Bradley Woodlands Low Secure Hospital

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Overall summary

We rated Bradley Woodlands Low Secure Hospital as good because:

- The hospital had systems in place to protect patients from harm. Staff identified and managed risks appropriately. They recognised safeguarding concerns and had effective engagement with the local safeguarding procedures.
- The hospital met good practice standards described in relevant national guidance for prescribing medications safely. Patients received their medications as prescribed and attendeded regular reviews. Staff kept accurate records of medicines.
- There was a full range of disciplines to input into the hospital. Staff received the appropriate training and regular supervision to provide safe and effective care to patients. There was effective multi-disciplinary team working with respect for each role.
- Patients received a comprehensive assessment of their needs, which included physical health. Staff ensured care plans were up to date, holistic and recovery focussed.
- Staff had effective systems in place to ensure the hospital adhered to the Mental Health Act 1983, the Mental Health Act Code of Practice and applied good practice with regards to the Mental Capacity Act 2005.
- Patients were involved and encouraged to be partners in their care. The hospital used appropriate language and easy read material to aid the patient's understanding. They were involved in their care plans and contributed to, or chaired their review meetings.
- The hospital was clean and tidy with comfortable facilities that promoted independence. There was a full range of rooms and equipment to support treatment. Staff supported patients in the planning and preparation of their meals taking into account specific dietary needs.
- Patients knew how to give feedback about the hospital and felt confident to complain if required. Staff explored complaints appropriately and informed patients of the outcome.
- The organisation's governance structure ensured effective communication from the hospital to board level and vice versa. There were effective systems in place to monitor performance, share good practice and manage risks.

However:

- Staff occasionally cancelled or postponed planned or escorted leave due to lack of resources.
- Staff did not always monitor the keys for the clinic fridge appropriately.
- Staff did not have specific care plans or protocols in place to manage bathing for patients with epilepsy or for carrying out restraint on asthmatic patients.
- Staff did not always consider confidentiality when discussing patients in communal areas.
- Some staff were unclear about the new provider's vision and values.

Summary of findings

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Good

Bradley Woodlands Low Secure Hospital

Services we looked at

Forensic inpatient/secure wards

Summary of this inspection

Background to Bradley Woodlands Low Secure Hospital

Bradley Woodlands was a purpose built low secure unit for patients with a learning disability, located on the outskirts of Bradley near Grimsby. The hospital, taken over by Elysium Healthcare in August 2017, provides care and treatment for up to 23 patients who are detained under the Mental Health Act 1983. Bradley Woodlands hospital admits both male and female patients that have learning disabilities and complex conditions such as a personality disorder, mental health problems and autistic spectrum disorders and requiring a low secure environment. At the time of our inspection, the hospital had 16 patients; of these 11 were females and five males. All were detained under the Mental Health Act 1983.

There are two wards, Maple for male patients and Willow for females. Each ward comprises of a number of apartments accommodating up to four patients.

Bradley Woodlands Low Secure Hospital has been registered with the Care Quality Commission (CQC) since 2011 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

The hospital has a registered manager in place.

There have been nine previous inspections carried out at Bradley Woodlands Low Secure Hospital. The Care Quality Commission's last comprehensive inspection of the hospital took place in November 2016. We followed this inspection up in October 2016 to focus on identified concerns in the safe, caring and well-led domains. The service had made improvements to address the initial concerns. However, we issued one requirement notice in relation to the Health and Social Care Act 2014 regulations:

- Regulation 18 HSCA (RA) 2014 – Staffing

Our inspection team

The team that inspected the service comprised one CQC inspection manager, two CQC inspectors and two specialist advisors.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the announced inspection visit, the inspection team:

Summary of this inspection

- visited all areas the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with two of the patients' family members
- spoke with the registered manager
- spoke with 18 other staff members; including the consultant psychiatrist, nurses, occupational therapist, psychologist and a social worker
- attended and observed one hand-over meeting
- attended and observed three multi-disciplinary meetings;
- looked at six care and treatment records of patients
- carried out a specific check of the medication management
- looked at all medication records
- attended and observed two morning meetings
- observed one patient activity group
- attended one Mental Health Act managers meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

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What people who use the service say

We spoke with five patients using the service and two family members.

Patients told us they were happy at the hospital and felt safe. They told us that staff were always available and that they spoke to them kindly and offered them dignity and respect. Patients were aware of their medications and one informed us of a good relationship with the consultant.

Patients we spoke with informed us that staff never cancelled leave to visit their families. However, they had recently had other leave postponed.

They were aware of how to complain and happy about the feedback they received. They knew who their advocate was and said they visited regularly.

One patient told us that they had overheard staff talking about other patients.

The family members informed us that the hospital was good and that they were happy with the care and treatment the staff provided.

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Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Staff effectively assessed monitored and managed patients' risks on a day to day basis.
- The hospital was clean and staff carried out regular environmental checks.
- Staff received up to date and appropriate training to enable them to carry out their roles safely.
- The hospital gave safeguarding priority and had appropriate engagement in local safeguarding procedures.
- Staff ensured the proper and safe use of medicines.
- Staff knew how to report incidents and learn from them.

