Humber NHS Foundation Trust

Long stay/forensic/secure services

Quality Report

Willerby Hill ,
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Hull
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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
Willerby Hill	RV936	Green Trees, Ouse Ward, Swale Ward, Darley House, Derwent Ward, South West Lodge	HU13 9NW

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

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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Overall summary

Humber NHS Foundation Trust provides secure inpatient mental health services for adults aged 18 to 65 years old.

Overall, people who used the services said that they felt safe. Staff understood how to escalate and report any concerns. They also assessed, monitored and managed the risks people posed very well.

The wards were clean and welcoming, and the standard of decoration was generally very good. There were systems in place to assess and monitor the safety of the environment. However, we found ligature risks in one seclusion room and on some doors.

The majority of people told us that they were happy with their care, and felt supported and well-cared for by staff. The multidisciplinary teams worked well together to plan and deliver care, and there were some excellent examples of how staff engaged and included people, for example in developing their care plans. Staff also involved people in wider service development initiatives, such as staff recruitment.

We were concerned about the use of restrictive practices that were not related to people's clinical risks, with 'blanket policies' in place on some wards. For example, we saw staff conducting random searches and supervising people opening their post. On one low secure ward, people were escorted in the garden area because it was shared with a medium secure ward, but this practice was not based on clinical risk. On another ward, we found that there were no toilet facilities within the seclusion room, which compromised people's privacy and dignity. In addition, there were no interview rooms on two of the wards.

Section 17 leave had been cancelled on Ouse and Derwent wards because there were not enough staff.

People told us the quality of food at the Humber Centre was very poor. This had been raised a number of times, but had not been resolved. Managers we spoke with told us that the food provision at the Humber Centre was currently being reviewed.

The service had some governance structures in place, which were used on all the wards.

Summary of findings

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

Are services safe?
People who used the services said that they felt safe. Staff understood how to escalate and report any concerns. They also assessed, monitored and managed the risks people posed very well.

There were systems in place to assess and monitor the safety of the environment. However, we found that these had not identified the ligature risks we found in a seclusion room on Derwent and on some doors in Green Trees, which meant these had not been addressed.

Are services effective?
All of the wards were registered with the, 'Quality Network for Forensic Mental Health Patients' network.

A recovery-based model of care was being used across the service to help people get better, and we found that people were involved in developing their care plans. Staff also told us that they had support to provide care and treatment from a range of professionals in the multidisciplinary team.

Are services caring?
People told us that staff treated them with respect and dignity, and they were positive about staff's attitude towards them. The majority of people also told us that they were happy with their care, and that they felt supported and well-cared for by staff.

We saw some excellent examples of how staff engaged and included people in their care, as well as wider service development initiatives, such as staff recruitment.

Are services responsive to people's needs?
Most people said they were making progress and were very happy with their care and treatment. However, we identified a number of concerns about the use of restrictive practices. These were not related to people's individual clinical risks.

Some people's Section 17 leave had been cancelled because there were not enough staff. We also saw that there were no private interview rooms on Derwent and Ouse wards.

People told us the quality of food was poor and despite this being raised previously, had not been resolved to people's satisfaction at the time of the inspection, but was under review.

Are services well-led?
The service had strong governance structures in place, which were used on all the wards. The wards held regular staff meetings that

Summary of findings

focused on governance issues. These were linked to the directorate governance meetings, which assured us that concerns or learning could be escalated and shared across the services. Staff achievements were also recognised and celebrated.	

Summary of findings

Background to the service

Humber NHS Foundation Trust provides secure inpatient mental health services for adults aged 18 to 65 years old. It has six forensic wards, which are based at the trust's headquarters at the Humber Centre, Willerby Hill.

All of the wards provide care and treatment to people who are detained under the Mental Health Act.

- Darley House and South West Lodge wards provide low secure accommodation, care and treatment.
- Green Trees, Ouse, Derwent and Swale wards provide medium secure accommodation.

Our inspection team

Our inspection team was led by:

Chair: Stuart Bell CEO Oxford Health NHS Foundation Trust

Team Leaders: Surrinder Kaur and Cathy Winn, Care Quality Commission (CQC) inspection managers

The team included: CQC inspectors, Mental Health Act commissioners, a consultant psychiatrist, a student nurse, an occupational therapist and an Expert by Experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health and community health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

We visited the forensic services of Humber NHS Foundation Trust on 22 and 23 May 2014. During the visit, we held focus groups with a range of staff who worked within the service, including nurses, doctors, and therapists. We talked with people who use services, their carers and/or family members. We also observed how people were being cared for and reviewed their care or treatment records. We used the information we hold about the service, as well as the information we gathered, to inform our inspection of the service and the questions we asked.

