

**Good** 

# Lincolnshire Partnership NHS Foundation Trust

## Forensic inpatient/secure wards

### Quality Report

Trust Headquarters, Units 8&9, The Point, Lions Way,  
Sleaford, Lincolnshire, NG34 8GG  
Tel: 01529 222 200  
Website: [www.lpt.nhs.uk](http://www.lpt.nhs.uk)

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RP7EV	Mental Health Unit, Lincoln County Hospital Site	Francis Willis UNit	LN2 5PU

This report describes our judgement of the quality of care provided within this core service by Lincolnshire Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

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

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good



Are services safe?

Requires improvement



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 / Deprivation of Liberty Safeguards

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated forensic inpatient/secure units as good overall because:

- Francis Willis was a slightly dated but pleasant environment to live and work in.
- There were clear lines of sight throughout the ward.
- Nursing staff on the wards were enthusiastic in their approach and patients spoke positively about them.
- All admissions were planned following pre admission assessments. Local risk assessments were also carried out after admission. The Historical Clinical Risk management (HCR-20) tool was used. These were completed and reviewed appropriately.
- All patients had their physical healthcare needs met and there was an effective health care recording system
- Leadership on the wards was highly visible and managers had a positive presence on the ward.

- The clinical team contained full multi-disciplinary representation.

However:

- We were concerned about the safety of the garden area of the ward. This contained potential ligature points that had not been identified through environmental risk audits.
- The defibrillator had not serviced for 20 months. This had not been picked up through equipment audits.
- Staff and patients felt unsafe at night due to low staffing levels.
- Not all mandatory training had been completed.
- Patients reported that the food was of very poor quality. Patients were also unhappy with food access arrangements.

# Summary of findings

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

### Are services safe?

We rated this service as requires improvement for safe because:

- Staff and patients felt unsafe at night due to low staffing levels.
- The unit had a stand-alone alarm system so only staff working in the unit would respond. The unit had an arrangement with other wards however it was a limited response due to its distance from other mental health wards.
- Staff could observe into the seclusion room via a CCTV screen. However, this screen could also be viewed by patients from the main corridor compromising a patient's privacy and dignity when secluded.
- We were concerned about the safety of the garden area of the ward. This contained potential ligature points that had not been identified through environmental risk audits.
- The defibrillator had not serviced for 20 months. This had not been picked up through equipment audits.
- Not all mandatory training had been completed.

However:

- Risk assessments were undertaken regularly by the clinical team. The historical clinical risk management-20 tool (HCR-20) was completed in the first six months of admission with patients across the forensic service and reviewed regularly.
- There was sufficient staffing during the day.
- The unit had medical support at all times.
- The unit had a good safeguarding procedure and staff knew how to report incidents.
- Staff ensured that all medicines were stored, managed and prescribed appropriately.

**Requires improvement**



### Are services effective?

We rated this service as good for effective because:

- Admissions were planned following pre admission assessments.
- Patient care plans were personalised and based around the individualised risk.
- Patients had physical healthcare needs met and there was a good health care recording system.
- All staff had received an appraisal in the previous 12 months.
- The ward had access to a full multi-disciplinary team (MDT) incorporating medical, nurse, psychologists, social work and occupational therapy. There was access to therapy and treatment provided by the MDT.

**Good**



# Summary of findings

- Prescribed medication followed NICE guidelines.
- Patients had access to an advocacy service with appropriate information to support this.
- Treatment was delivered within the requirements of the Mental Health Act and the Mental Capacity Act.

## Are services caring?

We rated this service as good for caring because:

- Staff on the ward displayed positive attitudes towards the patients and care was individualised. This was confirmed by patients who spoke positively about the staff.
- On admission patients were orientated to the ward, and encouraged to participate in their individual treatment process.
- Patients were in possession of their care plans and confirmed they were involved in care planning meetings.
- Community meetings were held weekly and well attended.

However:

- Francis Willis did not have a designated child visiting area within the secure perimeter.

Good



## Are services responsive to people's needs?

We rated this service as good for responsive because:

- There was a weekly referral meeting across the forensic service.
- Patient moves within the service were planned and based on individual clinical need.
- Francis Willis had quiet rooms, space to meet adult visitors and space to have private meetings with clinical staff.
- There was access to information leaflets in a variety of languages.
- Patients were aware there was a process for them to complain about the service.

However:

- Patients reported that the food was of very poor quality. Patients were also unhappy with food access arrangements.