However:

- The hospital cancelled patient leave on occasions due to limited resources.
- Staff did not always ensure the key to the medication fridge was appropriately monitored.

Are services effective?

Good

We rated effective as good because:

- Patients had up to date care plans which were holistic, personalised and recovery focused.
- Patients had good access to physical healthcare and specialists if required.
- Patients received care and treatment from a range of staff in a co-ordinated and effective manner.
- Staff delivered care and treatment in line with current evidence based guidance.
- Staff understood and complied with the Mental Health Act 1983 and the Mental Health Act Code of Practice.

However:

- There were no specific plans to manage restraint for asthmatic patients or bathing for patients with epilepsy.
- The delivery of staff handover meetings did not ensure staff maintained the information provided.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- Staff recognised the importance of patients' privacy and dignity.
- Patients felt staff were available to support them when needed.
- Staff communicated with patients in a way that they could understand.
- Patients were actively involved in their own reviews and care plans.
- Staff involved family members and carers in the patients care appropriately.

However:

- A patient informed us that staff spoke about some patients in front of others.

Are services responsive?

Good

We rated responsive as good because:

- The hospital had a full range of rooms and equipment to support a patient's treatment and care.
- Patients had access to activities seven days of the week with their preferences considered or included into the activity schedule.
- Staff supported patients to plan and prepare their own meals taking into account any specific dietary needs.
- Staff ensured patients had access to easy read information for all aspects of their care and treatment.
- Visiting rooms were private and patients could make phone calls privately.
- Patients and their families knew how to complain and received feedback on the outcome of investigations.

Are services well-led?

Good

We rated well-led as good because:

- The hospital had an effective ward to board governance structure.
- The manager had sufficient authority and support to carry out their duties.
- Staff felt supported by their manager and involved in the changes.
- Staff had the opportunity to give feedback on the service and input into service developments.

However:

- Due to the recent transition between providers, staff were unclear who the senior managers of the organisation were and the new providers values.

Detailed findings from this inspection

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.

The use of the Mental Health Act 1983 was appropriate; detention documentation complied with the Mental Health Act Code of Practice. The provider had a Mental Health Act administrator who completed audits and scrutinised documentation.

For individual patients the system in place flagged important dates, which included tribunals, renewals of detention and deadlines for reports. The administrator ensured patients and staff were aware of these timescales. Staff informed patients of their rights in an appropriate manner for the patient group and recorded conversations accordingly.

The provider had a contract with an independent mental health advocacy service. All patients were able to access this. The advocacy service attended the hospital three days a week. Patients told us they could go to the advocate if they had a problem. The advocacy service saw all patients routinely and attended relevant meetings.

Eighty eight percent of staff had received mandatory training in the Mental Health Act and had a good awareness of the Mental Health Act and the Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a reasonable knowledge of the Mental Capacity Act and applied it where appropriate. They had received training as part of the hospital's annual training update or during their induction.

Staff discussed capacity in multi-disciplinary meetings as part of the set agenda. Staff described decisions which they made in a patient's best interest. Documentation showed that staff considered what the patient may want and input from family members.

Good

Forensic inpatient/secure wards

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are forensic inpatient/secure wards safe?

Good

Safe and clean environment

The two wards consisted of separate apartments built around one central secure courtyard. Each apartment was gender specific accommodating between one and four patients. The apartments had their own lounge, kitchen and dining area. There were individual en suite bedrooms for each patient. Depending on observation levels and patient risks, there was at least one member of staff allocated to each apartment at any time. This meant staff were able to maintain observations where required.

All areas of the hospital were clean and mostly well maintained. The hospital had housekeepers to ensure good levels of cleanliness. There were cleaning schedules in each apartment. The hospital expected patients to assist with ensuring the apartments were tidy. Staff at the hospital carried out regular environmental audits, which included checks on infection control, emergency fire procedures, cleaning rotas, furnishings and floors, the control of hazardous substances and legionella certification. There were some apartments with scuffmarks and damage to the walls and in need of redecoration. However, the hospital had refurbishment plans that were due to start in the month of our inspection.

The hospital conducted an annual ligature assessment. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. The last assessment, completed in December 2017, concluded an overall low risk for ligatures. The apartments were fitted with anti-ligature fittings. However, there were some ligature risks in the communal areas of the hospital, for example the activity room and in some of the apartments which had communal bathrooms in addition to the en suites. Staff mitigated these risks through risk assessments, observation levels and care plans. Staff discussed risks daily in handover meetings and in a morning multi-disciplinary meeting.

The hospital had a fully equipped clinic room. All equipment was in date, well maintained and regularly checked; this included emergency equipment and drugs. Staff monitored fridge temperatures daily to ensure they maintained the correct temperature to store medications. There were good systems in place to store and monitor controlled drugs. The clinic room was tidy and clean apart from a recent stain from a leak that had occurred the week prior to our inspection. However, we observed that staff had left the key in the medications fridge. We informed the manager of this during our inspection who rectified this concern immediately.