What people who use the provider's services say

Before the inspection, we spoke with people who used the service at focus groups. Overall, people told us that staff treated them with respect and dignity, and they were positive about staff's attitude towards them.

Every ward held patient meeting forums, and people who attended these meetings said they felt listened to. A lot of people at the Humber Centre said the quality of food was very poor.

Summary of findings

Good practice

- There were some excellent examples of how staff engaged and included people in service initiatives and developments, such as staff recruitment.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve:

- The trust must ensure that the environment and ligature risk reduction in the seclusion room at Derwent adheres to the Mental Health Code of Practice

Summary of findings

Action the provider SHOULD take to improve:

- The trust should follow the least restrictive principle of the Mental Health Code of Practice based on individual clinical risk assessment in relation to practices such as supervision of people opening their post, searching people and rooms in the Humber Centre.
- On Ouse and Derwent ward the trust should ensure that staffing levels are kept under constant review so that people do not have their Section 17 leave cancelled.
- The trust should ensure that people's relapse prevention plan part of their risk assessment and CPA reviews are up to date on Ouse ward.
- The trust should ensure that staff on Ouse ward receive regular supervision as per trust policy.

Humber NHS Foundation Trust

Long stay/forensic/secure services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Green Trees MSU	Willerby Hill
Ouse Ward	Willerby Hill
Swale Ward	Willerby Hill
Darley House	Willerby Hill
Derwent Ward	Willerby Hill
South West Lodge	Willerby Hill

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.

Overall, we found that paperwork relating to the MHA was completed and filed appropriately as required by the MHA Code of Practice. The statutory detention paperwork was found to be correct and detentions appeared to be lawful. There was good evidence to show that people had been read their rights under Section 132 at monthly intervals and had also been given written information regarding their detention. The majority of people we spoke with told us they understood their rights and the legal implications in relation to their detention under the MHA.

We saw that medication was prescribed within British National Formulary (BNF) limits and in accordance with the T2 and T3 forms. People's capacity to consent to treatment was recorded appropriately.

Detailed findings

People we spoke with were aware of the medication they were prescribed and the reasons why they were prescribed it. This is in keeping with the Code of Practice (23.9). We saw evidence which showed that staff had referred people to an Independent Mental Health Advocate appropriately.

We saw evidence that demonstrated people had attended Mental Health Review Tribunals.

The majority of people we spoke with, who had been granted Section 17 leave by their consultant, told us that there were enough staff to enable them to take this. However; some people on Ouse and Derwent wards told us that their Section 17 leave was often cancelled due to staff shortages

Mental Capacity Act and Deprivation of Liberty Safeguards

All the wards we visited staff had received training in, and were complaint in their clinical practice with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguarding legislation.

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

Summary of findings

Overall, people who used the services said that they felt safe. Staff understood how to escalate and report any concerns. They also assessed, monitored and managed the risks people posed very well.

There were systems in place to assess and monitor the safety of the environment. However, we found ligature risks in a seclusion room on Derwent and on doors in Green Trees, which had not been identified or addressed.

Our findings

Green Trees, Ouse Ward, Swale Ward, Darley House, Derwent Ward and South West Lodge

Track record on safety

There were clear systems and policies in place for staff to follow regarding the reporting of safeguarding incidents to keep people safe and safeguard people from possible abuse. Staff said they were aware of their responsibilities in relation to escalating and reporting any safeguarding concerns they had. They said they would have no hesitation in escalating concerns to their manager and we found evidence demonstrating ward staff had made appropriate safeguarding referrals through internal and external reporting systems as appropriate.

Learning from incidents and improving safety standards

The wards had an electronic incident reporting system in place which was completed following any incidents, allowing ward managers to review and grade the severity of incidents. Staff all knew how to use the system and what their responsibilities were in relation to reporting incidents. Incidents were analysed by the ward managers to identify trends and then take appropriate action.

The wards held regular ward meetings with staff and agenda items included safeguarding, learning from incidents and safety alerts. Minutes were made available to staff unable to attend the meetings.

