

# The Spinney

## 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

Outstanding



Are services safe?

Good



### Overall summary

We rated The Spinney good for safe because:

- Staffing levels were appropriate with low staff sickness and limited use of agency staff.
- Patients all had valid and up to date risk assessments.
- The environment was routinely reviewed to ensure it was safe and well maintained.
- All safety equipment was safely and securely held in areas where it was accessible by all those that may need it.
- The rehabilitation ward allowed patients who were well enough sufficient independence whilst ensuring they remained safe.
- Safety was an active consideration across the service and was routinely reviewed by ward staff and the senior management team.

However we also found some areas for improvement:

- Compliance training targets for some mandatory training courses was below the service target.
- Overall staff appraisal rates for one quarter were below the service target, with nursing and psychology staff in particular showing lowest percentage compliance with appraisals

Following an inspection we follow a set of principles when aggregating ratings using discretion and professional judgement in reviewing all the available evidence.

As the management team at The Spinney had made the improvements within six months from the date of publication of our last inspection report. We re-rated the safe key question from requires improvement to good. Using our aggregation principles, this also led to an

# Summary of findings

overall rating of outstanding for The Spinney because the caring, responsive and well led key questions were previously rated as outstanding and the effective key question was rated as good.

We rated The Spinney as outstanding because:

- The service tried to minimise the difficulties friends and families could experience when a loved one is admitted into a secure service.
- The service had established a well-supported network for carers to exchange views and share their experiences.
- The service had forged excellent partnerships with other organisations to enable it to facilitate opportunities for patients outside the service.
- The service had good links with other healthcare which meant these providers would visit and offer services to patients on site without the need for them to leave the hospital grounds.
- Patients were actively involved in how the service was run, participating in community meetings, the patient council, panels and project committees.
- The service recognised the importance of physical health and wellbeing, with a range of initiatives encouraging a healthier lifestyle, including a 12 week fitness programme.
- Patients had access to a vast array of varied activities, utilising the various facilities including a gymnasium, swimming pool, sports hall, art rooms, social room, photography suite and music studio.
- Patient centred care focused on patient recovery and the individual's potential after hospital.
- Staff and patients felt valued and that their opinions would be respected.
- Patients were not subject to restrictive practices which limited or infringed on their rights.
- The environment across the site was well maintained and situated within large peaceful grounds.

# Summary of findings

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Outstanding



# The Spinney

## Services we looked at

Forensic inpatient/secure wards

# Summary of this inspection

## Background to The Spinney

The Spinney is an independent hospital that is run by Elysium Healthcare Limited. It is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

The service provides medium secure, low secure, psychiatric intensive care and rehabilitation services for male patients. It has 97 beds split over eight wards and units.

The psychiatric intensive care unit was:

- Hulton ward - a 10 bed psychiatric intensive care unit

The forensic inpatient secure wards were:

- Hesketh ward, a 15 bed medium secure ward
- Hindsford ward, a 10 bed low secure ward
- Lever ward, a 15 bed low secure ward
- Shevington ward, a 14 bed medium secure ward

- Pennington ward, a 10 bed medium secure ward
- Rivington ward, a 16 bed medium secure ward

The rehabilitation unit was:

- The Coppice, a seven bed, unit

All patients were detained under the Mental Health Act. The length of stay varied considerably by ward, with some patients having been admitted for long-term secure care and some new admissions especially on the psychiatric intensive care unit.

The service had an experienced general manager, who is the registered manager with the Care Quality Commission. This is the second time we have inspected The Spinney since it has been managed and overseen by Elysium Healthcare Limited.

We have reported on forensic/inpatient secure wards and the psychiatric intensive care unit together in this report due to the relatively low number of beds within the psychiatric intensive care unit.

## Our inspection team

The team that inspected the service comprised of three CQC inspectors.