All staff and visitors carried alarms when in the patient areas of the hospital. Staff also carried radios to request assistance if needed. The alarm system linked the apartments to the nurses' station. If staff activated the alarm, this could be heard across the whole hospital in order to alert the designated responders. There were nurse call buttons in each patient bedroom.

Safe staffing

The hospital had sufficient staff to ensure the safe care of treatment of patients. Bradley Woodlands Low Secure Hospital employed 72 staff; this included qualified nurses and nursing assistants. They used a staffing ladder to determine the safe number of staff required for each shift depending on occupancy levels. However, the manager

had increased the levels of staff required for each shift above the safe staffing levels agreed in response to previous staffing concerns identified in our inspections. The multi-disciplinary team discussed staffing levels at their morning meeting, which occurred five days of the week.

Managers could further increase staffing levels if required based on the needs of the patients. The hospital employed 11 qualified staff and 65.5 nursing assistants. At the time of our inspection, there was a vacancy for a 0.5 qualified nurse and three nursing assistants. Two members of staff were suspended. The hospital used some bank staff to fill gaps created by sickness and leave but agency staff mostly filled these. They aimed to use regular and consistent agency staff who understood the needs of the patient group. All agency workers had undertaken an induction prior to working and allocated to work alongside an experienced staff member.

The hospital did not cancel activities due to staffing levels. However, they postponed some leave due to resources. Data supplied by the hospital showed us that between September 2017 and November 2017, staff cancelled leave due to resources on an average 8% of occasions. The manager informed us that resources was not just attributed to staff but may also be for other resource reasons, for example, transport problems. Patients told us that staff offered alternatives or outings were postponed. Family members told us that leave for family visits always took place as planned.

The hospital had adequate medical cover day and night. The consultant psychiatrist worked from the hospital during the day. At night-time, weekends and bank holidays, consultants provided medical cover across the Elysium group on an on call rota. For physical healthcare emergencies, staff contacted the patient's GP or called the emergency services.

Elysium Healthcare had taken the hospital over in August 2017. However, the hospital had agreed a staged transition from the previous provider to allow them to stagger the introduction of new policies and requirements. This included training and development. The previous provider required staff to complete mandatory training units to ensure they could safely provide care and treatment to patients. These units included safeguarding, risk assessing, basic life support, infection control, learning disability and equality and diversity. Under the previous provider, all new staff completed their mandatory training in a two-week induction and did not work in the clinical areas until they had done so. The previous provider required existing staff to attend a two-day annual update to revisit all mandatory training requirements. At the time of our inspection, 88% of staff were compliant with the mandatory training requirements. The new provider, Elysium Healthcare, introduced a new training schedule for the hospital, which commenced the week prior to our inspection. This meant that the new provider would deliver and monitor future training requirements.

Assessing and managing risk to patients and staff

Staff undertook a risk assessment of every patient and updated these regularly and after any incidents. They recognised risk assessment tools for all patients along with the provider's absconsion and suicide assessments. Staff took a positive risk taking approach to promote independence and recovery. They discussed risks in handover meetings, morning meetings and multi-disciplinary team meetings. We looked at the care and treatment records for six patients. All records contained up to date risk assessments and plans to manage the identified risks.

Staff managed incidents of aggression and violence appropriately. At the time of our inspection, staff were 88% compliant with training in conflict resolution techniques. Between 18 June 2017 to 17 December 2017, staff had recorded 216 incidents where they had used restraint. This related to 14 patients. The provider regarded all 'hands on' contact as physical interventions and restraint, and recorded this accordingly. Of these incidents, three had been recorded as restraint in the prone position, however, we were informed these related to incidents where the patient had briefly put themselves into this position. Qualified staff followed guidance from the National Institute for Health and Care Excellence for all 12 of the incidents where it was necessary to use rapid tranquillisation.

The hospital previously had a designated seclusion room. This had been out of action since March 2017. They had an agreed protocol with NHS England for patients to be secluded in their own apartment rooms if this was required for short periods of time. In the six month period from 18 June 2017 to 17 December 2017, staff had recorded 13 incidents in the use of seclusion. Of these incidents, eight lasted no longer than ten minutes, three incidents lasted for ten minutes and two incidents lasted for 20 minutes. All

the incidents involved closing the door of the room the patient was in to enable a low stimulus approach until the patient accepted staff support. There had been no incidents of long term segregation. Staff managed most incidents using de-escalation techniques with restraint and seclusion being a last resort and for the least amount of time possible. They maintained appropriate records of all occurrences where seclusion took place.

The hospital was working towards reducing restrictive practices. This included a blanket restriction group attended by members of the multi-disciplinary team, other staff and patients to consider any blanket restriction the hospital may have. A blanket restriction is a restriction imposed on a full ward due to the risks of some patients. Examples of outcomes from the group's discussions included the introduction of individualised assessments for patients' access to their drinks and snacks, the purchase of 18+ certified media and use of mobile phones. At the time of our inspection, the group were discussing accessibility to TV remote controls in the apartment communal areas and how this could be individualised.

The hospital had procedures in place for the use of observation and searching patients. Qualified staff had the authority to increase observation levels if they felt necessary. However, observation levels could only be reduced with the authority of the consultant psychiatrist. Staff carried out searches on an individual basis where there were concerns and following unescorted leave.