We saw evidence showing risk assessments and care plans, of people involved in any incidents, were updated in a timely manner following an incident and appropriate action taken to manage potential future risk.

Handovers took place to ensure that on-coming staff were made aware of any incidents which had taken place on the ward, who had been involved and the outcome the incident.

Some staff said that learning and recommendations from Serious Untoward Incidents (SUI's), which may have occurred on the ward they were working on, or on another ward, could sometimes take a long time to be fed back to them. Staff felt this was due to the time it could take for the reports to be completed.

There was evidence that safety alerts were received and actioned by the ward manager's appropriately.

All staff we spoke with told us there was an open culture on the ward they were working on and within the trust overall. They said they would have no hesitation in reporting an incident.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff had received appropriate training in safeguarding adults at risk and the wards had an identified safeguarding lead within the team. Staff were aware of the trust's 'Whistleblowing' policy which guided staff on how to raise and escalate concerns within the trust anonymously, if they wanted to.

Overall, people using services said they felt safe on the ward they were staying on however two people told us they felt unsafe at times when someone who used the service became disturbed.

Some wards had introduced a traffic light system for people to use to alert others' to how they were feeling. People could place a 'Red', 'Amber' or 'Green' notice outside their bedroom door. Red indicated they were feeling angry or upset; amber that they were feeling unsettled and green that they were settled. People could choose to participate in this or not. People we spoke with

Are services safe?

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

said they were less likely to be disturbed by other people when they did not wish to be, if they placed a red sign on their door. This reduced the risk to both the person and others.

One person we spoke with on Swale Ward explained they had been restrained and taken to the seclusion room, "a few times". They told us, "I can't complain about the use of seclusion." They told us they had once remained in the seclusion room for 36 hours and had been offered a cold drink every hour throughout.

We saw evidence which demonstrated that when a seclusion room was used, staff complied with the Code of Practice guidance.

On Derwent ward however; we found that there was a shelf in the seclusion room which posed a ligature risk. Staff told us that people, who were placed in seclusion, were observed by staff constantly as per the trusts, 'Seclusion' policy to ensure their safety. However; these potential risks were avoidable and meant that the rooms did not comply with the, 'Environmental Design Guide: Adult Medium Secure Services' (Department of Health, 2011:21) guidance regarding the physical environment standards within seclusion rooms. We raised our concerns with the trust at the time of our visit. The trust has since provided us with assurance that the seclusion room will be up-graded this year as a high priority and the issues which we raised will be addressed.

Assessing and monitoring safety and risk

The wards had systems in place to assess and monitor risks to individual people. Each person had a HCR 20 risk assessment in their care records. This tool was developed from research evidence and specifically used to assess risk of violence to self and other in people diagnosed with severe mental illness. We saw evidence showing that people's individual risk assessments were generally updated on a regular basis and in response to any incidents involving the person. However; we found on Ouse Ward some people's relapse prevention plans were not up to date. This meant that some people's risk assessments may not reflect their current risk. People's care plans should reflect the person's current risks. Therefore if a person's risk assessment is not up-to-date; they may receive care or treatment that does not meet their needs which could place themselves or others at risk.

We found wards had systems in place to assess and monitor the safety of the environment. This included regular focussed environmental checks and audits by staff. The wards were supported by a designated; 'Security Nurse' who had responsibility for ensuring the physical environment was kept safe during the night.

However; we did find ligature risks on some doors within Green Trees which posed a potential risk to people using the service. We raised our concerns with the manager at the time of our visit. We have also asked the trust to address this issue urgently in view of the risk posed.

The wards had implemented some systems to keep people safe. For example; on Swale Ward staff told us that before a person was allowed access to the assessment kitchen, they were observed on the ward by staff for the hour before to ensure they were settled.

Overall, we found the majority of wards had sufficient staffing levels to meet people's needs however; staff on Ouse ward told us that sometimes they only had one qualified member of staff on duty. Staff told us they were reliant on bank and agency staff to ensure safe staffing levels on this ward to keep people safe. The manager told us they were recruiting to fill vacancies on the ward. They told us they could move staff from another ward to Ouse ward if required to ensure they had safe staffing levels.