## Why we carried out this inspection

We conducted an unannounced focused inspection on 11 April 2018 to review a requirement notice given following a comprehensive inspection in September 2017. During the last inspection in September 2017 we rated the service good overall. We rated The Spinney as requires improvement for the safe key question, good for the effective key question, and outstanding for the caring, responsive and well-led key questions.

Following our inspection in September 2017, we told The Spinney that it must take the following actions to improve its service:

- The service must ensure all Ligature cutting equipment is securely and appropriately stored where it cannot be accessed by patients.

The provider was issued with a requirement notice that affected all forensic wards and the psychiatric care unit. This related to the safe key question in terms of regulation 12, safe care and treatment.

# Summary of this inspection

## How we carried out this inspection

This was a focused inspection looking at the safe key question.

Before the inspection visit we reviewed information that we held about The Spinney.

During the inspection visit, the inspection team:

- visited four medium secure wards, one low secure ward, the step down low secure unit and the psychiatric intensive care unit.
- reviewed the quality of the ward environment
- observed how staff were caring for patients
- spoke with 14 patients
- spoke with 11 staff members including ward managers, nurses and healthcare workers
- interviewed the hospital director who was the registered manager for the service

- looked at 20 patient records including risk assessments, care plans and seclusion records
- carried out specific checks on how patient care was managed for those patients on high dose antipsychotic medication
- looked at 14 prescription charts
- looked at policies, procedures and other strategic processes and documents
- reviewed safeguarding policies and procedures
- interviewed the lead social worker for the service.
- looked at staff records
- reviewed recruitment files and processes
- looked at training records
- reviewed records of incidents which had taken place
- looked at how lessons were learned and shared with staff

## What people who use the service say

During our visit we spoke with 14 patients across the service.

Patients spoke positively about their experiences at The Spinney and said that they felt safe there. All patients were complimentary about the care, treatment and support they had received. Overall patients commented favourably about the quality of their medical and nursing care, stating staff were polite and helpful. Patients felt that they were treated with dignity and respect.

Patients advised us that they had access to a range of activities which enabled patients to develop their self-esteem. They felt that there were normally sufficient staff to access activities and escorted leave.

We heard patients comment favourably about the cleanliness of their wards.

Most patients said they did not have any concerns about the hospital and were complimentary about the cleanliness and calmness of the environment.

# 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?

We rated safe as **good** because:

- All safety equipment including ligature scissors were stored safely and appropriately.
- Patient risk assessments were completed on admission and were routinely reviewed and monitored in a timely manner.
- Rehabilitation ward allowed patients more independence in a safe environment in keeping with their recovery.
- The service kept patients safe by ensuring staffing numbers were sufficient with low levels of reported staff sickness and the limited use of agency or bank staff.
- Staff completed a formal induction process and were supported by a mentor whilst they received comprehensive training preparing them for their role.
- The service environment was clean and well maintained.
- Staff routinely conducted health and safety assessments within each ward to ensure the environment was safe.
- Staff received regular supervision to support them in their roles.
- Ligature risk assessments were comprehensive and conducted regularly as documented on individual audits which outlined recommended actions to reduce risk.
- The use of seclusion and restraint was often mitigated by use of de-escalation as the first point of call by staff.
- Governance structures were in place to ensure safe care, with a daily review of safe care during the morning management handover meeting.
- There were regular reviews of seclusion and long term segregation in line with the requirements of the Mental Health Act Code of Practice.
- Security and welfare of patients on the secure wards was frequently reviewed by the designated security nurse.
- There were systematic processes for reviewing incidents and sharing learning from within the service and beyond from other locations managed by the provider. These were shared with staff across the service and other provider sites through team meetings and regular newsletters.

Good





# Forensic inpatient/secure wards

Safe

Good



## Are forensic inpatient/secure wards safe?

Good



### Safe and clean environment

During our visit we reviewed the safety of the ward environment across The Spinney to ensure it was safe and clean. The wards provided a safe environment for the care of patients within medium secure, low secure, psychiatric intensive care and rehabilitation ward setting.

