

## St Andrew's Healthcare

# St Andrew's Healthcare - Essex

### Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



# Summary of findings

## Overall summary

St Andrew's Healthcare Essex is situated in North Benfleet, Essex.

The registered location at Essex provides men's services and women's services. This location consists of 3 core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay rehabilitation mental health wards for working age adults
- Forensic inpatient or secure wards

### **Our rating of this location improved. We rated it as requires improvement because:**

Danbury ward and all acute wards for adults of working age and psychiatric intensive care units were tired and in need of redecoration.

Managers did not always ensure there were enough staff on shift to meet minimum planned numbers, on long stay rehabilitation mental health wards for working age adults. Training figures on some wards were below what we would expect for a safe service. Some staff were not up to date with mandatory training.

Patients on Tiptree ward were not accessing and participating in, education and work opportunities in the wider community.

The service had not reviewed its recovery model of care, expected length of stay and did not have clear discharge pathways for patients at admission.

Staff did not always record observations in line with the providers policy. We reviewed 16 observation records during inspection, 12 of the observation records we reviewed had delays in the time of the observation being uploaded on to the providers electronic recording system.

Patients from Benfleet ward requiring seclusion were taken to Tiptree ward through the ward area to access seclusion, potentially not maintaining privacy and dignity.

However:

The ward environments were safe. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

# Summary of findings

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Patients had access to a nurse call system, so patients could summon help if required.

Observations were being completed at unpredictable intervals which was an improvement from the last inspection and staff were following policies and procedures. The hospital had installed a new observations system for staff to record observations in real time and managers had oversight.

Following this inspection, requirement notices were issued for:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

At St Andrew's Healthcare Essex, the services provided include patient centered care for both men and women with a personality disorder and/or mental health issues in both a low secure and locked environment.

St Andrew's Healthcare Essex location has been inspected 8 times.

The location has a registered manager and a controlled drugs accountable officer.

St Andrew's Healthcare Essex location is registered to provide the following regulated activities:

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

# Summary of findings

## Our judgements about each of the main services

### Service

**Acute wards for adults of working age and psychiatric intensive care units**

### Rating

**Good**



### Summary of each main service

Our rating of this location improved. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision, and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

# Summary of findings

- Wards were tired and in need of redecoration. The provider had a hospital wide renovation plan, which showed the timescales for all ward areas to undergo redecoration and renovation. Renovations were due to start in April 2023.
- Patients from Benfleet ward requiring seclusion were taken to Tiptree ward through the ward area to access seclusion, potentially not maintaining privacy and dignity.
- Staff did not always carry out observations in line with the providers policy.

## Forensic inpatient or secure wards

Good



Our rating of this service improved. We rated it as good because:

- Danbury ward was not clean when we visited, and patients told us that the ward was not clean.
- Training figures were below what we would expect for a safe service. Fifty seven percent of staff on Danbury ward had completed immediate life support and 56% had completed safety intervention training. The hospital target was 100%.
- On Danbury ward there was a cold drinks dispenser which was empty at the time of inspection and did not appear to be in use.
- On Danbury ward there were maintenance issues; a clothes dryer was not working, 4 showers were not working, the patient computer was being repaired and there was poor décor and graffiti on 2 pictures on the ward.
- Staff struggled to name the 5 principles of the Mental Capacity Act, although they showed a good understanding of how the Mental Capacity Act was applied in practice.

However;

- Patients had access to a nurse call system, so patients could summon help if required.
- Maldon ward was clean. Neither ward had an unpleasant smell.
- Staff maintained patient confidentiality on the wards.
- Observations were being completed at unpredictable intervals which was an

# Summary of findings

## Long stay or rehabilitation mental health wards for working age adults

### Requires Improvement



improvement from the last inspection and staff were following policies and procedures. The hospital had installed a new observations system for staff to record observations in real time and managers had oversight.

- The seclusion room on Danbury ward had a functioning monitor. The seclusion room had not been used since the ward opened in January 2023.
- Patients were given feedback following complaints.

Tiptree ward had not previously been inspected. We rated it as requires improvement because:

- Staff did not always complete observation charts fully or in a timely manner.
- Patients could not freely access the kitchen for drinks or snacks.
- Managers did not always ensure there were enough staff on shift to meet minimum planned numbers.
- Staff were not up to date with mandatory training.
- There was a seclusion room on the ward, this had a potential negative impact on the therapeutic environment.
- Staff did not ensure that patients accessed and participated in educational or work opportunities in the wider community.
- The service did not work to an expected length of stay and some patients did not know how long they were expected to stay on the ward.
- Not all patients had a discharge pathway from admission, and some discharge plans lacked detail.

However:

- The ward environments were safe and clean. Staff assessed and managed risk well. They managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and patient involvement. They

# Summary of findings

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provided a range of treatments and activities on the ward suitable to the needs of the patients cared for in a mental health rehabilitation ward.

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received regular supervision and appraisal.
  - The ward staff worked well together as a multidisciplinary team. There was clear input from occupational health and psychology teams.
  - Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
  - Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients in care decisions.
  - Both staff and patients spoke positively about the ward.
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# Summary of findings

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# Summary of this inspection

## Background to St Andrew's Healthcare - Essex

St Andrew's Healthcare Essex location is situated in North Benfleet, Essex, and has been registered with the Care Quality Commission since 11 April 2011. St Andrew's Healthcare also have locations in Northampton and Birmingham.

This location was most recently inspected in June 2022. The location was rated as inadequate overall. We issued the provider with a warning notice telling the provider they had breaches of regulation in the following areas: no call bells in patient bedrooms for patients to alert staff in an emergency, staff were not complying with completing enhanced patient observations safely or in line with their policy, managers did not ensure a rehabilitation model was embedded on Maldon ward, patients on Maldon ward did not have access to employment and educational opportunities and did not receive regular psychology sessions to support them in their recovery. At the time of inspection Maldon ward had three patients and the provider had plans to close the ward once the three remaining patients had found suitable placements elsewhere.

During this inspection, we found improvements in all areas of the warning notice served in June 2022. However, we still found areas where the provider needed to make improvements.

The following services were visited on this inspection:

### **Acute wards for adults of working age and psychiatric intensive care units:**

We inspected the following wards:

- Audley ward is a male ward with 11 beds.
- Frinton ward is a female ward with 12 beds.
- Benfleet ward is a male acute admission ward with 16 beds.

### **Forensic inpatient or secure wards:**

We inspected the following wards:

- Danbury ward is a low secure male ward with 16 beds.
- Colne ward is a low secure female ward with 6 beds. This ward was due to be closed once patients had been discharged.

### **Long stay rehabilitation mental health wards for working age adults:**

We inspected the following ward:

- Tiptree ward is an all-male ward with 16 beds. Tiptree ward opened on 19 January 2023 and has not previously been inspected by the Care Quality Commission.

# Summary of this inspection

## **What people who use the service say**

We spoke with 16 patients and 5 family members or carers across all of the 3 core services we inspected.

### **Acute wards for adults of working age and psychiatric intensive care units:**

We spoke with 3 patients and 4 carers.

Carers we spoke with told us that they felt very involved in the care of their loved one, the service was responsive and quick to resolve complaints and that there was good communication between the carer and the doctors or other health professionals. They told us staff were very caring and understanding and they felt that wards were safe and met patient's needs. They also commented on the range of relevant activities, for example, sporting activities.

Patients we spoke with said they liked the food, they knew how to complain, and that staff were nice, although 2 patients said that the wards needed more staff.

### **Forensic inpatient or secure wards:**

We spoke with 7 patients and 1 carer.

Patients told us staff are visible on the wards, but they spent a lot of time in the office, and it was difficult to get staff out of the office to respond to their requests.

Patients told us they have community meetings, but they do not find these meetings effective, mealtimes were not flexible, and they generally did not like the food. They also told us leave sometimes gets cancelled and patients were not always given sufficient notice when appointments were cancelled.

Patients knew how to complain, and most patients knew what medication they were taking and were involved in their medication reviews.

The carer we spoke with told us they believed their relative was safe and they felt able to raise a concern, although when they did raise a concern, it took longer than they thought to be resolved. They had good communication with their relative's physical health doctor. They said they were particularly impressed with the hospital social worker.

### **Long stay rehabilitation mental health wards for working age adults:**

We spoke with 6 patients.

Patients told us staff were respectful, kind, helpful and friendly and there were always enough staff to talk to. Patients said that the ward was always clean and there was a range of activities to take part in, patients told us their leave or activities had never been cancelled.

Patients told us the food was good and there was a wide variety.

# Summary of this inspection

Three patients told us they were not aware of any educational or volunteering opportunities, 2 patients told us they were not given an information pack on admission to the ward and 3 patients told us they did not know how long they were expected to stay on the ward.

## How we carried out this inspection

During the inspection visit, the inspection team:

- visited wards on every service and observed how staff cared for patients
- toured the clinical environments, including clinic rooms and reviewed emergency equipment
- reviewed the medicine management on the wards, including a review of 31 medication cards
- spoke with 16 patients that were using the service
- interviewed 35 staff and managers, including ward managers, clinical leads, doctors, nurses, healthcare assistants, psychologists, occupational therapists, technical instructors and social workers
- interviewed senior managers including clinical directors and head of nursing
- spoke with 5 family members or carers;
- reviewed 25 patient care records
- reviewed 16 observation records
- reviewed minutes of various ward meetings, attended handovers, environmental risk assessments, ligature risk assessments, observation records, seclusion records and community meetings.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

Patients on acute wards for adults of working age and psychiatric intensive care units had access to opportunities for education. The provider had a dedicated education department on site which supported patients in accessing a variety of accredited courses including catering, health and social care and Information Communication Technology.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

# Summary of this inspection

## **Action the service MUST take to improve:**

### **Forensic inpatient or secure wards:**

The service must ensure that premises and equipment are kept clean in line with current legislation and guidance. Regulation 15 HSCA (RA) Regulations 2014 Premises and Equipment.