Understanding and management of foreseeable risks

The wards had plans in place to respond to possible emergencies. Each ward had access to emergency first aid and resuscitation equipment on site which staff were trained to use. This equipment was checked on a regular basis to ensure it remained in good working order and expiry dates had not been exceeded.

All staff on the wards were provided with personal alarms. Staff we spoke with told us that the other wards were very good at responding if they needed assistance or someone activated an alarm. One member of staff said that all the teams were very well organised, supportive of each other and trained to deal with incidents. They told us this helped them to feel confident and safe when managing incidents on the ward.

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.

Summary of findings

All the wards were registered with the, 'Quality Network for Forensic Mental Health Patients'.

A recovery-based model of care was being used across the service to help people get better, and we found that people were involved in developing their care plans. Staff also told us that they had support to provide care and treatment from a range of professionals in the multidisciplinary team.

Our findings

Green Trees, Ouse Ward, Swale Ward, Darley House, Derwent Ward and South West Lodge

Assessment and delivery of care and treatment

We found all wards had processes in place to assess the needs of each person before they were admitted to the wards. This was to ensure that people's needs could be safely met on the wards and that the level of security was consistent with the level of risk the individual posed.

In the care records we looked at, we found there were very detailed pre-admission assessments completed for each person. These identified people's social, psychological, physical, cultural, spiritual and emotional needs.

Each person had a very detailed HCR20 risk assessment completed which identified the person risk to self and others. Where a risk had been identified, there were clear risk formulations which had been completed.

Some care records had a copy of a, 'My Shared Pathway' document which provided details of the person's future wishes, advanced statements and decisions.

Overall, we found some very good examples of how people had been offered the opportunity to be fully involved in all aspects of their care and treatment. Care and treatment was delivered under the framework of the Care Programme Approach (CPA). People we spoke with told us they had the opportunity to attend reviews about their care. On the majority of wards, we found evidence to show that people had CPA meetings every six months however, on Ouse Ward, we found that some CPA reviews were out of date. We discussed this with the ward manager. They told us they would address this issue and ensure that all the out of date CPA's were reviewed as a priority. Many of the care plans we saw had either been signed by the person or documented that the person had refused to sign it.

Each person had a relapse prevention plan providing specific details of interventions, which should be put in place if the person's mental health deteriorated, to prevent a relapse of their illness. We found evidence to show that people were involved in developing their plan with staff.

On Ouse Ward however we found that some of the relapse prevention plans were out of date. The manager told us that this had been identified during an audit they had completed the previous month. They told us this was being addressed to ensure that each plan was up to date.

Each person had a care plan which reflected the needs identified within the pre-admission assessment. These were written and reviewed, where possible, with the involvement of the person. In some of the care records we looked at, we found signed evidence to demonstrate that people had consented to their care plans. Where a person had refused to sign their care plan, this had been documented. Most people we spoke with told us they had a copy of their care plan and had been involved in developing these. However; a few people told us they did not feel involved in their care and did not know what their care plan was.

We found evidence to show that people had access to a range of evidenced based psychological interventions which included relapse prevention work, Cognitive Behavioural Therapy and mindfulness therapy. People had access to a range of health promotion advice such as smoking cessation and healthy eating. People received annual health checks and told us they had no problems accessing a doctor if they had a physical health need.

People we spoke with told us that they received their medication as prescribed. The medication administration record (MAR) charts we looked at confirmed this.

Outcomes for people using services

Overall, staff we spoke with had a clear understanding of the needs of the people they were involved with and were clearly able to describe the desired outcomes of people and how they were working towards those.

One member of staff on Swale Ward told us, "I feel proud of the results we have had with the patients."

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.

The wards used a range of multi-disciplinary assessment tools to monitor people's progress and promote their recovery. These included: Health of the Nation Outcome Scale (HoNoS), Model of Occupational Screening Outcome Tool (MOHOST), the Recovery Star and a range of specific psychological assessments. The tools were used to assess people's social, psychological, occupational and physical needs and progress.

Some wards had introduced a self-monitoring tool for people to use to monitor their mood on a daily basis. Staff explained to us how, at the end of each week, people were given the opportunity to discuss these with staff to monitor their own progress.

People we spoke with across the wards provided different accounts of their experiences on the ward they were staying on. Whilst a small number of people told us they did not feel they were making progress and were bored on the ward, other people told us that they felt they were making positive progress and were very happy with the care and treatment they were receiving. One person on Darley ward told us, "This is the best ward I have been on. I feel more settled and have a better quality of life here." Another person on Swale ward told us they had learnt a lot about their condition and that they received, "Great support from staff."