Staff had a good knowledge of what constituted a safeguarding concern and how to escalate any concerns. They were up to date with the mandatory training requirements for safeguarding and aware of the provider's policy and whom they should speak to if they required advice. On the reverse of the staff's identity badge were safeguarding reminders to ensure a patient's vulnerability was in mind. Staff discussed safeguarding concerns in handover meetings and multi-disciplinary meetings. The hospital had an effective relationship with the local safeguarding authority for both referrals and queries. The hospital had informed us of 49 safeguarding concerns which they had referred to the relevant bodies between the dates 31 December 2016 and 31 December 2017. The safeguarding authority informed us that the hospital carried out their duties to safeguard patients effectively.

The hospital demonstrated good medicines management practices and had good controls in place to identify areas of improvements. We looked at all the patients' medication cards. The consultant psychiatrist regularly reviewed medication records and met the protocols required for Pro Re Nata medications. Pro Re Nata medications are medicines that are prescribed and taken when needed. All medication cards contained photos to confirm identification. The pharmacy also conducted regular audits of the patients' records. Managers investigated all medication errors. This resulted in a recent action plan to reduce gaps in recording on the medication cards. During this inspection, we observed no missing recordings. All qualified staff were required to complete competency workbooks to ensure they followed effective principles for administration and management of medications.

Track record on safety

Providers are required to report all serious incidents to the Strategic Executive Information System within two working days of an incident being identified. Bradley Woodlands Low Secure Hospital had no serious incidents which required reporting.

Reporting incidents and learning from when things go wrong

Staff knew what constituted an incident and how to record this. The majority of the hospital's incidents were classed as minor risk resulting in no or minor injury. Managers in the morning meetings discussed all incidents above this level and carried out investigations accordingly. The hospital used a patient's multi-disciplinary team meeting to discuss any incidents. These discussions influenced on-going treatment and may trigger a medication review, a change in psychological approach, greater nursing support or an increase in reviews. The hospital's most frequently occurring incidents were physical aggression, self-harm and verbal aggression.

Lessons learnt from investigations were shared through the clinical governance framework from ward to board. This meant the hospital also received information about lessons learnt from other hospitals in the provider's group. The provider also carried out regular analysis of incident themes. For example, an analysis identified a high number of incidents where patients pulled staff hair. This resulted in a recommendation for staff in certain situations to wear baseball caps.

Good

Forensic inpatient/secure wards

Staff debrief was offered for more serious incidents. Managers and the psychology team did this during the shift with follow up phone calls if required.

Staff were aware of duty of candour. Duty of candour regulations ensure that providers are open and transparent with patients and people acting on their behalf when something goes wrong. In the 12 months prior to our inspection, one incident met the threshold for duty of candour with appropriate management through written correspondence and face to face meetings. Management apologised verbally and with via formal letter.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff assessed a patient's needs and their suitability to the hospital prior to an admission. This included an assessment of the physical needs of the patient. Staff then discussed the patient's pre-admission assessment in the multi-disciplinary team's morning meeting. Staff agreed an admission if they felt they could meet the needs of the patient and believed the patient would fit into their current patient group.

Staff carried out further assessments of the patient once admitted and over the patient's first twelve weeks. At the time of our inspection, the hospital were using the recovery star to identify the needs of the patient. The recovery star is a tool to enable patients with mental health problems to measure their own progress to optimise their recovery and gain information to create recovery-focused care plans. However, the hospital were due to change the tool used to a model more appropriate for patients with learning disabilities.

Staff created initial care plans for patients prior to their admission and detailed care plans following the initial assessment period. We looked at the care records for six patients. All records had up to date care plans which were personalised, holistic and recovery focussed. However, staff did not have specific plans to detail how they would manage restraint for a patient who was asthmatic.

Additionally, there were no plans or protocols around bathing for patients with epilepsy. The provider had identified this as a concern at a governance meeting the week prior to our inspection. This was following an incident at a different hospital. We observed minutes from corporate governance, through to regional governance and then to the hospital instructing the service to implement such plans. Staff at the hospital were in the process of developing specific bathing plans for epileptic patients during our inspection week.

All information to deliver care was available to staff when they needed it. Information was stored both electronically and paper based. The main patient records were stored in the nurse's office. Staff kept hard copies of risk assessments, daily records and care plans securely in the patients' apartments' to enable easy access.

Best practice in treatment and care

Staff followed the National Institute for Health and Care Excellence guidance for prescribing medications and psychological therapies. Of the six patient care records reviewed, five had positive behaviour support plans in place. At the time of our inspection, staff at the hospital were training in reinforce appropriate (behaviour); implode disruptive (behaviour) techniques. This training underpinned positive behaviour support plans and assisted staff to work effectively with patients with challenging behaviours.