The service must ensure that training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role. Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.

### **Long stay rehabilitation mental health wards for working age adults:**

The service must ensure there are enough nursing and support staff on all shifts to keep patients safe. Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

The service must ensure that staff are up to date with mandatory training. Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.

The service must ensure that patients access and participate in, education and work opportunities in the wider community. Regulation 9 HSCA (RA) Regulations 2015 Person-centred Care.

The service must review their current recovery model of care, expected length of stay and clear discharge pathways for patients at admission and reflect these in the patient care notes. Regulation 9 HSCA (RA) Regulations 2015 Person-centred Care.

## **Action the service SHOULD take to improve:**

### **Acute wards for adults of working age and psychiatric intensive care units:**

The service should ensure that Acute wards for adults of working age and psychiatric intensive care units undergo a renovation and redecoration programme in line with the providers hospital wide renovation plan.

The service should consider the appropriateness of seclusion on a step-down ward and the privacy and dignity of patients being moved from acute wards for seclusion.

The service should ensure they record patient observations in line with policy.

### **Forensic inpatient or secure wards:**

The service should ensure that cold drinks are available for patients on Danbury ward and that the drinks dispenser is cleaned and re-filled regularly.

The service should ensure that facilities and equipment on the wards such as showers, computers and dryers are well-maintained and repaired as soon as practicably possible.

# Summary of this inspection

Managers should ensure electronic care plans give the patient voice once the paper copies on the ward are joined with the electronic versions.

Staff should keep patients up to date with actions following the patients' community meetings.

Managers should ensure clinical supervision levels are improved on Danbury ward.

## **Long stay rehabilitation mental health wards for working age adults:**

The service should ensure that all kitchen fridge temperatures are recorded daily.

The service should ensure patients have up to date and individualised risk assessments, so they are able to access the kitchen and drinks on the ward.

The service should ensure when required (PRN) medication is updated on the electronic patient management system.

The service should ensure they record patient observations in line with policy.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Requires Improvement	Good	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Good	Good	Good	Requires Improvement	Good	Requires Improvement

# Acute wards for adults of working age and psychiatric intensive care units

Good 

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

## Is the service safe?

Good 

Our rating of safe improved. We rated it as good.

### Safe and clean care environments

**All wards were safe, clean, well equipped, well-furnished, and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards. Blind spots were mitigated by convex mirrors and staff conducted environmental safety checks every 15 minutes.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff completed ligature risk assessments annually or more frequently when new equipment was added to areas accessed by patients or changes were made to fixtures or fittings. All ligature risk assessments had been updated in May 2022. Each ward office had a ligature map located on the wall showing high-risk areas.

Staff had easy access to alarms and patients had easy access to nurse call systems in all communal areas, bedrooms, and bathrooms.

### Maintenance, cleanliness, and infection control

Ward areas were well furnished and fit for purpose. However, they were tired and in need of redecoration. The provider showed us a hospital wide renovation plan, which showed the timescales for all ward areas to undergo redecoration and renovation. Renovations were due to start in April 2023.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning schedules were in place.

Staff followed infection control policy, including handwashing. The hospital displayed hand washing posters at each sink. Hand sanitizer was available in all areas, including in clinic rooms and the reception area.

## Seclusion room

The seclusion room for Benfleet ward was located within another ward. Patients were escorted by staff to the seclusion room either using the stairs, or the lift. The provider had a policy and additional training in place to move patients safely between wards whilst they were restrained. However, patients were usually supported in the extra care area on the ward, until they were able to walk to the seclusion room. The seclusion room allowed clear observation, had a toilet and a clock. At the time of inspection, staff told us the intercom was not working, and they could not speak clearly with the patient using the intercom. However, during inspection the staff were shown how to use the intercom system and additional training was supplied by the provider. Frinton ward and Audley ward seclusion rooms were based on the wards and allowed clear observation, had a toilet and a clock and a two-way intercom system.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff used clean stickers to demonstrate when equipment was last cleaned. Staff were aware of what procedure they should follow in a medical emergency.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. Staffing levels included staffing required to deliver enhanced support. The service had reducing vacancy rates, 8 nurses and 12 healthcare assistants had recently been recruited into permanent positions.

The service had reducing rates of bank and agency nurses and nursing assistants. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed records to confirm this. During inspection we reviewed staffing rotas from December 2022-February 2023 and saw no gaps in staffing levels.

The service had low turnover rates, 7 staff members had left the service in the 3 months leading up to inspection.

Managers supported staff who needed time off for ill health and levels of sickness were low.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift, using a daily patient matrix to allocate the correct number of staff dependent on patient need.

The ward manager could adjust staffing levels according to the needs of the patients.



# Acute wards for adults of working age and psychiatric intensive care units

Good 

Patients had regular one to one sessions with their named nurse. Patients we spoke with confirmed this.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients we spoke with confirmed this.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. All wards used the same electronic recording system, that all staff had access to.

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall, hospital compliance with mandatory training for the 3 months leading up to inspection was 93% for Equality, Diversity and Human Rights, 92% for infection control, 92% for self-harm and suicide awareness training and 93% for safeguarding training. For acute and PICU wards, basic life support training was 78% and immediate life support training was 81%. However, all staff whose training was overdue had been booked on to the next available course.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating, and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised, provider specific tool, and reviewed this regularly, including after any incident. Staff updated risk assessments at the weekly multi-disciplinary meetings and more frequently where required.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Since our last inspection, the provider had introduced electronic observations using tablet computers, these were submitted in real time and automatically

# Acute wards for adults of working age and psychiatric intensive care units

Good 

uploaded to the providers electronic recording system. Staff had received additional training in the electronic recording system and prior to the inspection the provider had introduced a twice daily auditing system to ensure compliance and a daily observations handover. We were satisfied that following the last inspection, staff were carrying out patient observations intermittently in line with the providers Enhanced Support Policy.

We reviewed 9 sets of observation records for acute and PICU wards. Patients on Audley and Benfleet wards who were on general hourly observations were mostly observed within the hour at random intervals. However, of the 3 patient observation records we reviewed on Benfleet Ward, 2 patients who were on general observations had a 5-minute delay in their observations being uploaded on to the electronic recording system. On Audley ward, 2 patients who were on general observations had a 3-minute delay in their observations being uploaded on to the providers electronic recording system. On Frinton ward, we reviewed 3 patients' observation records for the 24-hour period between 14-16 March 2023 and found that 1 patient on general hourly observations had not been observed within the hour on 6 occasions, the longest being 26 minutes overdue. Another patient who was on continuous enhanced support had 6 observations that were overdue, the longest being 29 minutes. Another patient on Frinton ward who was on continuous enhanced support had 6 observations that were overdue, the longest being 23 minutes overdue. We raised this with management during inspection, who told us this would have been a delay in inputting the data on to the new tablets, and that patients on continuous enhanced support would be with a staff member at all times. The provider explained that the new electronic recording system had not initially saved the inputted data due to connection issues and this was flagged and reinputted. Extra data points had also been introduced throughout the wards to ensure inputted data was being saved.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff completed crisis management plans for patients on Benfleet, Audley and Frinton ward. Staff formulated patients risk management plans in the weekly multi-disciplinary meetings. Patients were central in the development of both risk management and behaviour support plans.

Staff followed procedures to minimise risks where they could not easily observe patients. Convex mirrors and environmental checks were used where there were blind spots.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Use of restrictive interventions

Levels of restrictive interventions were low and reducing on Benfleet ward. Between 16 December 2022 and 14 March 2023, there were 13 episodes of restraint, which resulted in 4 separate episodes of seclusion. During the same dates on Audley ward, there were 16 episodes of restraint, the highest being 9 episodes in February 2023, 5 of which were involving the same patient and 5 which resulted in seclusion. On Frinton Ward, between 16 December 2022 and 14 March 2023, there were 18 episodes of restraint and 20 episodes of seclusion.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff participated in the St Andrews Healthcare restrictive interventions reduction programme, which met best practice standards.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff followed NICE guidance when using rapid tranquilisation and were adhering to the provider's quality improvement plans developed as part of the last inspection. Between 02 December 2022 and 09 March 2023, rapid tranquilisation was used 8 times on Audley Ward, 5 times on Benfleet ward and 10 times on Frinton Ward. Staff monitored and recorded post rapid tranquilisation physical observations in line with guidance.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. We reviewed seclusion records and found a clear rationale for seclusion to continue.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. As of 28 February 2023, the compliance rate for training for permanent staff in Safeguarding Children, Young People and Adults Level 1 and 2 was 94%, the compliance rate for safeguarding level 3 was 92%, and the compliance rate for safeguarding level 3 online training was 95%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. There was a family room adjoined to the main reception building where visits could be held so young children did not have to go into the main hospital.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Social workers based within the hospital took the lead on making referrals to the local authority.

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily. Since our last inspection, the provider had started using a new electronic recording system, which all staff could access. The service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in locked cabinets inside a locked ward office.

## Medicines management

# Acute wards for adults of working age and psychiatric intensive care units

Good 

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Staff used electronic prescribing when administering medicines. We reviewed 19 prescription charts across the wards and found no major errors or omissions. However, on Benfleet ward, 2 patients' injection sites were missing from prescription chart records.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Pharmacists checked prescribing, recording, administration, and storage of medicines. Patients were given medication information booklets and had a discussion with staff before any medication was increased.