The environment was clean and well-kept with documentary evidence seen which showed ward areas were consistently and regularly cleaned. Patients told us wards were a calm and comfortable environment, we also noted this during our visit.

Access to all wards and across the service was secure and controlled to ensure patient safety. There was a separate entrance leading to the psychiatric intensive care unit. Keys to each of these wards had to be booked in and out by staff using the computerised locked cupboard system, located at the entry of each unit. This helped ensure that access was co-ordinated and that keys to those wards did not leave the ward. At the entrance of each of the secure services, there was an air lock entranceway, to ensure patients were kept safe, by restricting access to and from the ward by restricting doors from opening. Access onto the rehabilitation ward was through a locked entrance outside of the secure area. Since our last inspection, The Coppice, a step down from low secure rehabilitation ward, for patients who could live more independently, had opened.

All bedrooms had a call button for use when patients required assistance. All staff carried an alarm which could be used if they required assistance from other staff members. When either of these were activated there were systems and processes in place for staff to respond including from other parts of the hospital, which we witnessed when an alarm was activated. On the secure wards and the psychiatric intensive care unit, there were parabolic mirrors and CCTV camera's installed to some areas to improve visibility so staff could better observe these areas.

The environment at The Spinney was safe for the patients on each ward and risks including ligature risks were safety managed and monitored through regular audits of the ward environment with senior managers reviewing these regularly. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. There were appropriate adjustments to the environment to reduce and mitigate risk and ensure safety of patients present within each of the wards was maintained. The psychiatric Intensive Care Unit, medium and low secure wards had fittings to help reduce risk posed to patients. These included piano hinges on doors, built in anti-ligature safeguards and collapsible fittings in bathrooms and toilets.

We looked at how risks including ligature risks were identified and managed. Where there were ligature risks present on wards these were recorded and monitored. We reviewed records of these risks which were comprehensive and identified all Ligature risks present on each ward, level of risk posed and documented mitigation required to ensure patient safety. These noted the recommended actions to reduce or manage each risk along with frequency and ownership of those actions. These varied from restricting access items to only allowing access to these under supervision. This was also dependent on individual patient risk assessments. Ward staff completed a monthly health and safety check to ensure the environment was safe. Records showed that staff promoted good health and safety practices in their areas and any identified shortfalls or hazards were discussed with managers, who would record these centrally and continue to monitor these and address them.

On the secure wards each shift had a designated security nurse, who was responsible for ensuring the safety and security of all on the ward and who was designated to ensure regular checks were conducted. These included checks on all patients and areas to ensure that they were safe and that items not permitted or allowed under supervision, as outlined by lists of prohibited items, were not present in patient areas. On the rehabilitation ward, patients were allowed more responsibility with access to a wider range of items in keeping with the positive risk taking



## Forensic inpatient/secure wards

approaches used by the service. This was noticeable in the difference patients felt between being on the rehabilitation ward compared to the secure services in which the level of security varied accordingly.

Emergency equipment including defibrillators and ligature cutters were safely stored and routinely checked to ensure they were safe to use. These were accessible to staff and kept securely stored in grab bags or in cupboards. Where these were stored in offices, those offices were secure and doors routinely closed. Posters were displayed signposting their locations. The security nurse on each secure ward had access to these at all times. Staff knew how to access these in the event of an emergency and had an awareness of the systems and processes in place to deal with emergencies.

On all wards patients had access to outdoor provision and fresh air. On the secure wards and psychiatric intensive care unit patients had access to a secure courtyard. Patients on the rehabilitation ward had access to a large enclosed garden and large woodland surrounding the unit.

Seclusion rooms met the standards outlined in the Mental Health Act Code of Practice in terms of providing a safe environment for the management of patients presenting as a risk to others. All seclusion rooms had access to a toilet and wash basin within the room or observation area. Patients could be discreetly observed by staff in the toilet areas if this was required. Some seclusion rooms had a toilet and shower in the observation room, which could be observed by staff, with disposable urinals also available in the seclusion room itself, if patients could not or would not leave the seclusion area. The seclusion rooms had a large clock visible for patients to identify the time.