Staff registered patients with a local GP practice on their admission. The doctor or nurse practitioner from the GP service attended the hospital weekly to see patients requiring appointments for their physical healthcare. They also carried out annual health checks for all the patients. The hospital had recently employed a learning disability nurse to take the lead with physical healthcare and a healthcare practitioner to support the role. Their role ensured patients met all appointments including dentists, opticians and chiropody and that all healthcare monitoring and management occurred when needed. We looked at six care records. All records showed evidence of ongoing monitoring of physical health. For example, we saw regular monitoring of a diabetic patient and investigations for a patient with chronic obstructive pulmonary disease. Records showed increased monitoring for patients where staff had prescribed antipsychotic medications above

those recommended by the British National Formulary. The hospital also used the national early warning scores (NEWS) to recognise deteriorations in a patient's physical health.

Staff used the health of the nation outcomes scales to measure the health and social functioning of their patients.

The hospital had an annual audit programme which included clinical governance, medication management, observations and physical health. They had also recently completed the green light toolkit. This is a framework and self-audit toolkit for improving mental health support services for people with learning disabilities. It provides a picture of what services should be aiming to achieve, including quality outcomes, and a self-assessment checklist. The audit highlighted areas where the service could improve. For example, improving the culture to focus on learning rather than blame. Following the audit, staff created an action plan to improve, this included, introducing reflective practice sessions to assist with improving staff culture.

Skilled staff to deliver care

Bradley Woodlands Low Secure Hospital had a full range of disciplines and workers to provide the care and treatment for the patient group. This included staff that were appropriately experienced and qualified in psychiatry, psychology, occupational therapy, mental health nursing, speech and language, social work and nursing support.

All new staff to the hospital attended a two week induction course which covered all mandatory training units, provider policies and orientation to the hospital. Staff did not commence their employed duties until they had completed the course.

In addition to the mandatory training units, the hospital supported staff to complete specialist training to improve the care and treatment offered to the patients. For example, staff had completed training in epilepsy awareness, transgender training, venepuncture and diabetes care. Staff told us that the change in provider offered them greater opportunities for continued professional development. For example, the manager and deputy manager had commenced training in leadership and management.

Managers supported staff through regular supervisions and team meetings. They were still operating with the previous provider's policy for supervision which required staff to have quarterly supervisions. However, the hospital were aiming to ensure that staff received supervision on a monthly basis. At the time of our inspection, staff were 75% compliant with this target. The consultant psychiatrist received regular supervision from Elysium's clinical director and attended regular meetings with peers across the organisations network for additional support. Staff mostly felt supported by their managers and able to contribute in monthly team meetings.

Staff received annual appraisals to assess their performance. There was a compliance rate of 63%. However, this figure included staff not requiring an appraisal. For example, 12 staff who were new to the hospital and also staff on maternity leave, sickness leave and suspension.

Managers addressed staff performance promptly and effectively. At the time of our inspection, two staff were suspended.

Multi-disciplinary and inter-agency team work

The hospital had handover meetings from one shift to the next. We observed one handover meeting. The meeting, which lasted approximately 20 minutes, detailed each patient's activities in the previous shift, any incidents, observation levels and risks. The nurse in charge of the previous shift led the meeting; all staff coming onto the next shift attended it. We found that the qualified nurse communicated all necessary information. Approximately 25 staff attended the meeting. However, the meeting lacked any input from any of the staff coming onto the next shift. We did not observe any staff taking notes. The details of each patient were read directly from records. This meant that staff may not have fully received or remembered the details provided. The hospital carried out regular audits of the handover process to ensure they ran on time, how they were conducted, any disruptions, reference to care plans and to ensure staff communicated all information.

The hospital held regular and effective multi-disciplinary meetings. This included a morning meeting five days of the week. As a minimum, attendance included the psychiatrist, psychologist, lead nurse and involvement and quality lead. We observed two morning meetings. Each discipline contributed effectively to discussions around recent

activities, positive and negative behaviours, challenges and care delivery. The meetings evidenced effective working relationships amongst the staff and clear actions where required.

Patients had regular opportunities to attend meetings with the multi-disciplinary team to discuss their progress. Following their admission, the hospital offered weekly meetings for the first six to eight weeks. After this period, meetings for each patient were at least monthly. We observed three multi-disciplinary patient meetings. Each meeting followed a clear agenda looking at previously agreed actions, obstacles, progress, recovery outcomes, discharge planning, capacity checks, medications, leave and risk. Staff supported patients to follow their own meeting by using prompt cards and by ensuring the language was appropriate to their needs. All staff involved in the patient's care attended the meetings. Staff informed us that they invited family members to all meetings and invited staff from ongoing placements if the patient had discharge plans in place.

The hospital had good working relationships with teams outside the organisation. For example, the manager had regular communication with the local safeguarding authority and staff had effective links with the GP practice supporting patients with their physical healthcare needs.

Adherence to the MHA and the MHA Code of Practice

Staff received training in the Mental Health Act and the Mental Health Act Code of Practice as part of their mandatory training. The compliance rate for this annual training update was 88%.

The hospital had a Mental Health Act administrator to offer support and to make sure staff followed the Mental Health Act as required. We saw good practice by the Mental Health Act administrator. They requested all Mental Health Act documentation in advance of a patient's admission to enable them to check for accuracy in order to not inherit other service's errors. They had developed a spreadsheet to prompt staff for all section renewals, care programme approach requirements and reviews. The administrator co-ordinated hospital renewals and section renewals and informed all relevant clinicians in a timely manner to allow for the preparation of the needed reports.