Staff stored and managed all medicines safely. Staff completed medicines records accurately and kept them up to date. Controlled drug monitoring was in place and checked by 2 members of staff.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from national St Andrews Healthcare safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

## **Track record on safety**

**The service had a good track record on safety.**

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

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. All staff had access to the incident recording system. The provider kept a comprehensive incidents log, which included types of incidents.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider recorded all complaints and the progress of these on a central database. Patients and families were provided with outcome letters following complaints made.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Managers debriefed and supported staff after any serious incident, which included all members of the multi-disciplinary team.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal to the service, and through St Andrews Healthcare. Staff met to discuss the feedback and look at improvements to patient care.

## Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

### Assessment of needs and planning of care.

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 15 assessments during the inspection, all were comprehensive.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The hospital had a physical health lead nurse and dedicated physical healthcare assistants. We saw good monitoring of patient's physical health and support for ongoing physical health conditions.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff developed care plans with patients, which were personalised, holistic and recovery orientated. Patient voice was evident throughout care plans. Care plans were reviewed regularly and updated through multidisciplinary discussion, with full patient involvement.

### Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. Occupational therapists, technical instructors and speciality instructors who worked in areas such as music, sports, horticulture, and art created a timetable of on and off ward activities for patients to engage in. Staff completed initial assessments with patients on admission, which included their likes and dislikes and signposted to groups and 1-2-1 activities based on their preferences. Staff stored occupational therapy care plans on the providers electronic recording system. Staff could refer patients to psychology if required.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Dedicated specialist physical health staff identified patients' physical health needs and recorded them in their care plans. Staff checked height, weight, and nutritional needs monthly, discussed oral health and completed a Simple Physical Activity Questionnaire (SIMPAQ) with patients. Dietician sessions were available if required. Staff made sure patients had access to physical health care, including external specialists as required.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients had access to an on-site gym.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes, including the Health of the Nation Outcome Scale.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. Managers used results from audits to make improvements as required, across wards. For example, the provider had introduced a twice daily auditing system to ensure compliance and a daily observations handover.

## **Skilled staff to deliver care.**

**The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of the patients on the ward. The multi-disciplinary team included consultant psychiatrists, speciality doctors, occupational therapists, technical instructors, speciality instructors, and educational lead, nurse managers, nurses, healthcare assistants and ward admin.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. Managers kept a mandatory training log to ensure staff compliance.

Managers gave each new member of staff a full induction to the service before they started work. Staff received a new starter's workbook to complete within the first twelve weeks of employment, alongside the two-week induction programme. Induction forms were collected and stored centrally.

Managers supported staff through regular, constructive appraisals of their work. The appraisal completion rate for the hospital was 99%.

Managers supported staff through regular, constructive supervision of their work. In February 2023, the compliance rate for all staff on Audley ward and Benfleet ward was 100% and the compliance rate for all staff on Frinton ward was 81%. A new system was developed and launched in July 2022 which enabled supervisors and supervisee to capture and record Clinical Supervision in an electronic format. This allowed managers to retain improved levels of oversight to their team's compliance in supervision and also enabled the supervisee to record electronic copies of the clinical discussions.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed minutes of team meetings from January 2023 to March 2023 and saw that staff had attended regularly. Minutes were available which all staff could access.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received specialist training for their role, including learning disability and autism training.

Managers recognised poor performance, could identify the reasons, and dealt with these.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Meetings included a range of relevant professionals.

Staff shared clear information about patients and any changes in their care, including during dedicated daily handover meetings, minutes of these meetings were stored within ward offices for staff to refer to.

Ward teams had effective working relationships with other teams in the organisation and external teams and organisations. Social workers liaised regularly with external community teams.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Mental Health Act training was included in the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. At the time of our inspection, the compliance rate for permanent staff across the hospital was 83%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Mental Health Act administrators were based in the provider's Northampton hospital site and were available over the phone for support.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice, which staff knew how to access.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Staff displayed posters on each ward relating to advocacy services and independent mental health advocacy services. Patients knew they could speak to an advocate and how to contact them.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We reviewed 15 care records which had a dedicated care plan section indicating that staff had repeated patients' rights as necessary and recorded it clearly in the patient's notes to show they had understood.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Patients could also go on leave in the hospital grounds without having to use section 17 leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Second Opinion Appointed Doctor visits and outcomes were clearly recorded in records we reviewed.

Staff stored copies of patients' detention papers and associated records correctly on the providers electronic recording system, and staff could access them when needed.

The hospital did not have any informal patients at the time of our inspection. We were told the hospital would not accept informal patients due to the security in the hospital preventing informal patients being able to leave freely.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. The compliance rate for completion of Mental Capacity Act training across the hospital was 83%.

There was a clear policy on Mental Capacity Act and Deprivation Of Liberty safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation Of Liberty safeguards.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff recorded patients' mental capacity to consent to treatment, in all 15 care records we reviewed.

## Is the service caring?

Good 

Our rating of caring improved. We rated it as good.

## Kindness, privacy, dignity, respect, compassion, and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.**



# Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff were discreet, respectful, and responsive when caring for patients. Staff gave patients help, emotional support and advice when they needed it. We observed positive interactions between staff and patients.

Staff supported patients to understand and manage their own care treatment or condition. We saw throughout care records that patients were involved in their care and treatment.

Staff directed patients to other services and supported them to access those services if they needed help, including advocates, solicitors, and Independent Mental Health Advocates.

Patients we spoke with said staff treated them well and behaved kindly. One patient we spoke with said that St Andrews were making sure they were well enough to go back to the community, were taking good care of them and that they were receiving very good treatment.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. Staff we spoke with said they would have no issues raising any concerns.

Staff followed policy to keep patient information confidential.

## Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

### Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients received a welcome pack as part of their ward orientation.

Staff involved patients and gave them access to their care planning and risk assessments. Patients were offered a copy of their care plans in all 15 care records we reviewed.

Staff made sure patients understood their care and treatment and involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Wards had electronic tablets for patients to feed back about care. We reviewed the 'Your Voice Survey Data' for 02 April 2021 to 14 March 2023, comments were mostly positive, including patients saying that staff were good at de-escalating patients, and that staff were caring and kept them safe. However, some comments said that the hospital needed to increase the number of staff on wards.

Staff made sure patients could access advocacy services. Advocacy posters were displayed on walls throughout wards.

### Involvement of families and carers

# Acute wards for adults of working age and psychiatric intensive care units

Good 

## Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Carer booklets were sent to all families as part of a patient's admission process. Carers, family, and friends could also contact the Carers Centre, based at the Northampton hospital site for advice and information.

Staff helped families to give feedback on the service. Carers we spoke with as part of the inspection told us that they felt very involved in the care of their loved one, the service was responsive and quick to resolve complaints and that there was good communication between the carer and the doctors or other health professionals.

Staff gave carers information on how to find the carer's assessment.

## Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

## Access and discharge

**Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.**

### Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Discharge planning was evident in all 15 of the care records we reviewed.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

### Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. At the time of inspection there were no delayed discharges across acute wards for adults of working age and psychiatric intensive care units.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Patients did not have to stay in hospital when they were well enough to leave. Once patients were well enough to leave hospital, staff communicated with placements and community teams. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff discussed patients' discharge in collaboration with them during multi-disciplinary meetings.

Staff supported patients when they were referred or transferred between services.

## Facilities that promote comfort, dignity, and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.**

Each patient had their own bedroom, which they could personalise. During inspection we saw patients' rooms had been personalised. Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment both on and off the ward, to support treatment and care, including a patient café, a gym, an education department, and activity rooms.

The service had quiet areas and a room where patients could meet with visitors in private. The service also had a separate visitors room off the ward for visits with children.

Patients could make phone calls in private. Wards had access to a private phone booth and patients were able to use their mobile phones.

The service had an outside space that patients could access easily. Audley and Frinton wards had an outside space attached to the ward. Benfleet ward is on the first floor and so the garden is accessed via stairs at the back of the ward. Patients have supervised access to this area as well as use of the hospital's communal courtyard. Managers told us patients needed to be supervised to access all outside space due to risk.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Patients fed back that they enjoyed the quality and portion sizes of the food.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service, such as work, education, and family relationships.**

Staff made sure patients had access to opportunities for education and work and supported patients. The provider had a dedicated education department on site which supported patients in accessing a variety of accredited courses including catering, health and social care and Information Communication Technology. Staff involved families in presentations and held an annual open day, with family members to present patients with their certificates and awards.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Education staff supported patients in developing a quarterly newspaper.

Staff helped patients to stay in contact with families and carers and organised regular family engagement and family/carer days.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. The hospital had a remote library bus, which attended the hospital monthly and was available for all patients to use.

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

### **The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had a clear exclusion criterion, which included patients whose physical condition could not allow safe management on the wards.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. All patients were given a welcome pack as part of their ward orientation, which included details on complaints, treatment, and local services.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed. Interpreters were available via the telephone or virtually for meetings.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious, and cultural support. Patients had access to a multi-faith room and multi-faith support.

## **Listening to and learning from concerns and complaints**

### **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives, and carers knew how to complain or raise concerns. We spoke with 3 carers as part of our inspection, and all confirmed they knew how to make a complaint.

The service clearly displayed information about how to raise a concern in patient areas. Posters were displayed in all communal ward areas.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Managers investigated complaints and identified themes. We reviewed the providers complaints database as part of the inspection. The last complaint raised was in December 2022. We saw learning evidenced from verbal concerns that had been raised by patients during ward community meetings.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

## Is the service well-led?

Good 

Our rating of well-led improved. We rated it as good.

### Leadership

**Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

The hospital had an experienced and stable leadership team. Leaders had a good understanding of the needs of patients and how to address these. Leaders had a comprehensive understanding of the services they managed. Leaders could explain clearly how the teams were working to provide high quality care.

Staff told us leaders were supportive and approachable in every leadership level of the hospital. Staff and patients knew who the local leaders were. Most staff knew who the most senior managers in the organisation were or where to find that information.

Staff were complimentary about their immediate managers and leaders. They told us they were approachable, visible, and supportive.