Good



## Are services well-led?

We rated this service as good for well led because:

- Leadership on the wards was highly visible and managers had a positive presence on the ward.
- Team working and support mechanisms on the wards was evident and staff felt supported by their immediate managers.

Good



# Summary of findings

- There was a commitment to quality improvement and innovation.

## Summary of findings

### **Summary of findings**



## Information about the service

The Francis Willis unit is based in at the County Hospital site in Lincoln. The unit provided low secure forensic services for patients who were all detained under the Mental Health Act. The purpose of the Francis Willis unit is to provide assessment and therapeutic treatment for adult males with mental health issues who require interventions within a safe and secure environment. Patients are under the care of one consultant psychiatrist.

At the time of the inspection Francis Willis had 15 occupied beds.

Since 2011 there have been 30 inspections across nine locations registered to Lincolnshire Partnership NHS Foundation Trust. Francis Willis Unit was inspected on one occasion in November 2014. The unit was found compliant with regulations at this time however we recommended that improvements were made to risk assessment and visiting arrangements. There was also one unannounced Mental Health Act reviewer visit during 2015.

## Our inspection team

Our inspection team was led by:

**Chair:** Stuart Bell, Chief Executive, Oxford Health NHS Foundation Trust.

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

**Inspection Manager:** Lyn Critchley, Inspection Manager, mental health hospitals, CQC

The team that inspected the forensic in patient/secure ward team consisted of two CQC inspectors, a Mental Health Act reviewer and pharmacist all of whom had recent mental health service experience and an expert by experience who had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust. They had prepared for our visit by gathering relevant information and availability of staff and service users to meet or speak with us.

## Why we carried out this inspection

We inspected this core 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 these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited the Francis Willis unit at Lincoln looking at the quality of the ward environment and observed how staff were caring for patients.
- spoke with six patients who were using the service.
- spoke with the ward manager.
- spoke with five other staff members; including doctors, nurses, psychology, occupational therapists and social workers.
- spoke with the consultant psychiatrist.
- attended and observed one hand-over meeting and one multi-disciplinary meeting.
- reviewed seven patients' treatment records.
- carried out a specific check of the medication management on all wards.
- reviewed a range of policies and procedures relating to the Francis Willis unit.

## What people who use the provider's services say

We spoke with six people who used the service.

- There was positive feedback from people who used the services.
- Patients said they felt involved in their care planning and treatment and this was documented in the care record.
- Patients reported that the food was of poor quality.

## Good practice

- The physical healthcare monitoring provided was of a high standard

## Areas for improvement

### Action the provider **MUST** take to improve

- The trust must ensure that all ligature risk are assessed and managed.

### Action the provider **SHOULD** take to improve

- The trust should ensure that staff receive all mandatory training.
- The system for ensuring that all emergency equipment is in date and maintained.
- The trust should review the provision and quality of food to patients

# Lincolnshire Partnership NHS Foundation Trust

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

##### Name of service (e.g. ward/unit/team)

Francis Willis Unit

##### Name of CQC registered location

Mental Health Unit, Lincoln County Hospital Site

#### 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.

- Only 50% of staff had training in the Mental Health Act. However staff were able to demonstrate a good understanding of the Act and the code of practice principles.
- Staff ensured that patients had their rights read to them on a regular basis.

- Section 17 leave was approved correctly and supported by appropriate risk assessment.
- Medication was prescribed in line with certificates of consent to treatment.
- Detention paper work was completed correctly. There was administrative support to ensure paperwork was up to date and held appropriately.
- Patients had access to an independent mental health advocate with appropriate information to support this. Advocacy attended community meetings fortnightly.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act training was poor at the service at just 18% of staff trained. However, the trust had a policy on the use of the Mental Capacity Act and there was good adherence to the Mental Capacity Act principles on the ward.
- Decisions on capacity were made and were reviewed in the ward round on an individual basis.
- Staff on the wards was aware of the Mental Capacity Act definition of restraint.