All the wards had a clinic room which varied in size and contents present. All the rooms were well organised, clean and tidy. Medicines were stored securely with access restricted to authorised staff, one of whom was designated to hold the key for each shift. Certain medication, controlled drugs, require additional storage precautions and enhanced checks to ensure their safe usage. Staff managed controlled drugs safely to prevent misuse with these were ordered as needed from the pharmacy and regularly audited. Medicines requiring refrigeration were stored appropriately with daily checks to ensure this was done safely.

### Safe staffing

There were appropriate numbers of staff across all wards to ensure patients were being cared for in safely staffed wards, with a minimum of five staff on each ward during the day and four at night. During our visit we reviewed staffing numbers and processes that the service used to ensure staffing arrangements at The Spinney were safe. At the time of our visit the established staffing levels across the service were 58 whole time equivalent qualified nursing staff and 107.4 whole time equivalent healthcare support staff. Staff to patient ratios across all wards were good, with between 18 and 27 established whole time equivalent staff on each ward. There were vacancies on each ward, with across the service 8.5 whole time equivalent nursing vacancies and 10.1 whole time equivalent healthcare support staff vacancies. Information about staffing numbers showed that over the period October 2017 to March 2018, 30 staff had left the service whilst the service had recruited 60 new staff including 28 bank staff over the same period. The service had processes in place to ensure staffing could be supplemented if required. Each ward displayed the planned versus actual staffing levels on each ward for each shift. The actual staffing levels matched or exceeded those expected per shift, with at least one qualified nurse on duty on each ward. When we spoke to patients they told us there were enough staff on the ward at times when they needed them including for activities such as escorted leave.

All new staff received a comprehensive induction programme prior to commencing their roles at the service and annual mandatory training was provided on an ongoing basis. There were both classroom based and online training courses. Compliance rates with classroom based training were higher than online courses, with an average of 92% compliance for classroom training and 86% for online training. However one of the classroom based training courses was below the service target of 85%, this was the Prevent training, a specialist training to help staff identify signs of radicalisation, which had a compliance rate of 83%. Out of the eleven training modules offered as online learning programmes, six were above the 85% service target whilst five were below the training service target. This included one training module, safe administration of medication level one which was below 75%. We were told was due to the introduction of new courses which had only been running for a few weeks. The service had plans to ensure all modules reached the compliance target over the course of the next month.



## Forensic inpatient/secure wards

During our last inspection we reviewed the process for supporting new staff which included being assigned a mentor and being given an opportunity to work across the service. These remained the same at the service.

We asked staff about their experiences of working at the service. They told us that they felt that the wards were safely staffed and felt safe and supported on the wards to maintain appropriate relational and actual security. Ward managers told us they were able to adjust staffing levels as required to match the case mix and patient presentations at the time including if staff were required for enhanced patient observations. This allowed for appropriate staff to patient ratios across the wards. Staff and patients both confirmed that leave and activities were not routinely cancelled.

To minimise on the use of agency staff and to ensure the service had staff available that were familiar with its systems, process and patient case mix, the service had its own staff bank. This consisted of staff that were employed by the service and who were regularly used across the service. As a result there was low use of agency staff with on average 2.3% of shifts filled by agency support staff and 11.8% of shifts filled by bank staff during the period October 2017 to March 2018. The service had a sickness rate of 2.7% for nurses and nursing assistants between October 2017 to March 2018.

During the inspection we observed a friendly rapport between staff and patients, across the wards, with staff showing that they knew the patients and their care needs. Staff supported patient in a prompt and respectful manner.