The leadership team worked closely together and there were regular monthly clinical governance meetings. Various committees and meetings, such as patient safety committee, fed into the clinical governance framework meetings.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.**

# Acute wards for adults of working age and psychiatric intensive care units

Good 

The provider's core values of compassion, accountability, respect, and excellence were visible throughout the hospital and evident through observing staff interactions with patients. The provider's senior leadership team successfully communicated the provider's vision and values to the frontline staff in this service. Staff were able to identify these and how these were displayed in care and treatment on the wards.

Staff felt that there had been significant improvements in safety following the last inspection and felt that they had been involved in that process.

Leaders produced an action plan for areas for improvement across the hospital, which included a hospital wide redecoration programme, which was followed up in governance meetings.

## Culture

**Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff said they were supported by service leaders and their colleagues, and they felt respected and valued in their teams and in the wider hospital setting.

Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation. Staff described an open and supportive culture where they were encouraged to speak up and raise concerns.

Leaders dealt with poor staff performance when needed. Leaders dealt with areas of concern including behaviours and attitudes of staff.

Staff reported good morale and were happy in their roles. We observed supportive and cohesive team working and the atmosphere appeared relaxed and encouraging. Staff confirmed this.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

Following our last inspection, the provider had made improvements to all areas of the warning notice relating to Acute wards for adults of working age and psychiatric intensive care units. We were assured that our findings from the other key questions demonstrated that governance processes were operating effectively, and hospital wide learning and training had taken place.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear framework of what must be discussed at ward and senior management team level meetings to ensure that essential information, such as learning from incidents was shared and discussed.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Ward managers had a good overview on the performance issues relating to the running of the wards and where the high-level risks were. Ward teams had access to the information they needed on the ward computers which supported them to provide safe and effective care and used that information to good effect.

Staff collected analysed data about outcomes and performance and engaged actively in local, St Andrews wide and national quality improvement activities.

## Management of risk, issues, and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

There was an appropriate clinical governance structure in place to ensure information and risk was escalated and managed in a timely manner. The governance structure tracked data relating to incidents and accidents, use of restraint and rapid tranquilisation to ensure the hospital were aware of the most recent incidents and were reviewing these regularly.

Ward managers, staff and the hospital director confirmed that they could submit items to the hospital risk register and were able to give examples and describe the process involved. We could see this was discussed in the clinical governance meetings and that the hospital was taking appropriate action in relation to the identified risks.

Staff we spoke with could describe recent incidents across the hospital and St Andrews Healthcare, and managers could describe lessons shared across. This process was also replicated in the clinical governance meetings. We found lessons learned were shared across the entire staff team through the St Andrews intranet and through posters in ward offices. Staff confirmed that they received feedback from incidents and complaints.

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Staff told us they had access to the equipment and information technology needed to do their work.

Ward managers had systems and dashboards in place to support them in their role. This included information on staffing, supervision and appraisals, training, and hospital performance data.

## Engagement

**Managers engaged other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.**

There was a strong focus on continuous learning and improvement at all levels of the organisation. Specialist training for patient groups had been facilitated, including learning disability and autism training.

The service had a risk register in place which they used to record, review, and manage risks to the service.

# Acute wards for adults of working age and psychiatric intensive care units

Good 

Managers consistently provided high levels of constructive engagement with staff and patients. Staff and patients had access to up-to-date information about the work of the provider and the services they used. The service used several methods to communicate with staff, patients and carers that included its own website, bulletins, emails, displays, intranet, and live senior leadership virtual engagements across all of the providers' hospital sites and a dedicated social media page for staff.

The provider involved and engaged with patients via a patient forum for patients from across all of the providers' hospital sites and patients' community meetings. Carers of newly admitted patients were invited to attend a meeting with the multidisciplinary teams for a dedicated time once a week to ask any questions.

The hospital used electronic tablets on wards for supporting patient feedback, this fed into the clinical governance structure to ensure actions were allocated to staff to follow up. In addition, the hospital had a separate annual service user and families and carer satisfaction survey.






## **Learning, continuous improvement and innovation**

The hospital had developed their physical health provision and had employed a physical health nurse and physical healthcare assistants to support the ward with all physical health related care issues and advice, they also supported with smoking cessation, and provided support on different physical health concerns for patients and staff, for example diabetes management and well woman related concerns.

The hospital held an educational awards day in 2022, where families and friends attended the hospital to celebrate patients receiving their educational awards.



# Forensic inpatient or secure wards

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

## Is the service safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

### Safe and clean care environments

**All wards were safe, mostly well equipped, well-furnished, and mostly fit for purpose. Maldon ward was clean and well maintained, however Danbury ward was not clean and not well maintained. The showers, clothes dryer and computer did not work, and the cold drinks dispenser was empty and not working.**

### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff completed monthly audits of the environment. Each ward had detailed accessible environmental risk assessments. The hospital ligature audit detailed that environmental ligature risk assessments and action plans must be reviewed every 12 months. We saw evidence that Maldon Ward had completed a ligature risk assessment and action plan audit in January 2023.

Staff could observe patients in all parts of the wards. There was good visibility of most of the wards from the nurses' station. On Maldon ward the conservatory was not visible from the nurses' station but patients were always supervised in this area. The ward complied with guidance and there was no mixed sex accommodation. All wards were single sex wards.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. In both wards there was an up-to-date ligature map on the wall in the office and a ligature risk assessment which identified all risks. The ligature risk assessment for Danbury ward was located in the fire folder. Some staff on Danbury ward were unable to find the ligature risk assessment. We escalated this to the ward manager who immediately rectified this and relocated the plan to the ligature risk folder. On Maldon ward there was an identified ligature risk in the conservatory, the ligature risk assessment showed this ligature risk and leaders told us that patients were only able to access this area while supervised.

# Forensic inpatient or secure wards

Staff had easy access to alarms and patients had easy access to nurse call systems. This is an improvement since the last inspection. Staff wore alarms on the wards and patients had access to alarms in both wards in their bedroom and ensuite. There were patient alarms in the communal areas.

## Maintenance, cleanliness, and infection control

Ward areas were mostly well maintained, well-furnished and mostly fit for purpose. Maldon ward was clean. Danbury ward was not clean. There was leftover food on the floor of the dining room and in the activity room. The ward manager told us that it was a patient's job to carry out the cleaning on the ward, however they had not completed this task on the day of inspection. Managers gave us evidence that a patient had been given a job and was cleaning the communal areas 3-5 hours weekly, as directed by the cleaning staff. There was a cold drinks dispenser in the dining room, however on the day of inspection this was empty and was dirty. Patients and staff told us that there were 4 showers out of use due to a maintenance problem. The hospital director told us that the parts for the showers were on order but there had been a delay in delivery due to shortages of the parts required. All 5 of the patients we spoke with told us the ward was not clean, was untidy and the communal bathroom was not cleaned regularly enough between each use. Patients had been asked to clean the communal bathroom after they used it but did not have access to any cleaning materials. We saw the ward was not clean while we were on the ward for most of the day. We saw no cleaners or housekeeping staff during two days of inspection.

On Danbury ward cleaning records showed that the communal bathroom was only being cleaned once a day, which was not adequate to keep the bathrooms clean for the number of patients using it as 4 showers were out of use. Staff made sure cleaning records were up-to-date and Maldon ward was clean. The cleaning records were up to date on Maldon ward, and we saw evidence of two hourly infection control checks. However, on Danbury ward the cleaning records were up to date but the ward had not been cleaned when we visited in the morning and after lunch. Patients were using the communal bathroom more regularly as 4 showers were out of use, The cleaning records showed that the communal bathroom was being cleaned daily, however this was not frequent enough to keep it clean during a period of increased usage.

Staff followed infection control policy, including handwashing. Staff had a toilet and handwashing facilities on both wards. There was anti-bacterial gel in the nurse's office on the ward. A staff member left Danbury ward during the inspection to attend infection control training.

The décor on Danbury ward was dated and in need of redecoration. The ward opened in December 2022 and the patients moved to this ward from Colne. The ward was previously called Hadleigh ward. Patients told us the clothes dryer was not working in the laundry room and one patient was drying his clothes in his bedroom. Patients told us the computer was not working. There was graffiti on two pictures in the dining room. Following our inspection, the hospital had told us that the clothes dryer was fixed and working, and the redecoration of Danbury ward was scheduled for April 2023. The two pictures which we saw that had graffiti will be removed during the redecoration in April and will be replaced with 'you said we did' posters so that patients can be kept up to date with outcomes from community meetings and patient surveys. The computer was having repairs as had been recently damaged.

## Seclusion room

The seclusion room on Danbury ward allowed clear observation and two-way communication. It had a toilet and a clock. There was no one using the seclusion room at the time of inspection and the seclusion room had not been in use since the ward opened in December 2022. There was no seclusion room on Maldon ward and the ward manager told us they would use another seclusion room on the hospital site if required.

# Forensic inpatient or secure wards

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. All equipment was calibrated. The clinic rooms were clean, tidy, and spacious. Ligature cutters were in the office which all staff had access to. There was no emergency bag on Danbury ward but there was one on Frinton ward downstairs. All qualified nurses had keys to the medicine's cupboards. Flumazenil, which is a reversal agent for benzodiazepine overdose, was kept on site at the hospital.

Staff checked, maintained, and cleaned equipment. Cleaning schedules were up to date and completed. Evidence was seen of equipment cleaning.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe.

The service had low or reducing vacancy rates. Danbury ward had 2 nurse vacancies and 2 Health Care Assistant vacancies. Maldon ward had 3 nurses and 10 Health Care Assistants and had no current vacancies. Since December 2022, the hospital had recruited 8 Health Care Assistants, a Senior Staff Nurse, a Ward Administrator, and a Social Worker.