Due to the nature of people's risks related to their mental health and legal restrictions; the length of stay on some wards was several years however; we found that there were plans in place to support each person in their recovery appropriate to their needs and identified risks.

Some wards had implemented or were in the process of implementing the, 'Productive Ward-Releasing Time to Care' initiative. This demonstrated that the wards were motivated and committed to improving outcomes for people based on evidenced based practices.

Staff, equipment and facilities

The training records showed that staff had access to range of training relevant to their role. The staff we spoke with told us that they felt well supported by their local manager in relation to training.

On all the wards, we found that staff had access to clinical supervision. However; staff on Ouse ward told us that this was sometimes infrequent with gaps of up to three months between meetings. We were told by staff that this was due to low staffing levels at times which meant that sometimes planned meetings had to be cancelled at short notice.

Staff received annual appraisals in line with trust policy.

Most wards had established protected reflective practice time which was psychology led. Staff told us they valued these sessions and found them very beneficial.

Overall, we found the majority of wards had sufficient staffing levels to meet people's needs however; staff on Ouse ward told us that sometimes they only had one qualified member of staff on duty. They told us that this meant people did not always receive to one to one time with a qualified staff member. Some people on the ward told us that their Section 17 leave had been cancelled due to a lack of staff availability to escort them which was a condition of their leave. Staff we spoke with confirmed this had been the case. The manager told us that staff vacancies had been advertised but they had experienced difficulties recruiting new staff. Several staff reported that staff morale was low on this ward and it was sometimes difficult to take a break. On all the other wards, we found staff morale to be high.

The wards had access to a range of facilities including; a sports hall, badminton, football, gym, visiting rooms, a multi-faith room and arts and crafts such as woodwork and painting. Staff on some wards had completed a fitness practitioner course to enable them to assess and devise specific individualised gym programmes for people.

Most wards had private interview rooms where staff could speak with people however; we found that Derwent and Ouse wards did not. Staff told us this made it very difficult for them to provide a private place for people to speak with them or a visiting professional such as the person's solicitor or advocate.

The wards had sufficient number of lounges, bathrooms and activity rooms for people.

The wards were all clean, tidy and well decorated. People we spoke with told us they were happy with the standard of their bedroom. One person described their room as "Comfortable and nice."

The wards had kitchens where people could make drinks throughout the day. We found that communal areas of the wards, such as lounges were unlocked to allow people to

access them. However; we were told by several people on Derwent ward that staff locked all the communal rooms on a night apart from one lounge which staff occupied. They told us that this meant they could not access a hot drink on a night. Some people told us they felt uncomfortable approaching staff during the night due to this.

All the wards had open access to an outside courtyard.

Multi-disciplinary working

All the staff we spoke with told us that they were supported by a range of professionals within a multi-disciplinary team (MDT) framework to provide care and treatment to people. This included ward based professionals such as psychologists, occupational therapists, occupational therapy assistants, nursing and medical staff and health care support workers. In addition; the wards were supported by social workers, pharmacists, Independent Mental Health Advocates, faith leaders, General Practitioners, dieticians and Care Co-ordinators for example. We saw evidence that ward rounds and Care Programme Approach (CPA) meetings had input from the professionals involved in peoples' care and that decisions were made using the MDT approach. People's carers' or relatives were also involved in line with the person's wishes.

People we spoke with told us they had the opportunity to attend reviews about their care and CPA meetings. We saw evidence in people's records which confirmed this on most wards. However; on Ouse ward, we found it was not always documented if the person had attended or not. The outcome of MDT reviews was also not always recorded on MDT forms or in the nursing notes. We found they were recorded in the medical notes only. This meant it was difficult to find the outcome of these meetings in people's records which could have an impact on care delivery.

Mental Health Act (MHA)

Overall, we found that paperwork relating to the MHA was completed and filed appropriately as required by the MHA Code of Practice. The statutory detention paperwork was found to be correct and detentions lawful. There was good evidence to show that people had been read their rights under Section 132 at monthly intervals and had also been given written information regarding their detention. The majority of people we spoke with told us they understood their rights and the legal implications in relation to their detention under the MHA. One person told us, "You get your rights read every month."