Staff knew who the Mental Health Act administrator was and felt supported if they had any queries.

We looked at the Mental Health Act documentation for six patients. Staff appropriately completed detention paperwork which was up to date and stored appropriately. All patients had their rights under the Mental Health Act explained to them regularly. We saw evidence of easy read material to aid patients' understanding. The hospital kept clear records of leave requests. Staff adhered to consent to treatment and capacity requirements and attached copies of consent to treatment forms to medication cards.

The Mental Health Act Administrator carried out frequent audits on each patient's records. Additionally, they carried out peer reviews with other similar services.

Patients had access to advocacy services. The advocacy service attended the hospital three full days per week. Patients and staff were all aware of the advocates and how they could support patients when required. The advocacy service saw all patients at regular intervals and attended meetings when required.

Good practice in applying the MCA

Training in the Mental Capacity Act was also included in the hospital's annual training update with staff compliance at 88%. Staff we spoke to had a reasonable understanding of the Mental Capacity Act and the five statutory principles. In addition to training, managers measured staff understanding of the Mental Capacity Act through discussions within supervision and during safeguarding and incident reviews.

The Mental Capacity Act was part of the set agenda at care programme approach meetings and care and treatment reviews. This involved the patient and family members as part of their multi-disciplinary meeting. Deprivation of liberty safeguards were not required because all the patients at the hospital were detained, staff understood this and told us they followed the principles of least restrictive practice when delivering care.

In records, we saw examples of capacity assessments and paperwork relating to best interest decisions. For example around a patient's finances, this included family input.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards caring?

Good

Kindness, dignity, respect and support

Staff were respectful and responsive in their interactions with patients. They recognised the importance of the patient's privacy and dignity. For example, we observed staff knocking on patients' doors' before entering. Staff communicated with patients in a way they could understand and made shared decisions about their care. For example, we observed two patients requesting specific staff to escort them on leave. Staff met these requests without opposition and with the recognition that this was beneficial to the patients to ensure a positive experience.

Staff gave patients lots of praise in the review meetings when they described how they overcame challenges and when things had gone well. They encouraged patients to make informed decisions using pictorial guides.

We spoke with five patients during our inspection. They all told us that staff spoke to them with kindness and were available when they needed them.

However, one patient told us that some staff spoke about patients in earshot of other patients.

The involvement of people in the care they receive

The hospital had an easy read hospital guide to inform new patients about the hospital and to orientate them to the service.

Patients told us and records showed that patients were involved in their care plans and offered copies. They were involved in their reviews and given the opportunity to chair their review meeting. If they agreed, staff supported the patients to do this using pictorial prompt cards. Patients choosing not to chair their own meetings could nominate a member of the multi-disciplinary team to do so on their behalf.

Advocacy services attended the hospital three days a week. They supported patients as needed and encouraged the patients to be active partners in their own care.

Patients attended a weekly involvement group at the hospital. The group provided patients with the opportunity to discuss any issues and for staff to inform and involve them in hospital changes and decisions. For example, they were involved in discussion around reducing restrictive practices and discussed healthy eating. Staff took suggestions made from the forum to management meetings for consideration. The hospital used the involvement forum to ensure they considered the patient voice in decisions such as changes in the multi-disciplinary review meeting process or changes in the mobile phone policy. Where possible, patients were involved in staff recruitment.

Managers encouraged patients from the hospital to attend a regional patient network. There was a core group of approximately five patients who were involved in the network which met quarterly. This gave patients the opportunity to engage with the wider population and meet new people.

Carers and family members of patients were involved appropriately in the care and treatment delivered at the hospital. The majority of family members and carers were not local to the hospital meaning they were unable to visit as regularly as they would like. However, they told us that the hospital ensured patients were able to take escorted leave to visit their families. Family members also informed us that the hospital invited them to all relevant meetings and kept them informed if they were unable to attend.

Are forensic inpatient/secure wards responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

The hospital admitted patients following an initial assessment and agreement from the multi-disciplinary team.

In the last six months, two patients (12.5%) were from the North East Lincolnshire area and 14 (87.5%) were out of area placements. The average length of stay for patients was 1550 days. This was a result of a number of patients staying in the hospital for longer than expected and outside the control of the provider. Two patients had been at the hospital since 2010 and 2009 due to their clinical

commissioning groups being unable to find them alternative placements meeting their needs. The hospital also had two patients admitted since 2010 who had not been able to move due to Ministry of Justice restrictions.

Beds were available when needed to people living in the catchment area.

The service regularly reviewed the patient apartment allocations to ensure safety and to meet the needs of the patients. Often patient moves were due to arising safeguarding concerns and to avoid any further incidents. Staff facilitated apartment moves to ensure that the right personalities were residing in one place, avoiding conflict wherever possible. If patients went on leave there was access to a bed on their return.

Patients at Bradley Woodlands had their progression and discharge considered from the point of admission. The hospital's social worker liaised with the relevant clinical commissioning groups and looked at patients' discharge pathways. During our observation of a patient's multi-disciplinary team meeting, we observed the social worker providing the patient with an update regarding their future placement.