Maldon ward had low rate of bank and agency nurses; Danbury ward were currently using a higher rate. A sample from hospital data for 4 days in March 2023, showed Danbury used 10 bank and agency nursing staff to cover 26 shifts, Maldon used no agency or bank staff nurses to cover 28 shifts.

Danbury ward had low rates of bank and agency nursing assistants. A sample from hospital data for 4 days in March 2023, showed Danbury ward used 5 agency nursing assistants to cover 26 shifts and Maldon ward used 6 agency and nursing assistants to cover 28 shifts.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had reducing turnover rates. For all staff, turnover rates fell, from 18% in December 2022 to 15% in March 2023. Leavers since December 2022 included 6 staff who had been dismissed.

Managers supported staff who needed time off for ill health. Staff were on a phased return to the wards when they were returning from a period of sickness.

Overall sickness levels for the hospital in January 2023 were 4.2%. A sample of hospital data for 4 days in March 2023, showed Danbury and Maldon wards had 2 Health Care Assistants sick during this period. In the same period there were 9 days sickness for nursing staff on Danbury and Maldon.

# Forensic inpatient or secure wards

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staff and managers told us that they attempted to reallocate staff to other wards in periods of sickness to cover shifts. However, during inspection, Danbury ward was short staffed by 1 registered nurse for the early and the late shift and Maldon ward was 1 health care assistant short for the early shift and managers had not been able to re-allocate staff to support. There was a board on each ward which showed the number of recommended registered nurses and healthcare assistants for each shift and details of the actual staff on site.

The ward manager could adjust staffing levels according to the needs of the patients.

Ward managers were able to utilise staff from other wards.

Patients had regular one to one sessions with their named nurse.

Patients sometimes had their escorted leave or activities cancelled. The data from the hospital over the last full two months showed that in January 2023 there were 940 episodes of leave and of those 93 were cancelled. The highest 3 figures were 65 due to patient decline, 10 due to staff cancellation and 15 due to other reasons. In February 2023 there were a total of 762 episodes of leave of those 81 were cancelled. The highest 2 figures were 65 due to patient decline, 8 due to other reasons.

All patients we spoke too on Maldon ward told us that escorted leave gets cancelled. On Danbury ward we spoke to 5 patients. One patient told us activities are not often cancelled, 1 patient told us escorted leave and therapy sessions do get cancelled and 1 patient said sometimes escorted leave is cancelled.

The service had enough staff on each shift to carry out any physical interventions safely. Incidents on both wards were very low. Two of the 3 patients on Maldon ward told us that when they were restrained, they had been given painful wrist holds. However, they did not report this, so staff were unable to investigate it at the time. We raised this with the hospital director at the time of inspection who agreed to investigate.

Staff shared key information to keep patients safe when handing over their care to others.

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There were 2 consultants on the forensic wards, one of which was a specialist forensic doctor, and a physical health doctor.

Managers could call locums when they needed additional medical cover. The hospital had an out of hours rota for staff to contact a doctor and a consultant.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

## Mandatory training

On Maldon Ward, staff were up to date with their mandatory training. On Danbury Ward 86% of staff had completed their mandatory training. However, at the time of inspection, 57% of staff on Danbury ward had completed their immediate life support training and 56% had completed safety intervention training. These figures are below what we would expect from a safe service and the providers own target of 100%.

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Oliver McGowan training, which is training for staff in working with patients with a learning disability or autism, was a mandatory training requirement for all staff and was introduced in December 2022. At the time of inspection, 61% of staff had completed this training. This is an improvement since the last inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. The hospital's monthly quarterly performance meeting tracked mandatory training for each ward and where required, a report was produced to alert managers of where levels were not on target to be met.

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff used the Short-Term Assessment of Risk and Treatability (START) tool and the Historical Clinical Risk -20 tool to assess and manage risk.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk assessments were robust and listed all risks and were regularly updated when risks changed.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff could observe patients in most areas (of the wards) and staff followed procedures to minimise risks where they could not easily observe patients. On Danbury ward staff told us that patients were always supervised when using the conservatory and communal room, as there were areas that were not visible from the office. Staff observations of patients were being carried out in a way that maintained patient safety.

Two of the 3 patients on Maldon ward told us that night observations were not always carried out and that staff sometimes slept while on duty. We raised this with the hospital director at the time of inspection so this could be investigated further. Managers carry out spot checks at night.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

### Use of restrictive interventions

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Levels of restrictive interventions were low. Data from the hospital showed that, since December 2022, there had been no incidents of rapid tranquilisation on Danbury or Maldon wards.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. During the last 3 months, there were very low levels of restraint, on Maldon ward. There was one restraint in the last 3 months which used low level holds.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation.

Danbury ward had a seclusion room, but the room had not been used since the ward opened in January 2023.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. On Danbury and Maldon wards 100% of staff had completed and were up to date with their level 1,2 and 3 safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes.

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. The hospital was largely paper free, however, there were some files on Danbury ward that were empty or incomplete as these were largely no longer being used.

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When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Both patients who spoke with us about medication on Danbury ward knew what medicines they were taking and felt involved in their medicine reviews. However, patients on Maldon did not feel involved in their medication reviews and only 1 patient out of 2 knew what medication they were taking.

Staff completed medicines records accurately and kept them up to date. We reviewed 3 prescription charts on Maldon Ward and 5 on Danbury ward and there were no errors.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

## Track record on safety

**The service had a good track record on safety.**

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

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. The hospital had an incident and management and reporting policy with a link to procedures for staff to access on their computers. Staff were able to describe the process of reporting an incident and providing support and a debrief afterwards for the patients. Most incidents on Danbury and Maldon in the 2 months prior to the inspection had been at a low level. Ward managers debriefed staff involved and

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discussed incidents during reflective practice. Incidents were discussed in handover meetings and any safeguarding incidents were discussed in relation to lessons learnt in the weekly safeguarding meeting with the wider Northampton office, which social workers and nurse managers attend. Any gaps in the service identified were reported to the divisional meetings, then fed back at team meetings and ward meetings so that staff could discuss lessons learnt.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff could describe the process for reporting incidents and how to debrief a patient after the event and share the learning as part of hand over meetings and team meetings.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The hospital provided evidence to show how they responded to a patient's complaint - the letter was investigated by the PALS and the complaints team, gave a very detailed response to the complainant, and detailed how to complain to the Ombudsman if they wished to take the complaint further.

Managers debriefed and supported staff after any serious incident. There was a regular agenda item in team meetings to discuss serious untoward incidents or red alerts.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. A carer we spoke with said they get good information and were involved in their relative's care.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. Staff had regular monthly team meetings which all staff were invited to attend.

There was evidence that changes had been made as a result of feedback. The December 2022 team meeting provided a learning alert as there was a shortage of defibrillator batteries.

Managers shared learning with their staff about never events that happened elsewhere. On the wards there were laminated leaflets that the hospital shared of never events that had happened at other hospitals.

## Is the service effective?

Good 

Our rating of effective improved. We rated it as good.

### Assessment of needs and planning of care.



# Forensic inpatient or secure wards

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. They included specific safety and security arrangements and a positive behavioural support plan.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care plans showed that physical assessments and checks were in place and there was an initial physical health assessment on admission. We spoke to 7 patients; 3 patients told us they saw a doctor once a week and 1 patient a dietician in addition.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed 6 care plans, all had a pre admission comprehensive mental health assessment, were reviewed regularly and in response to incidents, and where appropriate had a positive behaviour support plan and a discharge plan.

Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery-orientated. Paper copies in the office, were written in the patients' voice and were signed by patients to say that they had a copy. Staff told us that paper copies in the office were being transferred onto the computer. Electronic care plans were written in the third person and were not written in the patient's voice.

## Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. There were 4 occupational therapists, 1 specialist occupational therapist, carrying out a weekly model of creative ability training, and 6 technical instructors. There was also a horticulture specialist, a visual arts specialist, and a music technical instructor. The remaining 3 technical instructors had dedicated times allocated to each of the wards. Maldon and Danbury ward also had the addition of an activity coordinator. There were no vacancies within the occupational therapy team. The psychology team consisted of 2 qualified forensic psychologists, an art therapist, 1 trainee psychologist and 3 psychology assistants. All wards had an allocated qualified psychologist based on need and a dedicated psychology assistant. The service was in the process of recruiting a principal psychologist and an additional psychology assistant.

Staff identified patients' physical health needs and recorded them in their care plans. In the 6 care plans we reviewed there was evidence of regular patient physical health monitoring.

Staff made sure patients had access to physical health care, including specialists as required. A patient told us that they were regularly seen by a dietician.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

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Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. We reviewed community meeting minutes for Danbury ward and saw that patients and staff had agreed to restrict coffee after 10pm to aid sleep by reducing caffeine levels and the communal lounge was to be vacated by midnight to encourage good bedtime routines.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The hospital used the HonOS (Health of the Nation Outcome Scales) secure rating scale which is a clinician rated instrument comprising 12 simple scales measuring behaviour, impairment, symptoms and social functioning, to monitor patient's outcomes.

Staff used technology to support patients. Staff used tablets for accurate recording of observations which were then uploaded onto the electronic system for sign off by their line manager.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Monthly governance meetings showed evidence of care plan audits, audits of safeguarding practices and review of learning and cleanliness audits.

Managers used results from audits to make improvements. Governance meetings showed that audits were reviewed, and actions were acted upon. The cleanliness audit raised several issues and there was an action plan to show what had been completed in response to this audit and what still needed to take place. However, Danbury ward was not clean on the day of inspection.

## **Skilled staff to deliver care.**

**The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had a full range of specialists to meet the needs of the patients on the ward. There were 4 consultant psychiatrists and 3 specialist doctors. There was a physical health care team that included a physical health team nurse practitioner, physical healthcare assistant, specialist physiotherapist, podiatrist, specialist dietician and a physical health GP. The hospital had 4 qualified social workers and 11 social work assistants. The social worker team had dedicated members assigned to each ward and there were no vacancies.