We saw that medication was prescribed within British National Formulary (BNF) limits and in accordance with the treatment certificates for consenting and non consenting detained people. People's capacity to consent to treatment was recorded appropriately. We found that people had been appropriately referred to be assessed by a Second Opinion Appointed Doctor (SOAD) in line with the requirements of the MHA.

People we spoke with were aware of the medication they were prescribed and the reasons why they were prescribed it. This is in keeping with the Code of Practice (23.9). Some people told us they were benefiting from the medication they were prescribed. We saw evidence which showed that staff had referred people to an Independent Mental Health Advocate appropriately.

We saw evidence that demonstrated people had attended Mental Health Review Tribunals.

The majority of people we spoke with who had been granted Section 17 leave by their consultant told us that there were enough staff to enable them to take this. However; some people on Ouse and Derwent wards told us that their Section 17 leave was often cancelled due to staff shortages.

Are services caring?

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

Summary of findings

Overall, people told us that staff treated them with respect and dignity, and they were positive about staff's attitude towards them. The majority of people also told us that they were happy with their care, and that they felt supported and well-cared for by staff.

We saw some excellent examples of how staff engaged and included people in their care, as well as wider service development initiatives, such as staff recruitment.

Our findings

Green Trees, Ouse Ward, Swale Ward, Darley House, Derwent Ward and South West Lodge

Kindness, dignity and respect

Overall, people we spoke with told us that staff treated them with respect and dignity. We received many positive comments from people regarding staff's attitude towards them. One person told us, "I am quite happy, staff are alright and respectful." Another person said they were treated well by staff. They told us they thought staff did, "A good job" and they had, "Nothing but praise for them."

Throughout our visit to the wards, we observed staff speaking with people who used the service in a respectful manner however; a small number of people told us that they did not always feel respected by staff. One person told us that some staff refused requests they had made without offering an explanation for their decision.

People told us they could make private phone calls if they wished. They told us that staff respected their privacy. One person told us that staff always knocked on their door before entering their bedroom. We observed staff knocking on people's bedroom doors throughout our visit to the wards.

Confidentiality was respected at all times when delivering care, in staff discussions with people and those close to them and in any written records or communication.

People using services involvement

We found some very good examples on all the wards we visited of how staff involved people in their care and the service provided. There was good evidence across the service of people being involved in developing their care plans and reviews of their care. All the wards were recovery orientated and centred on meeting the needs of people who used services.

People were able to decide who to involve in their care and decisions about their care, and to what extent. Family, friends and advocates were involved as appropriate and according to the person's wishes.

Each ward had an established morning meeting with people who used the service. Some of these were patient led. The meetings focussed on providing people with an opportunity to provide feedback about the ward and to plan each day with people. Each ward also held regular 'Quality circle' meetings with people who used services which were attended by catering and facilities staff, ward staff and the modern matron. People who attend these meetings told us they felt listened to overall.

The service had established a group aimed at reducing the use of seclusion which was attended by people from several wards.

Some wards had implemented, 'Reflection charts' for people to complete every day. Staff held reflective meetings with people at the end of each day to discuss any issues they may wish to raise.

Staff told us that some people who used the service had been fully involved in the recruitment of staff. This involved participating in staff interviews including the appointment of the Chief Executive Officer (CEO) for the trust.

Six people who used the service were completing a painter and decorating apprentice course run by facilities. People had been involved in painting some of the wards within the hospital. This scheme had won a national award.

The wards had a range of leaflets and information displayed throughout the ward to provide people with information about services available, health promotion and activities on offer. Information was available in a range of different formats.

People had access to advocacy, translation services and the Patient Liaison Advice Service (PALS).

Emotional support for care and treatment

Staff supported people to cope emotionally with their care and treatment. The recovery model which was used on the wards focussed on assisting people to manage their

Are services caring?

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

symptoms and to recognise signs which may indicate they required additional support from staff to prevent deterioration or relapse. Staff used a range of psychological techniques with people to help them to develop effective coping mechanisms which they could learn to use independently.

Are services responsive to people's needs?

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

Summary of findings

Most people said they were making progress and were very happy with their care and treatment. However we identified a number of concerns about the use of restrictive practices which were not related to people's individual clinical risks.

Some people's Section 17 leave had been cancelled because there were not enough staff. We also saw that there were no private interview rooms on Derwent and Ouse wards.