The hospital's contract as a low secure facility was due to end on 31 March 2018. From this date, Elysium Healthcare planned to change the purpose of the hospital to a locked rehabilitation unit. Due to the re-categorisation, the multidisciplinary team had identified 14 of the 16 patients as needing a less secure environment. Staff had plans in place to transfer some of these patients to local units, community based living or for them to remain at the hospital for rehabilitation. We observed discharge discussions with patients during their meetings. Staff explained to patients, the current situation and their placement referrals. Where possible, staff sought consent from the patients.

The hospital did not delay planned discharges for any other than clinical reasons.

The facilities promote recovery, comfort, dignity and confidentiality

The hospital had a full range of rooms and equipment to support treatment and care and to promote recovery.

The reception area of Bradley Woodlands was welcoming, with staff names and first aiders clearly displayed. There were chairs available for people waiting for meetings or visits.

The large activity room, which included cooking facilities, could be divided into two rooms depending on the therapy or activity. This could be used for group or 1-1 activities. Patients had access to a sports hall and a range of equipment such as basketball hoops, gym equipment and a pool table. Staff told us that the sports hall had a dual function for events throughout the year. A sensory room, equipped with comfortable seating, aimed for patients to be physically relaxed with the use of adjustable lighting, appropriate music sets, a bubble tube and fibre optic spray. There was a clinic room to examine patients and a room for the visiting GP or nurse. A computer room catered for patients with a mixture of planned sessions and pre-booked patient use. A laundry room was available for patients who had been risk assessed to use the equipment as part of their recovery.

There were two visitors' rooms. One doubled up for patients to use as a multi-faith room. In this room, there was a cabinet, which contained religious text and prayer mats. On the wall was a multi-faith calendar. The advocacy service, who attended three days per week, had an assigned office to meet with patients privately.

Patients had access to their mobile phones to make calls in private. These were stored within individual apartments. Some patients also had access to their own electronic equipment such as electronic tablets and portable music players.

All patients had access to a locked cabinet in their bedroom, as well as a key operated safe. Staff individually assessed patients to determine their suitability to keep their own keys. Excess patient belongings were stored securely.

All apartments lead onto a secure courtyard, which patients could access. There was also a well-kept, quiet secure garden with an outdoor table and seating. The hospital also had a gardening area with some raised beds enabling patients to grow produce for meals.

Staff supported patients to plan their weekly menu and to purchase necessary groceries either online or with escorted shopping. Drinks and snacks were available 24 hours a day

in each individual apartment and sweet treat boxes were stored in individual rooms. Staff risk assessed access to the kitchen within individual apartments to allow patients to participate in meal preparation.

The environment was clean. The communal lounge and dining areas within each apartment had feature colour walls and pictures on some walls within a perspex frame. Individual bedrooms could be personalised and included personal items such as a television. The extent of this individualisation depended on the individual, risk assessment and need. Patients could have their own key to their rooms unless deemed too high risk. However, staff locked these rooms on a patient's request. All rooms locked from the inside with a thumb lock. At the time of our inspection, all patients, apart from one, had access to their rooms during the day.

A range of activities were available seven days per week. The occupational therapy team or activity lead support workers led these. The general notice board showed the activity timetable and pictures of weekly activities were visible to patients on apartment notice boards.

The occupational therapy team conducted a recent activity survey of patient and staff opinions regarding activities. Patients liked creative groups, trips out, gardening, Patch the therapy dog and pampering groups. A new activity schedule, which was due to be rolled out, was visible to patients on the general notice board and included further evening activities, smaller groups and additional activities such as letter writing and photography.

Personal activity requests were part of the agenda during multidisciplinary meetings. Requests included activities patients would like to do, for example, trips to a football match, shopping centre or a place of interest.

Meeting the needs of all people who use the service

The hospital was on one floor, which allowed for wheelchair access. Staff could provide larger beds for taller patients, shower chairs for those with limited mobility and epilepsy mats if required.

Easy read text and pictorial leaflets about aspects of care and treatment, for example medication information, type 2 diabetes, complaints and the rights of detained patients were available. The speech and language therapist ensured all leaflets, documentation and letters were translated into easy read format if needed. For example, they had translated a letter from the ministry of justice into an easy read document for a patient. We saw examples of easy read positive behaviour support plans and care plans. Additionally, multidisciplinary team meetings supported patients to chair their own meetings using easy read prompt cards.

At the time of our inspection, English was the first language for all patients. The provider had used interpreters on previous occasions and had access to them. The provider could translate information into different languages if required.

During weekly meal planning the staff supported patients to ensure they met their specific dietary needs. For example, staff supported a patient to follow a weight loss diet plan and staff talked to another patient about coeliac disease and the symptoms of the condition.

The social worker assessed cultural and spiritual needs and staff supported patients to attend a mosque or church using their section 17 leave if this was the patient's wishes. One of the visitor's rooms had a dual function as a multi-faith room.

Listening to and learning from concerns and complaints

The complaints process was available in an easy read format and available throughout the site on notice boards. Advocates supported patients to complain and fed back the outcome of complaint investigations.