Managers mostly ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. However, staff on Danbury ward were not up to date with individual life support and patient safety intervention training.

Managers gave each new member of staff a full induction to the service before they started work. All new staff undertook 4 days induction which took place face to face in the hospital's Northampton office, with 2 further weeks locally on the ward. This included induction onto the ward, understanding the hospital's policies, processes, and procedures, completing e-learning, getting to know the patients and reading their risk assessments and care plans. New nurses were given a new starters workbook, this was designed to support the nurses learning in their first 2 weeks while on induction and for the following 12 weeks.

Managers supported staff through regular, constructive appraisals of their work. Staff told us they had regular management supervisions and appraisals. At the time of inspection, hospital figures for December 2022 showed 97% of

# Forensic inpatient or secure wards

all eligible staff had received management supervision. However, in the hospital Quality Performance Report for February 2023, the hospital reported low levels of clinical supervision for Danbury. The hospital clinical supervision figures for February 2023 showed overall 87% of staff had received clinical supervision. The ward move had impacted on Danbury ward 57% of staff had received clinical supervision, the hospital had a mitigation plan to address this.

Managers made sure staff attended regular team meetings or gave information to those they could not attend. From minutes we saw, staff had regular monthly team meetings that included agency and bank staff if possible and the minutes of which were emailed to everyone afterwards.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. In addition to mandatory training there was a detailed programme of training which ranged from the in-house induction programme, face to face and e-learning to post graduate courses available at universities. Staff told us that they had progressed in their career through specialist training provided by the hospital. We saw evidence of staff who had progressed from health care assistant to nurses, and a leader had started at the hospital as a health care assistant before joining the hospital's graduate scheme.

Managers recognised poor performance, could identify the reasons and dealt with these. In data we received, the hospital had managed poor performance and took the necessary steps where this was identified.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Ward rounds took place once a week for each ward and were attended by the responsible clinician, specialist doctor, ward manager, psychologist, lead occupational therapist and social worker. We attended a ward round while on inspection and staff discussed patient's physical and mental health, medication, incidents and discharge planning if appropriate. Patients were invited to attend these meetings.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

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Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice. Staff were aware of the Code of Practice guiding principles. At the time of inspection, 93% of staff on Maldon ward and 77% of staff on Danbury ward had completed this training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Managers told us that they could support staff with their learning or direct them to independent learning.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy. On the wards there were posters giving details of who the advocates were and how to contact them. Staff told us that if a patient wished to see an advocate this could be facilitated for them.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. Patients told us that they did receive their leave but that sometimes this was cancelled.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. We found detention papers on the electronic system.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received, and were consistently up to date, with training in the Mental Capacity Act, although they struggled to name the 5 principles of the Mental Capacity Act, they showed a good understanding of how the Mental Capacity Act was applied in practice. At the time of inspection, 93% of staff on Maldon ward and 77% of staff on Danbury ward had completed this training.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Staff were able to give good practical examples of putting the code of practice into their care and support for patients. This is an improvement since the last inspection.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff told us the hospital intranet provided policies and procedures and key learning and they knew where to find information.

# Forensic inpatient or secure wards

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Patients told us they were involved in medication reviews and patients were invited to ward reviews.

## Is the service caring?

Good 

Our rating of caring improved. We rated it as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were mostly discreet, respectful, and responsive when caring for patients. We witnessed staff talking to patients kindly and responding promptly when patients asked for assistance. We witnessed staff playing board games on the ward with patients and we saw staff smiling and joking appropriately with patients. Patients told us that staff were respectful and knocked before entering their rooms.

Four of the 7 patients we spoke too, told us that staff spent a lot of time in the office, and it was difficult to get them out to respond to their requests promptly. Appointments were sometimes cancelled, and patients were not told until the last minute or at the time of the appointment.

Staff gave patients help, emotional support and advice when they needed it. We witnessed staff responding to patients. However, we saw patients waiting a long time for some requests to be resolved.

Staff supported patients to understand and manage their own care treatment or condition. Patients told us they knew what medications they were taking, and the majority of patients were involved in medication reviews.

Patients said staff treated them well and behaved kindly. Patients told us staff were respectful and polite.

Staff understood and respected the individual needs of each patient. Staff understood the needs of their patients and worked with them to respect their wishes. Staff helped with aids and adaptations for 1 patient but also respected their choice to not use these aids. One patient had an electric bed and another patient a bariatric bed.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential. On Danbury ward there was a notice in the ward to remind staff not to have patients records on display near the office window in case patients could view other patients' personal data. Patients' records were kept electronically or in folders in the locked office.

### Involvement in care

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**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. The care plans in the offices were written in the patient's voice. Patients told us they had been involved with their care plans but patients on the wards had mostly been in hospital for a long time and they had not been given a recent copy of their care plan.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). In the ward rounds staff explained their medication and treatment to patients clearly with empathy and respect.

Staff involved patients in decisions about the service, when appropriate. Patients had a weekly community meeting on each ward to give feedback on the service. Three of the 7 patients we spoke with, thought the community meetings were not working, as nothing changed although 1 patient said it was an opportunity for staff to give them an update on what was happening. 1 patient we spoke with was involved in a quality improvement project with the hospital as they were interested in increasing the amount of recycling in the hospital. They were frustrated as the project had not moved on as quickly as they had hoped. We saw that community meeting minutes were very brief and did not show when, or if, concerns had been resolved. The hospital told us that they planned as part of the redecoration on Danbury ward to have a 'you said we did board' to give visual feedback on actions taken following patient's feedback.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients knew how to raise a concern or make a complaint. Three of the 7 patients we spoke with told us they would raise a concern but thought nothing would change or the response would be slow.

Staff made sure patients could access advocacy services. On the wards there were posters giving details of who the advocates were and how to contact them. Staff told us that if a patient wished to see an advocate this could be facilitated for them.

## Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

Staff supported, informed and involved families or carers. We spoke with 1 carer who told us that staff responded well to a concern raised although it did take a while to be dealt with. Overall, the carer said they get good information and was well informed and involved in their relative's care.

Staff gave carers information on how to find the carer's assessment. The carer we spoke with had been provided with information about how to make a carer's assessment.

Carers could feedback using a feedback form in the carers pack. Managers told us they kept carers informed through telephone conversations.

# Forensic inpatient or secure wards

## Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

### Access and discharge

**Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, patients did not have to stay in hospital when they were well enough to leave.**

### Bed management

At the time of inspection, Danbury ward was at 87% bed occupancy levels and Maldon ward, which had 3 patients on a 6 bedded ward, was at 50% occupancy.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. In the hospital quality performance reviews, we saw that the hospital monitored the length of time patients were on each ward. Data taken from the hospital captured 8 February 2023, showed the average length of stay for Danbury ward was 2.5 years and Maldon Ward 3.5 years.

The service was a specialised service and, as would be expected, had a high number of patients who were from out of the area.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. The ward manager confirmed that a patient's bed would not be given up while they were on leave.

### Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. In the hospital quality performance reviews, we saw that the hospital monitored any delayed discharges. Leaders told us they were having regular meetings with local authority commissioners to discuss these patients' future accommodation and support needs and to highlight they were ready to move on.

Leaders told us there were patients on Danbury ward ready to move on, however they did not have new homes to go to as accommodation and support had not been secured and there were insufficient community placements available.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services.

# Forensic inpatient or secure wards

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.**

Each patient had their own bedroom, which they could personalise. Patients had ensuite rooms and we saw that patients had posters on the walls and bathroom doors and patients told us they could put up posters and pictures.

Patients had a secure place to store personal possessions. Under the bed we saw that patients had a space to keep their belongings locked away and cupboards in their bedrooms that could be locked. Patients were risk assessed as to whether they could have a key to these areas.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. On Maldon ward there were 3 patients who could use a separate conservatory with staff supervision, and a large lounge area. Therapy sessions took place on the ward or on site in the hospital. On Danbury ward there was an activity room that could be used by patients supervised by staff. There was a café for patients and staff, a gym and a large sports hall.

There was no quiet room on either ward that could be used independently by patients in private with their visitor due to known ligature risks. Patients could meet with their visitors in the café in the hospital, in the gym area or visitors' room.

Patients could make phone calls in private. On Danbury ward there was a phone box which patients could use to make a private phone call. One patient told us that the phone room did not have a chair in it. On Maldon ward the phone box was used by staff to hang their coats. Leaders told us that patients had their own mobile phones and therefore did not require the phone box. Managers told us that only patients who were risk assessed could have their own phones and some patients had to use the hospital mobile. Following our inspection staff coats were removed from the phone box and managers told us that patients would be consulted on how they wish to use this room.

The service had an outside space that patients could access. On Maldon ward there was a large garden space which patients could use, with staff supervision, at any time. The garden was accessible directly from the ward. On Danbury, the ward was on the first floor, the garden could only be accessed with staff.

Patients could not make their own hot drinks and snacks and were dependent on staff.

The kitchens on both wards were locked and staff had to accompany patients who wanted to make a drink or have a snack. Patients on Danbury ward told us that prior to being moved to this ward they had access to an Assisted Daily Living kitchen where they could make hot and cold drinks and snacks. On the current Danbury ward there was no Assisted Daily Living kitchen, there was only one kitchen where the patients' food was served, and this had to remain locked due to health and safety and infection control management. Patients had to always ask staff for assistance in obtaining hot and cold drinks and snacks, including water. Staff told us that they would always promptly assist patients to obtain drinks and snacks. There was a cold drinks station present in the communal area, however at the time of our inspection the drinks dispenser was empty and unclean. It was unclear how long it had been since it had been in use.