We looked at the personnel and recruitment files for five members of staff in order to review recruitment processes. These showed that appropriate recruitment checks were made including completing disclosure and barring service checks and the verification of records before staff commenced their employment at the service. These checks confirmed an individual's suitability for their role by reviewing any gaps in employment, qualifications, ability to work and professional accreditations and registrations.

Staff appraisal and supervision are a means of assessing staff performance to ensure an individual's practice is appropriate and effective and that they have appropriate support available. The service monitored appraisals and supervision on a quarterly basis. Figures for the period October to end of December showed appraisal targets for

nursing and psychology staff were below the service target. Reviewing this information for staff across the service for the whole period showed for the period October 2017 to March 2018, 99% of staff had their supervision completed within the appropriate timeframe and 88% of staff had their appraisal completed in a timely manner which was very close to the service target of 90%.

### Assessing and managing risk to patients and staff

During the visit we looked at the management of patient care and risk at the service. We reviewed 16 care records including individual risk assessments. All the patient risk assessments were up to date and identified risks patients may have posed to themselves or to others. Staff told us they used a variety of tools to assess risk including Historical Clinical Risk Management-20 and Short-Term Assessment of Risk and Treatability tools. These tools are used both to identify and manage ongoing risks. The use of risk assessment tools and management plans was evident in the care records we reviewed. Staff told us that they had access to various resources including comprehensive set of professional guidelines for the assessment and management of risk.

We assessed the use and administration of medication across the service by reviewing 14 medicines charts and speaking with nursing staff about administering medicines. Responsibilities for safe administration of medication were known and understood by staff. Medicine records were well completed and there were no gaps noted in the recording of medicine administration. Documentation showing patients consent to the necessary treatment or the necessary legal authority were attached to the records accordingly.

The service's medicines supply and pharmacy support had recently been changed to a new pharmacy provider. Nursing staff we spoke to were positive about the change and did not identify concerns with the availability of medication and stock medication including out of hours provision.

Patients on the rehabilitation ward had a lockable cabinet to store their medication as part of their self-management of medication in keeping with their recovery and treatment in accordance to the service's local procedures and policies.

The service had processes in place to monitor and review patients taking high dose medication. We looked at how the service ensured the safety of patients who required



## Forensic inpatient/secure wards

more than the standard recommended dose of anti-psychotic medication. High dose anti-psychotics is the term given to administering of higher than the normal recommended dose of anti-psychotic medication. When these are administered it is essential a patient is closely monitored to ensure there are no adverse effects of this. High dose antipsychotics were sometimes used when patients failed to respond to treatment and where their prescribing clinician deemed their condition required it to maintain their safety and wellbeing. The service kept a central record of patients on high dose anti-psychotic medication which was closely monitored and reviewed due to the increased risk associated with prescribing antipsychotic medication this way. When this was done patients required additional monitoring and observations to ensure their safety and wellbeing.

We case tracked three patients who were on high dose antipsychotics. On each ward when high dose anti-psychotics were prescribed and when they were administered to a patient, a monitoring form was completed which was then reviewed by the management team during morning handover, to ensure managers could oversee this. The monitoring form highlighted known risk factors such as heart, kidney or liver problems and showed a record of the calculation of the dosages of each antipsychotic given. The clinical justification for using and the continued use of high dose antipsychotics along with details of previous relapses in patients' mental health when reductions in medication had been tried were also recorded.

Patient notes showed evidence of regular physical health checks being offered to patients. These were carried out on a patient's admission onto the ward and at regular intervals. They were also carried out following administration of high dose antipsychotic medication. The checks were overseen by the practice nurse in order to ensure any adverse effects of patient medication were monitored and appropriate action taken when needed. When patients refused these physical checks, their respiratory rate, which is a visual observation of a patient's breathing and which can be an early indicator of side effects and health deterioration, was monitored and documented.

We looked at how episodes of patient agitation, aggression and violence were dealt with at the service by reviewing records and speaking to both staff and patients.