People told us the quality of food was poor and despite this being raised previously, had not been resolved to people's satisfaction at the time of the inspection, but was under review.

Our findings

Green Trees, Ouse Ward, Swale Ward, Darley House, Derwent Ward and South West Lodge

Planning and delivering services

The wards provided secure accommodation for people which ranged from low secure to medium secure dependent upon people's needs and risk factors.

Each service had facilities which were compliant with the Disability Discrimination Act.

The wards had access to translation services and information for people in a range of different formats. There was a multi faith room within the hospital which people could access.

We were concerned about some restrictive practices which were in place which were not related to people's clinical risks. We found evidence of, 'blanket policies' in place on the wards in relation to staff searching people's rooms. We were told by several people who used the service that staff randomly and routinely searched their room, "Every few weeks." People we spoke with were not clear why these searches took place however; they told us they were asked to, "Sign a form" to provide their consent to the searches. We looked at the trust's 'Search' procedure for forensic services. We found that this was out of date as it was due to have been reviewed in November 2013 however; it did stipulate that random searches of people's rooms should take place on the forensic wards. The procedure was applicable to both low secure and medium secure services. The searches were not related to peoples individual risk assessments or care plans.

We were also told by people who used the service that they were required to open their post under the direct supervision of staff who checked any packages or post for contraband items. The trust had a policy in place which supported this practice. This constituted a 'blanket' policy which was not based upon peoples individual risk assessments or care plans.

At Darley House which is low secure ward, we found that the garden was shared with a medium secure ward. This meant that staff escorted people who wished to access the garden. This was not based on individual clinical need or risk.

People on Derwent ward told us that staff locked all the doors to communal areas on a night apart from one lounge which staff occupied. They told us they did not always feel comfortable using this lounge on a night if was occupied by staff. People told us they were not able to make a hot drink during the night as the kitchen was kept locked.

On Swale Ward, we found that there were no toilet facilities within the seclusion room. This could compromise people's privacy and dignity and possibly result in people being unnecessary restrained if they required the use of toilet facilities.

We were told by several people who used the service that the quality of food provided was of a very poor standard. This issue had been discussed on numerous occasions during patient meetings however; people told us that the issue had not been resolved. One person on Darley ward told us the food was so poor, they had lost weight. People also told us that snacks were no longer available during the evening. Managers we spoke with told us that the food provision at the Humber Centre was currently being reviewed.

Due to the nature of the service, all visits to the wards had to be planned beforehand with staff. People on Swale ward told us that recently, a decision had been made to stop visits to the ward on a Monday and Tuesday. People told us this was having an impact on when their relatives or friends could visit and they were unhappy about this, 'ban'. We discussed this with the manager. They told us that people who used the service had agreed to this as visits on these

Are services responsive to people's needs?

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

days was causing disruption to MDT reviews which occurred on these days. They told us that some people on the ward may not have been involved in this decision if they had been admitted since it had been agreed. They also said that if people wished to visit on these days then that would be accommodated however; people we spoke with did not seem to be aware of this flexibility. The manager told us they would ensure this was made clear to people on the ward.

Right care at the right time

The service had six wards which catered for people with varying levels of need. This meant that people could be provided with care and treatment on the ward which was the least restrictive and most appropriate to meet their needs'.

Overall, we found that people received the right care at the right time however; we found that some people on Ouse and Derwent wards had not been able to use their Section 17 leave because it had been cancelled due to staff shortages. This meant on these occasions, their care plan were not being implemented which could have a negative impact on their recovery.

On Ouse ward, we were told that staff tended to run groups rather than individual focussed activities due to low staffing levels. This meant that people's needs were not always been met.

Care Pathway

The wards accepted referrals from a range of services including the acute wards, Psychiatric Intensive Care wards, courts and high secure services. Referrals were discussed at weekly MDT meetings. Staff told us that people were cared for in the least restrictive environment to meet their needs'. Some people we spoke with told us they had been moved to a less restrictive ward as part of their recovery.

All care was delivered under the Care Programme Approach (CPA) framework. Each person had a comprehensive assessment completed as part of the admission process which included peoples' social, cultural, physical and psychological needs and preferences. Some care records had a copy of a, 'My Shared Pathway' document which provided details of the person's future wishes, advanced statements and decisions. Each person had a relapse prevention plan which provided specific details of interventions which should be put in place if the person's mental health deteriorated to prevent a relapse of their illness.