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The service offered a variety of food. A patient told us he was able to access vegan food and another patient said fruit was available. Four of the 7 patients we spoke with said that mealtimes are not flexible. A patient and a member of staff told us that meal portions were not adequate, and another patient told us the food menu does not change regularly enough. Four out of 7 patients said they did not like the food.

## Patients' engagement with the wider community

### Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients. There was usually a computer for patients to use, however it was broken at the time of inspection. Managers told us it was having repairs carried out as it had been damaged. The provider had a dedicated education department on site which supported patients in accessing a variety of accredited courses including catering, health and social care and Information Communication Technology. Staff involved families in presentations and held an annual open day, with family members to present patients with their certificates and awards. A patient on Danbury ward had a job on the ward to assist with communal cleaning, with support from cleaning staff.

Staff helped patients to stay in contact with families and carers. Patients told us there was a visitor's room and a café on site where they could meet their family and friends. Patients who had been risk assessed as not being able to have their own mobile phones on the ward were provided with a hospital phone to keep in contact with family and friends.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. The hospital had a partnership with 'New Life' a community project. If a patient successfully completed a hospital job, they would be able to join this community project.

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

### The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Patients were equipped with a hospital bed and bariatric bed for their particular physical health care needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were leaflets on the wards to advise them how to complain. Patients told us that they knew how to make a complaint and had made a complaint. Patients told us it sometimes took a long time to get a response to their complaint.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious, and cultural support. There was a room for prayers on site and a leaflet displayed in the wards giving details of a chaplain and a Muslim chaplain and detailing where the prayer room was located. A patient told us they had been waiting for 3 weeks to see a rabbi.

# Forensic inpatient or secure wards

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives, and carers knew how to complain or raise concerns. We spoke to one carer who told us they knew how to make a complaint even though they had not needed to.

Staff understood the policy on complaints and knew how to handle them. Managers showed us how they had dealt with recent complaints and one manager had arranged a regular meeting with a patient to support them with the swift resolution of issues as they made frequent complaints.

Managers investigated complaints and identified themes.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Patients told us they knew how to complain, but patients told us sometimes they waited a long time to get their concerns resolved.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers told us that they discussed complaints in team meetings, and we saw evidence of this in team meeting minutes. In one team meeting it was discussed that patients were waiting a long time to be searched after returning from unescorted leave and how this could be resolved.

## Is the service well-led?

Our rating of well-led improved. We rated it as good.

## Leadership

**Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.** Since the last inspection leaders had actioned concerns, we raised and installed a patient nurse call system. Since our last inspection patients on Danbury had moved wards and there were some environmental issues which the hospital were addressing through planned maintenance works. Training levels were low in some areas. However, we observed levels were closely monitored by leaders. Since the last inspection, managers had worked with staff to improve their understanding of the Mental Capacity Act and had increased the number of staff who had undertaken training to support patients with a learning disability or autism. At the time of inspection, the rate of compliance had improved from 32% to 61% for this training which was introduced in December 2022.

## Vision and strategy

# Forensic inpatient or secure wards

**Staff knew and understood the provider's vision and values and how they were applied to the work of their team.**

## Culture

**Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.** Staff told us that they supported each other especially when new staff started. Many staff had worked at the hospital for a long time and there was good will amongst the staff, who worked across other wards when short staffed. Staff told us they had been encouraged to gain further qualifications, supported by managers, in order to progress in their roles. Staff felt supported by their managers. Staff who had been off sick told us that managers supported them well to return to their work. On Danbury ward, we saw that staff were still becoming familiar with the ward which was made more difficult by outstanding maintenance issues.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

The hospital held governance meetings and attended joint meetings with the Northampton office to share learning and hold wider discussions. The monthly clinical governance meetings were well attended by clinical ward managers and leaders. There was a detailed action plan which gave an update on progress of outstanding actions. Where concerns had been identified, such as low compliance for immediate life support training and need for refurbishment and redecoration, we saw that managers had plans and processes in place to recognise and rectify these concerns. The hospital had good systems and oversight to manage the environment and plans in place where there were improvements required. Each month the hospital produced a quality performance pack for managers which provided a clear pictorial view of key performance indicators and listed any risks and mitigation of risks for the current month. Since our last inspection a digital observation recording system had been purchased and was in use, this gave leaders and managers a comprehensive oversight of patient observations in real-time.

## Management of risk, issues, and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.** Managers received a monthly quality performance document which reviewed their service in line with CQC key lines of enquiry. Managers had ensured that systems and processes were in place on the ward to keep patients safe. This included environmental checks, patients searches, clinical risk assessments and risk management plans. We found that staff had undertaken patient observations in line with the providers' policy, however 2 patients on Maldon ward told us that sometimes staff were asleep on night duty. This was not reported to staff at the time. The hospital director told us that this would be investigated following the inspection.

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

# Forensic inpatient or secure wards

Local managers were fully involved in meetings locally and nationally across St Andrews Healthcare. They were provided with the hospital monthly quality performance data and updates on quality improvement projects across the hospitals. Managers were able to join larger meetings with the Northampton office where they benchmark their services against the Northampton and Birmingham hospitals.

## Engagement

**Managers engaged other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.**

Since our last inspection there were increased opportunities for staff to complete specialist training including Oliver McGowen learning and autism training.

The service had a risk register in place which they used to record, review, and manage risks to the service.

Managers consistently provided high levels of constructive engagement with staff and patients. Staff and patients had access to up-to-date information about the work of the provider and the services they used. The service used several methods to communicate with staff, patients and carers that included its own website, bulletins, emails, displays, intranet, and live senior leadership virtual engagements across all the providers' hospital sites and a dedicated social media page for staff.

The provider involved and engaged with patients via a patient forum for patients from across all of the providers' hospital sites and patients' community meetings. Carers of newly admitted patients were invited to attend a meeting with the multidisciplinary teams for a dedicated time once a week to ask any questions.

The hospital used electronic tablets on wards for supporting patient feedback, this fed into the clinical governance structure to ensure actions were allocated to staff to follow up. The hospital had a separate annual service user and families and carer satisfaction survey.

## Learning, continuous improvement and innovation

Patients had been given the opportunity to be involved in quality improvement projects and 1 patient told us they were involved in one project to improve the recycling facilities at the hospital. One patient had a job on Danbury ward to assist with the communal cleaning with the goal to be able to acquire a volunteer job with a local community project.






The hospital had no CCTV but were carrying out night spot checks to ensure that night staff were carrying out their duties. The hospital had invested in an observation system for staff to accurately record observations in real time and to enable managers and leaders to have better oversight.

Danbury ward had a planned maintenance programme in place for April 2023. However, patients were moved to this ward in January 2023 before these works were completed.

Leaders were responsive on site when we visited and could give assurances in response to concerns raised.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

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

## Is the service safe?

Requires Improvement 

Tiptree ward had never been previously inspected. We rated it as requires improvement.

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The provider had conducted a ligature risk assessment in January 2023. Managers made sure that staff on the wards had easy access to the ligature risk assessment that contained essential information on environmental risks. This was kept in the nurses' office and included a map of hotspot areas. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature cutters were kept in the security office and nurses' office. Staff knew how to access them in an emergency.

Staff could not easily observe patients in all parts of the wards. However, this risk was identified and recorded within the ligature risk assessment and mitigated using convex mirrors and staff observations.

The ward complied with guidance and there was no mixed sex accommodation. Tiptree was an all-male ward. All bedrooms were fitted with viewing and privacy panels, which could be closed from the inside to provide people with privacy.

Staff had easy access to alarms and patients had easy access to nurse call systems. All bedrooms were en-suite and each room had a nurse alarm call bell.

#### Maintenance, cleanliness, and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. The ward had recently been redecorated. At the time of inspection, a 6 bedded corridor was closed for refurbishment. Patients told us the ward was always clean.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff made sure cleaning records were up-to-date and the premises were clean. Staff carried out and recorded daily cleaning checklists. However, we viewed the fridge temperature checks in the kitchen and there were missing entries for two days in the past week where the fridge temperature had not been recorded.

Staff followed infection control policy, including handwashing. Staff received mandatory infection control training. However, at the time of inspection the training compliance rate was 72%. There was an infection control champion for the ward.

## **Seclusion room (if present)**

The Seclusion room allowed clear observation and two-way communication, it had a toilet and a clock. At the time of inspection, staff told us the intercom was not working, and they could not speak clearly with the patient using the intercom. However, during inspection the staff were shown how to use the intercom system and additional training was supplied by the provider.

Whilst the ward had a seclusion room, the ward manager told us that no patients on Tiptree ward had been secluded and data provided confirmed this. At the time of inspection, the seclusion room was in use with a patient from another ward. Patients on Tiptree ward could hear banging and kicking coming from the seclusion room and we were concerned this did not support a therapeutic rehabilitation environment. Staff told us they were arranging for the patient to be transferred to a PICU (psychiatric intensive care unit) bed.

## **Clinic room and equipment**

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

The emergency resuscitation bag for Tiptree ward was shared with a neighbouring ward. Staff knew where to access this if required. The clinic room was fully equipped, with emergency drugs that staff checked regularly. Records showed that staff checked, maintained, and cleaned equipment. Staff had ensured equipment was correctly calibrated.

The clinic room was clean, tidy and had enough space.

## **Safe staffing**

**The service did not always have enough nursing and support staff, who received basic training to keep people safe from avoidable harm.**

## **Nursing staff**

The service did not always have enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

At the time of inspection, the ward manager, nursing staff and healthcare assistants were working across two wards, Tiptree ward and Frinton ward, an acute adult female only ward. Managers told us the acute ward currently had three patients awaiting discharge. Once the patients had been discharged the staff would transfer over to Tiptree ward full-time.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The ward manager could adjust staffing levels according to the needs of the patients. Managers were able to increase staffing levels for patients that required a higher level of observation. Managers told us that extra staff could be sought from both bank and agency and that there was a site-coordinator who assisted in deploying staff from other wards.