# Are services safe?

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

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Francis Willis was a purpose built male only unit that had good observation assisted by CCTV in key areas of the ward.
- A ligature and environmental risk assessment had been undertaken at the ward in August 2015. This had indicated that there were no high level risks on the ward. Staff also ensured that local environmental risk assessments were up to date and were regularly reviewed.
- Within the ward lower level risks were identified and included actions to manage or mitigate the risk.
- However, we were concerned about the safety of the garden area of the ward. This included a large number of potential ligature points including fences, door handles and window fixings. We were also concerned that the roof line and the top of fences had rotating spikes. This may pose a significant risk to patients should they attempt to climb on to the roof and also gave an institutional and custodial appearance to the service. The garden area had not been included in the ligature audit.
- Security arrangements were in place and mainly appropriate for a low secure service. These included arrangements for patient personal and room searches, prohibited items such as cigarette lighters, mobile phones and access arrangements
- Assessments undertaken under the patient-led assessment of the care environment (PLACE) reviews in 2015 identified the unit had performed worse for the condition, appearance and maintenance of the environment at 77.9% against an England average of 91%. For cleanliness, the unit had scored 89.2% against an England average of 97.6%. However, at the time of our inspection the ward was clean and well maintained.
- Staff had access to a clinic room. The clinic room was well equipped and had all required facilities. Clinic audit procedures were in place. However, the defibrillator was not been serviced for 20 months at the time of the inspection. Whilst staff replaced it quickly the clinic audit had not highlighted the fact it was out of date prior to our inspection.

- The ward had one seclusion room. This was located away from the main ward however the viewing panel could be seen from the main corridor by other patients compromising a patient's privacy and dignity.
- All clinical staff who worked on the ward had a personal alarm system. The system was solely for use at the Francis Willis unit and not linked to other mental health wards at the site.

### Safe staffing

- The trust had set safer staffing levels for the service. For the unit these were 2 nurses and 3 nursing assistants during the day shift, often with support from the ward manager and occupational therapy staff. At night these were set at 1 nurse and 2 nursing assistants. The ward manager followed the local safer staffing protocol and had the authority to alter staffing levels when required.
- The number of staff on duty when we inspected reflected the number set in the protocol. Most gaps in staffing were covered by regular bank staff. If agency staff were needed then they received an induction before being given keys.
- We found that there were sufficient staff on duty during the day to ensure safety and that patient needs were met. For example, most leave was facilitated and activities occurred as planned. However, we were told by both staff and patients that there were insufficient staff at night. Concerns were particularly about times when incidents occurred at the ward as there were insufficient staff to safely manage restraint, raise the alarm and ensure other patient's needs were met. This was of greater concern as this was a standalone unit, so additional staff could not easily be requested from other wards.
- The ward manager audited all escorted leave to ensure cancelled leave was kept to a minimum. For the period, January 2015 to August 2015, 97% of planned leave had happened.
- Medical cover was available 24 hours per day at the unit as part of the trusts on call medical staffing rota.
- The trust target for mandatory training was 95%. Overall the team had 80% compliance with training but not all training courses had met this level. For example, clinical

# Are services safe?

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

risk training (79%), life support training (78%), management of violence and aggression training (85%), Mental Health Act training (50%) and Mental Capacity Act training (18%).

## Assessing and managing risk to patients and staff

- Staff ensured within the first three months of admission that the historical clinical risk management-20 tool (HCR-20) and health of national outcomes scale (HoNOS) were completed for all patients.
- The service had observation policies in place.
- Ward staff completed a leave risk assessment prior to patients' going on leave.
- Patients were also risk assessed before unescorted leave was allowed in the garden due to number of blind spots and ligature risks.
- Restraint was not used frequently on the ward and staff were using de-escalation techniques as a first option with patients.
- Seclusion was used infrequently and staff told us that this was for the minimum time possible. Seclusion records were completed appropriately and reviews undertaken in line with the MHA code of practice.
- Staff across the services were able to report safeguarding and had a structure to follow.
- Staff ensured that all medicines were stored, managed and prescribed appropriately.

- The unit was supported by the trust's pharmacy service. Regular medicine audits were being carried out and the ward had taken action to address any identified concerns. Medicine administration records (MAR) were completed appropriately.
- A rapid tranquilisation algorithm and policy was in place.

## Track record on safety

- There were 35 incidents of restraint recorded on seven different patients in the six months prior to our inspection. One incident involved prone restraint.
- The unit had secluded patients on seven occasions during the six months up to June 2015.
- A total of 55 incidents were reported to the National Reporting and Learning System in the 12 months prior to our inspection. There had been no serious incidents.

## Reporting incidents and learning from when things go wrong

- Staff were aware of the correct procedure to report incidents and the types of issues that needed reporting.
- Ward staff were open and honest with patients when things could be improved.
- The ward manager offered support to staff following an incident on the ward. Monthly business meetings were in place to enable information and learning to be shared across the service.
- Action was taken in response to any learning from incidents.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Staff ensured all admissions were planned following a pre admission assessment and local risk assessments were carried out post admission. Patient care plans were personalised and based around the individualised risk.
- All patients had physical healthcare needs met. There was a good health care recording system incorporating a six monthly full physical healthcare check as minimum.
- The services used an electronic system for patients' notes.