People's care plans were reviewed regularly through MDT meetings. Staff told us that Care Programme Approach (CPA) meetings took place before a person was discharged to make sure that they were supported during their discharge or transfer from the wards.

Learning from concerns and complaints

People were provided with information about how they could raise complaints or concerns about the ward. The ward actively sought feedback from people through the use of regular patient meetings which took place.

The ward meetings had a set agenda which included complaints and feedback from people who used the service. Complaints were also discussed in the service's clinical governance meeting which took place monthly. This meant that the wards ensured that staff working on the wards learnt from complaints, and comments and compliments were embedded in their governance processes.

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.

Summary of findings

The service had strong governance structures in place, which were used on all the wards. The wards held regular staff meetings that focused on governance issues. These were linked to the directorate governance meetings, which assured us that issues could be escalated and shared across the services. Staff achievements were also recognised and celebrated.

Our findings

Green Trees, Ouse Ward, Swale Ward, Darley House, Derwent Ward and South West Lodge

Vision and strategy

All of the staff we spoke with told us that they felt proud working for the ward. Staff told us that they felt supported by their managers and felt they could approach them if needed. Some staff were aware of the Chief Executive and board level leadership through the trust and were able to identify the trust values.

Staff told us that the Chief Executive Officer and Chair of the trust visited the wards regularly. The trust values were embedded within the Performance and Development Reviews (PADR) annual appraisal process for staff.

Responsible governance

The service had robust governance structures in place which were fully embedded on the wards. The wards held regular staff meetings that had an agenda which was focussed on governance issues. These meetings linked into the directorate governance meetings which provided assurance that issues could be escalated and shared across services.

The service had an established, 'Clinical network forum' which met bi-monthly where staff could raise clinical issues which may impact on their work.

Leadership and culture

Staff told us that their manager was very available and supportive when required. Managers told us they have good relationships with their senior managers. Staff told us they supported each other within the teams very well and felt the wards had a collective, positive culture. Staff were engaged in supervision although we found on Ouse Ward, that this was inconsistent and not always monthly.

Staff received annual appraisals through the PADR process. Staff received mandatory training in addition to specific training available which included a Management Development programme run by the trust. Staff who had completed this programme told us they had attended an award ceremony to celebrate their successful completion of the ward. The trust had also introduced an, 'Unsung hero' award which any member of staff could nominate another member of staff for in recognition of their work.

Engagement

All the staff we spoke with told us that they would feel comfortable raising concerns with their managers.

Staff pro-actively engaged with and supported people's carers and family members.

We found good examples of how the wards had built relationships with statutory and non-statutory agencies outside of the trust.

Staff on Swale Ward, were particularly proud of a national award winning scheme they had implemented with people who used the service in conjunction with the facilities team. The scheme involved people undertaking an accredited apprenticeship in painting and decorating.

Staff told us that some people who used the service had been fully involved in the recruitment of staff. This involved participating in staff interviews including the appointment of the Chief Executive Officer (CEO) for the trust.

Patient feedback

The wards were proactive in their approach to gaining feedback from people who used the service through established Quality Circle meetings, patient meetings and PALS. We saw evidence of positive changes that had been made in response to feedback from people. We found that the use of Advocacy was embedded on all the wards. Leaflets were available on the wards informing people how they could make a complaint and access advocacy.

We found evidence which showed action had been taken in response to feedback the wards had received from people.

Performance improvement

Staff we spoke with had annual appraisals and were aware of their own personal development goals. Both internal and external audits took place on the ward. We saw evidence which showed that action had been taken in response to the outcome of some of these.

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.

All the wards had been awarded the Accreditation for Inpatient Mental Health Wards (AIMS) accreditation from the Royal College of Psychiatrists. This showed that the service was committed to improving its performance.

One member of staff on Swale Ward told us, “We always want to improve and have robust systems in place.”

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	The registered person must ensure that service users are protected against the risks associated with unsafe or unsuitable premises by means of: (a) suitable design and layout **The way the Regulation was not being met:** • There was a protruding shelf in the seclusion room on Derwent ward which posed a ligature risk and which was not in line with the most recent guidance concerning such environments. • There were ligature risks on some doors at Green Trees. • There were no toilet facilities within the seclusion room on Swale ward. Regulation 15 (1)