to find that patients' across both sites did not have care plans that accurately reflected their observation levels and associated risks. There was no audit to show adherence to the nursing process and to ensure that this information and treatment plan was being care planned, reviewed regularly and kept up to date.

Leadership, morale and staff engagement

- 21 of the 22 staff that we spoke with told us that they felt that the senior leadership (band 8 and above) were

visible at both sites and that support had improved following the last inspection in October 2014. Staff told us that they felt supported to do their job and that generally morale was good, although their work load was busy.

Commitment to quality improvement and innovation

- During our inspection we were shown plans to improve the environment at Ravenswood and reduce the ligature risks presented to patients'. Mary Graham and Ashurst ward were complete, Lyndhurst ward was currently under renovation at the time of our focused inspection, and Meon valley and Malcolm Faulk will be completed by February 2016.

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	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>We found that the Trust did not take measures to ensure that people using the service are treated with respect and dignity at all times while they are receiving care and treatment.</p> <p>This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 (1) and (2a).</p> <p>The Trust must take action to protect the privacy and dignity of all patients being nursed within the seclusion suite and provide access to appropriate toileting facilities.</p>
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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the Trust did not have effective governance, including assurance and auditing systems or processes that monitored and drove improvement in the quality and safety of the services provided. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others.</p> <p>This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (1) and (2c).</p> <p>Patient records we reviewed did not include accurate and up to date care plans which detailed patients' observation levels and associated risk status. There were not effective audit systems in place to regularly review</p>

This section is primarily information for the provider

Requirement notices

care records and ensure observations were undertaken in line with Trust policy. Not all seclusion records we reviewed detailed when reviews were undertaken in line with the Code of Practice.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

We found that the Trust did not act in accordance with the provisions of the Code of Practice and the use of seclusion.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 (4).

We found that not all staff understood the differences between seclusion and deescalation. When we reviewed seclusion records, they showed that decisions to use seclusion, and regular multi disciplinary reviews, had not always been undertaken as defined by the Code of Practice.