### Best practice in treatment and care

- Prescribed medication followed NICE guidelines.
- Prescribing was within British National Formulary limits. This was also reflected in consent to treatment forms.
- There was access to psychological and occupational therapies across the service.
- HoNOS secure was used within the unit alongside HCR-20. There was evidence of clinical audit.

### Skilled staff to deliver care

- The service had a full multi-disciplinary team (MDT) incorporating medical staff, nurses, psychologists, social workers and occupational therapists.
- There was access to therapy and treatment provided by the MDT.
- Staff received additional role specific training. For example, forensic services, substance misuse and reinforce the appropriate and implode the disruptive (RAID) training had been provided for front line staff.
- Staff also had access to leadership training.
- Staff were supervised and appraised regularly and the ward had regular team meetings. Supervision rates across the nursing staff were good and averaged 80% per month.
- The managers addressed performance issues appropriately.

### Multi-disciplinary and inter-agency team work

- Different professions worked effectively to assess and plan care and treatment programmes for patients.
- Staff handovers we observed were effective and well structured. Regular multi-disciplinary meetings were held involving a psychiatrist, psychologist, nurses, occupational therapists, and social workers.
- The service had good links with the local authority about safeguarding concerns and worked closely with NHS England and other commissioners.
- The community forensic service was engaged with patients, particularly when discharge arrangements were being considered.

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

- Only 50% of staff had training in the Mental Health Act. However staff were able to demonstrate a good understanding of the Act and the code of practice principles.
- Staff ensured that patients had their rights read to them on a regular basis.
- Section 17 leave was approved correctly and supported by appropriate risk assessment.
- Medication was prescribed in line with certificates of consent to treatment.
- Detention paper work was completed correctly. There was administrative support to ensure paperwork was up to date and held appropriately.
- Patients had access to an independent mental health advocate with appropriate information to support this. Advocacy attended community meetings fortnightly.

### Good practice in applying the Mental Capacity Act

- Mental Capacity Act training was poor at the service at just 18% of staff trained. However, the trust had a policy on the use of the Mental Capacity Act and there was good adherence to the Mental Capacity Act principles on the ward.
- Decisions on capacity were made and were reviewed in the ward round on an individual basis.
- Staff on the wards was aware of the Mental Capacity Act definition of restraint.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- Staff on the ward displayed positive attitudes towards the patient group and care was individualised. Patients told us that most staff were good and that they felt supported.
- Staff explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of the needs of patients on this unit.
- Assessments undertaken under the patient-led assessment of the care environment (PLACE) reviews in 2015 identified that the unit scored worse than average at 77.8% for the privacy, dignity and well-being element of the assessment against an England average of 90.7%. However, patients told us that staff treated them with respect and ensured their dignity was maintained.

### The involvement of people in the care that they receive

- Staff orientated patients to the ward on admission and encouraged them to participate in their individual treatment process.
- Patients interviewed were in possession of their care plans and confirmed they were involved in care planning meetings.
- Community meetings were held weekly and well attended.
- There was good access to advocacy.
- Staff encouraged families and carers to visit. The unit had a dedicated social worker lead and they liaised closely with patients' families. There was space on the ward for family visits however, staff had to hold any child visits out of the unit at another inpatient facility nearby. Patients told us that this sometimes meant that visited could not be facilitated.



# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Clear assessments were in place to ensure that the unit's admission criteria were being met.
- Weekly referral meetings were held to discuss referrals to the service and review current patients' placements in the service.
- Average bed occupancy in the six months prior our inspection had been 100%. The ward was full at the time of our inspection. We were told that there was a high demand for forensic beds at the trust and so the service had a waiting list.
- The average length of stay in this unit was almost 18 months.
- There were no readmissions or delayed discharges at the service during the six months leading to our inspection. The trust reported responsive joint working with the commissioners of this service and external agencies to ensure any patient moves were planned and based on individual clinical need.