In the 12 months prior to February 2018, staff recorded 42 complaints at the hospital; two of these complaints were still under investigation.

Following investigation, staff upheld five of the 42 complaints and partially upheld three. No complaints had been referred to the ombudsman. Many of the complaints not upheld, related to missing items, which patients or staff found later often in the patient's room.

Patients and carers told us they knew how to complain. One carer told us they had complained some time ago and the complaint had been satisfactorily investigated and resolved.

The hospital had a 'you said, we did' board presenting comments made by patients and what actions had been taken. For example, introduction of snack boxes in rooms, and the agreed policy on e-cigarettes.

Good

Forensic inpatient/secure wards

Are forensic inpatient/secure wards well-led?

Good

Vision and values

Elysium saw their role as one which empowers and supports patients to achieve their goals. The organisations values were innovation, empowerment, collaboration, compassion and integrity.

Managers at the hospital had taken the decision to slowly introduce the new provider's policies and systems to staff. This meant that staff were more aware of the previous provider's values of positive, persistent, personal and progressive. However, Elysium were communicating their values through newsletters and we observed posters on the apartment notice boards. Staff were also involved in consultations to ensure they understood the transition between providers and to embed the new values.

Staff were familiar with all managers working at the hospital. However, due to the recent changes to the new provider, they were less aware of the senior managers in the organisation.

Good governance

Elysium had a ward to board governance structure incorporating clinical governance and corporate management. The manager of Bradley Woodlands Low Secure Hospital attended these monthly meetings. Agenda items included quality reporting from the hospital, safety, action plans, service risks, changes to policy, incidents, lessons learnt, team issues, staff skills and development.

Communication to and from the organisation's board, was facilitated through hospital management meetings, staff team meetings and patient community meetings. There were additional sub groups such as regional clinical governance and regional management meetings.

The organisation provided detailed minutes of all levels of meeting which they shared with staff teams. They also produced regular newsletters for staff called 'Golden Threads' so staff understood what was being actioned at a corporate level.

The governance system across the organisation and at hospital level, evidenced that systems were effective in ensuring the hospital operated both safely and effectively. Systems ensured staff were appropriately skilled and supported, staff reported and learnt from incidents, staff followed statutory procedures as required such as safeguarding and the Mental Health Act and that staff participated and improved using audits.

The hospital manager was clear about their role and accountability and had sufficient authority and administrative support to undertake their duties.

The hospital had a risk register which staff could submit concerns to through team meetings and supervisions. Managers discussed risks at management meetings and escalated them to the organisations risk register if necessary. The hospital's risk register included concerns relating to the termination of the NHS contract to provide low secure facilities. Due to this, Elysium were progressing with a service redesign to transform the hospital into a locked rehabilitation provision. The risk register included the risk that the new provision may not meet the forecasted occupancy levels and the control measures and action plan in place.

Leadership, morale and staff engagement

Staff were mostly positive about Elysium as a new provider. The hospital had also appointed a new manager in September 2017. Staff told us they felt supported and involved in the changes. The new provider held consultation meetings to ensure staff knew how the changes would affect them and to promote a greater patient focussed approach. They felt valued and encouraged by a motivated management team with clear aims and objectives. However, some staff were apprehensive with regards to their new terms and conditions and also the changes relating to the patient group and purpose of the hospital. The multi-disciplinary team had a strong contribution in the redesign plans for the hospital.

Managers appropriately addressed staffing levels, sickness and bullying and harassment allegations. This gave staff the confidence to raise concerns without fear of victimisation. Staff told us they felt increasingly valued and engaged in the organisation. The hospital sent out letters recognising staff contribution and managers discussed

how valued staff felt as part of the supervision agenda. Members of the multi-disciplinary team aimed to reduce the hierarchy approach when discussing patients and to reinforce all roles as an integral part of a patients care.

There were no staff surveys conducted during 2017. The hospital planned to conduct a staff survey in the near future.

Commitment to quality improvement and innovation

Bradley Woodlands Low Secure Hospital had previously participated in annual peer reviews as part of the quality network for forensic mental health services accreditation scheme for medium and low secure hospitals. Their last review was in January 2017 where they achieved 87% of the low secure standards which was an improvement from their previous reviews. However, the hospital cancelled their next review, scheduled for January 2018, due to the imminent termination of the low secure contract.

Staff told us that management was open to ideas and suggestions to improve the hospital and the care and treatment to patients. For example, one staff member had devised an assessment for staff to complete to ensure the competencies of drivers and the safety of passengers travelling in their minibus. The assessment was at the hospital and also taken through the governance structure and rolled out across the whole organisation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the hospital does not cancel patient leave for reasons other than clinical.
- The provider should ensure there is an effective system in place to manage the key for the clinic room's fridge.
- The provider should ensure specific care plans or protocols are in place to manage bathing for patients with epilepsy and for carrying out restraint on asthmatic patients.
- The provider should ensure staff consider confidentiality at all times when discussing patients.
- The provider should ensure staff are familiarised with the organisations strategy and are aware of, and reflect the values in their behaviours.