De-escalation along with other techniques to promote and support patients in a way that avoids the need for physical restraint should always be used first by staff when assisting a patient. Staff told us that sudden deterioration in patient health was initially managed through both patient observations and de-escalation techniques which relied upon knowing the patients. This was evidenced in the records which we reviewed, which confirmed that staff attempted de-escalation before more restrictive practices such as seclusion were used.)

Patients can be prescribed medication known as rapid tranquillisation to help with extreme episodes of agitation, anxiety and sometimes violence. Information about the use of rapid tranquillisation at the service showed that the policy covering this type of treatment was up to date. There had been 37 incidents of rapid tranquillisation in the 6 months preceding the inspection, from 1 October 2017 to 31 March 2018. Records indicated correct physical checks had been carried out after rapid tranquilisation. None of these were administered with the patient being placed in a face down position. During the same period there had been 221 incidents where restraint was used on a total of 39 different patients. These included 31 incidents of prone restraint, where a patient is placed face down for a short period. Restraint is used in a variety of circumstances when it is felt necessary to restrict, subdue or prevent a patient's movement, actions or behaviour.

The service reviewed and monitored the use of prone restraint through regular audits and reviews to assess if it was used when necessary and for the shortest period. It had been identified that prone restraint episodes were for very short periods, the average duration of a prone restraint six months prior to our inspection was 1.5 minutes, which was an increase from the average duration the six months to October 2017. It had been identified that the incidents of prone restraint were mainly due to the unexpected descent to the floor by patients when they were first restrained. Other reasons included if it was required as part of a controlled descent into the prone position when an intra-muscular injection was to be administered to patients or to enable staff to exit the seclusion room safely. National guidance states that prone restraint should be avoided where possible because there are additional dangers with prolonged prone restraint including the increase risk of respiratory collapse. Training given to staff stated that prone restraint should only be used as an extreme last resort. Information was displayed across the service to



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remind staff that the use of prone restraint was a last resort and should be for the shortest time possible. The service monitors prone restraint through the restrictive interventions group with input from patients to ensure this form of restraint was being used proportionately and only in extreme situations.

Staff training covered potential risks associated with prone restraint and how staff should assess and manage risk. The therapeutic management of violence and aggression training taught staff how to restrain patients appropriately. The focus was about ensuring safety by using the face up position, but also how to manage a patient's unintended decent in the face down or prone position. We reviewed the processes used by the management team to ensure prone restraint was being used in exceptional circumstances and if there were any lessons which could be learnt from each incident.. Staff we spoke to had an awareness of this and the risks associated with prone restraint. Most the incidents of restraint, 84%, occurred in the psychiatric intensive care ward.

The use of seclusion was monitored and reviewed by the service management team. Seclusion is the process of taking a patient away from the main ward environment into an intensive nursing suite where the patient is secluded from the rest of the ward until it is safe for them to be returned. Records showed that for the 6 month period prior to our inspection 50 incidents of seclusion had occurred. This was an increase from 33 seclusions in the previous 6 months and was largely accounted for by a patient with complex care needs. Patients we spoke with who had been secluded over this period said during episodes of seclusion, they felt that staff treated them well, with dignity and respect. No patient expressed concerns over their experience.

Long term segregation, when a patient is nursed in a separate area and is prevented from having contact with their peers due to a prolonged presentation of disturbed behaviour. There had been thirteen episodes of long term segregation involving three patients across different wards at The Spinney between October and March 2018. All instances were care planned after discussions with the multi-disciplinary team. The service had processes in place to ensure it acted in accordance to national guidance and that each episode was routinely monitored and reviewed.

On the Psychiatric Intensive Care ward and secure wards, there were clear list of items not allowed on each ward

which varied depending on the nature of the ward. These items were kept in security cupboards with access to these items under supervision only. There was an appropriate balance between managing risks within the secure and PICU environments and an appropriate level of positive risk taking. This was achieved through ensuring proper regard to relational security such as good knowledge of individual patients and appropriate staffing levels. When patients moved to Milford ward, they had ready access to a wider range of domestic and personal items in keeping with a rehabilitation unit.