### The facilities promote recovery, comfort, dignity and confidentiality

- The ward inspected was clean, tidy and had large open spaces for the patient's recreation. However, we noted that furniture and the décor was dated in areas.
- The ward had quiet rooms, a room to meet visitors and also a room to have private meetings with clinical staff. However, we noted that the dining room was small for the 15 patients on the ward.
- There were activity and art rooms. The ward had dedicated occupational therapy support and there was a full programme of activities available to patients.
- Patients had access to a fully equipped gym. This facility was supported by a qualified gym instructor.
- There was a range of therapeutic interventions available on an individual and group basis.
- The patient phone was in a room off the main area of ward which allowed for privacy. Patients were not allowed mobiles within the unit however some patients, where risk assessed, were able to use mobile phones when on leave.
- The ward had access to a large outside space. However, we have some concerns about this area which are set out in the safe domain.

- Assessments undertaken under the patient-led assessment of the care environment (PLACE) reviews in 2015 identified that the unit scored worse than average at 70.4% for the food element of the assessment against an England average of 89%. The score for organisationally provided food was particularly poor at 65.9%.
- Patients reported that the food was of very poor quality. Patients were also unhappy with food access arrangements. The ward policy stated that patients needed to attend the dining room within a 15-minute period at mealtimes. If they did not then the food would be thrown away. Patients told us that when this happened there was no alternative food available to them meaning they would go hungry.
- Patients were able to store their own snacks however there were limited ward snacks available to patients.
- Hot and cold drinks were available to patients during the day. Patients had to request hot drinks from staff during the night although cold drinks were available.
- Patients were able to lock their rooms and had secure storage.
- Patients were able to personalise rooms although few had actually done so.

### Meeting the needs of all people who use the service

- Managers ensured the service was accessible to people with disabilities.
- Information leaflets in a variety of languages could be accessed via the trust intranet and the trust had access to interpreting services.
- Patients' diverse needs such as religion and ethnicity were recorded and we saw these were being met for example through religious specific diets and access to spiritual visitors.
- A prayer room was available elsewhere on the hospital site. If patients were unable to attend this we were told that the chaplain would visit them on the ward regularly.

### Listening to and learning from concerns and complaints

- There was a process in place to allow patients to make a complaint and receive feedback from complaints.
- Patients had been given information about how to complain and had regular advocacy provision. Patients told us that they knew how to complain.



# Are services responsive to people's needs?

Good 

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

- In the six months to our inspection one formal and two informal complaints had been made. The formal complaint had not been upheld. No compliments had been received at the service.
- There was a meeting structure via business and ward handovers that allowed for information from complaints to be disseminated across the services.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff understood the trust's vision and values and could describe them. Posters explaining the values were on display in all staff areas.
- Staff knew who the directorate senior managers were however they had not met nor knew who the executive and non-executive directors were.

### Good governance

- The trust target for mandatory training was 95%. Overall the team had 80 % compliance with training but not all training courses had met this target. For example, clinical risk training (79%), life support training (78%), management of violence and aggression training (85%), Mental health Act training (50%) and Mental Capacity Act training (18%).
- Supervision rates across the nursing staff were good and averaged 80% per month.
- The rates of staff appraisals on the ward were high (100%).
- Incidents were reported via the trust reporting system and relevant information was emailed to the appropriate ward manager. Action was taken in response to any learning from incidents.
- The ward manager had sufficient authority and appropriate support to do their job. The manager was highly thought of amongst all ward staff across the service.
- Staff had a process in place to submit concerns and issues to the individual ward risk registers which fed in to the trust risk register where appropriate.

### Leadership, morale and staff engagement

- Sickness and absence rates were 11%. The manager showed that the process was managed via the sickness policy and supervision.
- Staff stated that they were aware of the process of raising their concerns and potential whistleblowing within their own team.
- The ward manager supported staff to develop their leadership skills at ward level. This had resulted in five staff leaving the service after gaining promotion elsewhere within the trust in last 12 months.
- Team working and support mechanisms on the ward was evident and staff felt supported by their immediate manager. Staff morale and job satisfaction was positive.
- Within the wards, there was evidence from interviews with the patient group that staff were open and honest. We observed staff in ward rounds to be honest and open with patients

### Commitment to quality improvement and innovation

- There was a range of therapeutic interventions available on an individual and group basis.
- The physical healthcare was enhanced following being awarded funding from Royal College of Psychiatry to provide study days on physical healthcare.
- The unit was a member of the Royal College of Psychiatrist's quality network for forensic mental health services. The trust had joined in 2013 however during 2015 further peer reviews had occurred. The unit had met 83% of the low secure standards.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust are not effectively ensuring that care and treatment is provided in a safe way for patients, by assessing the risks to the health and safety of patients of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.

- Wards and courtyard areas had potential ligature points that had not been fully considered, managed or mitigated.

**Regulation 12 (1)(2) (a)(b)(d)**