We looked at the services safeguarding provision. The service had comprehensive and up to date policies and procedures relating to safeguarding adults and children. Safeguarding training was mandatory for all staff to complete each year, and training compliance rates showed 89% of staff had completed this within the last 12 months at the time of our visit. This was above target and was an increase in comparison to the compliance figures we had noted during our previous inspection. The staff we spoke with showed an awareness and understanding of their responsibilities, knew how to report safeguarding concerns and were able to describe to us some of the signs which may signify abuse or neglect. Staff showed they understood the safeguarding procedures at the service knowing what to do when faced with a safeguarding concern.

All the wards had systems and processes in place to deal with foreseeable emergencies including medical emergencies and fire evacuation. We saw the emergency equipment was appropriately stored and was accessible by staff that could need them. Staff were trained in the prevention and management of violence and aggression with 92% of staff having completed this training within the last 12 months.

### Track record on safety

During the inspection we reviewed information available about incidents that had occurred recently at the service. All independent hospitals are required to tell us about any incidents that occur and certain other events by sending us the appropriate notification. The service had notified us of appropriate relevant events including safeguarding incidents and any incident which involved police contact. Over the period October 2017 to March 2018 the service had raised 103 safeguarding enquiries of which 32 were referred to a safeguarding team at a local authority to



## Forensic inpatient/secure wards

ensure vulnerable adults or children were protected. During this period there had been seven incidents categorised as serious untoward incidents. These included incidents of threatening behaviour, potential breach in confidentiality, and patient on patient acts of aggression. Each had been investigated and a series of recommendations made accordingly.

There had been no never events to occur at the service since our last inspection.

The management team at The Spinney had access to a wide range of monitoring tools that were used to monitor patient safety information for each ward illustrated as real time dashboards. These captured patient details, observations levels, seclusion and long term segregation use, risk assessments, evidence of recent physical health checks. The use of seclusion rooms for seclusion purposes or otherwise was documented and reviewed by both the ward manager and separately by the management team, during morning handover. For the six month period prior to our visit there had been 50 separate instances where a seclusion room had been used. Governance arrangements were in place to ensure there were appropriate reviews of the dashboards, incidents and complaints, and action on audits took place regularly. These dashboards also captured information pertaining to incidents that had taken place at the hospital and categorised by their seriousness. We looked at these dashboards on some of the wards we visited. We noted each showed there had been low level of incidents to have occurred in the preceding six months prior our visit.

### **Reporting incidents and learning from when things go wrong**

The service had processes and systems in place to record incidents when they happened and to ensure lessons

learned were shared with all staff. As part of our inspection of The Spinney we looked at how concerns were reported and lessons learned. Staff we spoke with were aware of how an incident or a concern should be reported and their responsibility in doing this. The service used the electronic incident recording system which was used by the provider across its services. Incidents were reviewed in morning handover, where senior managers, doctors and ward managers all attended. The learning from incidents and actions arising from them were also discussed during these meetings. These were shared with staff during individual ward meetings and newsletters. The service also shared learning with other services run by the provider through a number of summative newsletters which outlined incidents that had occurred, learning arising from them and changes in policy and procedure that may result.

Staff received feedback from when incidents occurred. Staff told us that if incidents occurred there would be a debriefing session, the purpose of which was to review events leading up to an incident. These were seen as an opportunity to reflect and consider issues that had arisen, to help inform staff of how things could be done differently in the future. Staff said their managers were approachable and they told us about the culture of learning from when things go wrong and that they worked without fear of raising concerns if they needed to be raised.

### **Duty of candour**

The duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to patients if mistakes have been made in their care that have led to significant harm. The purpose of duty of candour is to help patients receive accurate and truthful information from health providers. A duty of candour policy was in place and all staff we spoke with were aware of the policy.

# Outstanding practice and areas for improvement

## Areas for improvement

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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