We viewed staffing rotas for the period of 19 January to 13 March 2023. Managers had ensured there was a minimum of one qualified member of staff on duty for all day and night shifts. However, within this period the service did not always meet its planned minimum staffing levels. 30 out of 54 day time shifts (56%) did not meet planned numbers and 38 out of 54 night time shifts (70%) did not meet planned numbers. The provider advised us that staffing levels on the ward during this time were increasing in line with occupancy growth. The ward opened with 5 patients and increased to 8 patients during this time. The providers planned staffing dashboard did not reflect the reduction in staffing needs during this time.

The service had a low vacancy rate for qualified nurses, 2.8% (4.86 in post compared with 5.00 in budget). However, the service had a high vacancy rate of 45% for healthcare assistants (9.68 in post compared with 17.5 in budget). We saw the service had an active recruitment campaign in place to fill these vacancies.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers attempted to block book agency staff. Between 19 January to 13 March 2023, 33 shifts out of a total of 108 (31%) had at least one temporary agency staff working.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Managers ensured that agency staff were suitably qualified and trained. All agency staff were trained to use the electronic patient system and were inducted onto the ward by a senior staff member.

The service had low turnover and sickness rates. Managers supported staff who needed time off for ill health. There had been no staff leavers since the ward opened and there were no staff on long term sick.

Patients had regular one- to-one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

We spoke with 6 patients who told us there was always at least one member of staff around and available to talk to. However, one patient told us their leave had been cancelled due to staff sickness on one occasion.

Staff shared key information to keep patients safe when handing over their care to others. Staff discussed each patient's needs in detail at shift handovers, for example, their current Mental Health Act status, presenting risks, and changes in needs. We saw these recorded on a white board in the nurses' office so all staff could quickly see essential information about each patient.

## Medical staff

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The ward had access to 4 consultant psychiatrist and 3 specialist doctors. There were no medical vacancies at the time of inspection. There was a rota in place to ensure a consultant was on call 24 hours per day. In addition to this there was an on-call rota in place for medical staff which included specialist doctors and additional medical staff that were employed on an ad hoc basis to ensure 24-hour medical cover.

We saw the service had a monthly timetable so that all staff on the ward could easily see who was on duty, at what time, who and how to contact medical staff in an emergency.

## Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff. However, not all staff had completed and were up to date with their mandatory training. Mandatory training compliance overall for the ward was 88%. Compliance rates for individual mandatory training course ranged from 69% to 100%. Four training courses had compliance rates that fell below 75%. These were The Oliver McGowan Mandatory Training on Learning Disability and Autism (72%); infection control (72%); Safety intervention training (71%); Essentials of food hygiene (69%).

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

## Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool.

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident. We viewed 4 patient records and all patients had up-to-date risk assessments. We saw evidence that staff discussed specific risk to each patient during ward handovers at every shift and at multidisciplinary team meetings.

Staff used the Short-Term Assessment of Risk and Treatability (START) tool to assess and manage risk.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We looked at four patient records and all showed staff completed risk assessments on admission and updated them regularly, including after incidents. Staff we spoke with knew the patients they supported and were aware of any risks they posed to themselves, others, or their environment. Staff were aware of what strategies to use to minimise and manage risks and we saw this in the patient records.



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Multidisciplinary staff discussions reviewed and determined the level of risk for each patient and the level of observation needed.

Whilst staff we spoke with could describe policies and procedures for patient observations, we viewed 7 patient observation records and found there were gaps in recording. Of these 7 records, 4 contained one missing entry and all 6 records contained 4 or more late entries.

Staff completed Positive Behavioural Support training and compliance rate was at 100%.

Staff followed service policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff undertook search training.

## Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. There had been one episode of restraint. This incident had been reported on the service electronic reporting system (Datix).

There had been no use of rapid tranquilisation.

Staff received training and could describe de-escalation techniques they would use, if needed. However, at the time of inspection only 71% of staff had completed safety intervention training.

There had been no incidents of seclusion.

Managers kept a log of restrictive practices that detailed reasons behind any blanket restrictions. We found evidence of restrictive practices on the ward. During inspection we saw that the laundry and kitchen were locked. This meant that all patients were unable to access hot and cold drinks and snacks without staff supervision or do their laundry when they chose. Staff told us this was due to a patient on the ward with polydipsia (excessive thirst). Staff told us they were looking to purchase keys so that patients could access the kitchen for drinks and snacks based on individual risk assessment. Staff told us that patients had agreed at a community meeting for a rota for use of the laundry room, patients also could request to use the room at other times.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role and kept up to date with their safeguarding training. Staff knew how to make a safeguarding referral and who to inform if they had concerns. At the time of inspection, 100% of eligible staff were up to date with safeguarding adults and children's levels 1 and 2; 83% of staff were up to date with safeguarding children level 3 training and 100% of staff were up to date with safeguarding adults' level 3 e-learning training.

We viewed the services' safeguarding log. There had been no safeguarding concerns reported since the ward opened.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and how to work with other agencies to protect them. Staff we spoke with were able to give examples such as how they would identify physical abuse, financial abuse, and psychological abuse.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw information explaining the safeguarding procedures available on the ward including a poster on the wall with a telephone number that both staff and patients could ring to report a concern.

The service's safeguarding policy and procedure were accessible to staff via the Intranet.

## **Staff access to essential information**

### **Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were stored electronically. These were comprehensive and staff including regular agency staff, could access them easily.

Records were stored securely.

At the time of inspection 100% of eligible staff were up to date with training on the electronic patient record.

## **Medicines management**

### **The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date. We reviewed four prescription charts. All four charts were dated and signed. However, one prescription chart did not include evidence for consent to treatment.

When required (PRN) medication was not regularly updated on the electronic patient management system. This was recorded on the system only when reviewed. This meant timely information was not easy to find.

Staff stored and managed all medicines and prescribing documents safely.

The ward safely stored and stocked emergency medicines. Review of stock medicines showed that medicines held on the premises were within the expiry date.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Medicines requiring refrigeration were monitored and temperatures recorded were within range.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

## Track record on safety

**The service had a good track record on safety.**

There had been no serious incidents.

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

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff received feedback from investigations of incidents, both internal and external to the service. Staff gave examples of learning from safety alerts.

Staff knew what incidents to report and how to report them. Staff we spoke to knew what situations required reporting as an incident. The ward used electronic recording systems to record incidents and staff knew how to use the system. Since January 2023 there had been 7 reported incidents. We saw that incidents were recorded in patient notes.

There had been no incidents reported that had resulted in severe harm. The service had no never events, these are serious incidents that are wholly preventable.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Lessons were shared with staff. We reviewed staff team meeting minutes and saw evidence that learning from incidents, safety alerts and staff debriefs were discussed and shared. For example, we saw learning from a safety alert about the importance of ensuring when a patient is on 15-minute observations, these should be recorded randomly and not exactly every 15 minutes.

Staff understood the duty of candour.

Managers debriefed and supported staff and patients after any serious incident. Staff debriefed with the patient following an incident and incidents were discussed and lessons shared at community meetings, if appropriate to do so.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers reviewed and analysed incident data and identified any themes.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



## Is the service effective?

Good



Tiptree ward had not been previously inspected. We rated it as good.

### Assessment of needs and planning of care.

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.**

Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

We viewed 4 patient records, The records showed that patients had their mental health and physical health assessed on admission. Care records showed that a physical examination had been undertaken at admission or soon after and there was ongoing monitoring of physical health.

We saw examples of patients with physical health management plans in place such as monitoring to ensure adequate food and fluid intake; dietary plans to assist a patient to manage constipation; bowel monitoring charts and Body Mass Index and weight monitoring.

Care plans were personalised, holistic and recovery orientated. There were comprehensive plans for all patients' physical health; well-being; keeping myself and others safe; daily living needs; social needs and activities all of which were all personalised to the individual. Staff regularly reviewed and updated these when patients' needs changed or following monthly multidisciplinary team care plan reviews.

We saw evidence in the records that patients participated in co-producing their care plans as much as they wanted to. We read through care plans and could see the patient voice throughout.

Patients were offered copies of their care plans and we saw this recorded in multidisciplinary team minutes and in care records. However, one patient told us they didn't have a copy of their care plan.

Staff completed positive behaviour support plans for patients, where applicable, so that staff were made aware of what triggers patients may have that led to challenging behaviours and what individualised interventions to use to support patients to prevent and manage behaviours.

We saw there were plans in the event of a crisis.

### Best practice in treatment and care

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

**Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.**

The service had introduced a clinical ward treatment model which reflected a holistic approach to individual recovery based on 5 recovery principles; Personal recovery; Symptomatic recovery; Functional recovery; Forensic/Risk recovery and physical recovery.

Staff provided a range of care and treatment suitable for the patients. Most staff were able to tell us what model of care they were using for rehabilitation/recovery purposes with patients. Staff described building the patients' recovery, building functionality by reducing risk and reducing symptoms and improving movement and independence.

Staff offered patients psychological therapies which they delivered in line with National Institute for Health and Care Excellence guidance. Patients received regular one to one sessions and group sessions with psychologists and psychology assistants on the individual patient's need.

Occupational therapists worked closely with patients providing opportunities to gain skills for community living such as cooking activities; road safety awareness; daily living skills and self-care. They used the Vona du Toit Model of Creative Ability (VdTMoCA) in their work (an occupational therapy practice model originating from South Africa. The model is founded upon the theory of creative ability and the focus of the ability to change oneself).

The service had a range of activities seven days a week. For example, mindfulness, karaoke, day trips, sports, gym, music, yoga, and shopping trips. Staff told us four patients accessed Sports4Confidence.

Staff identified patients' physical health needs and recorded them in their care plans. All records we reviewed demonstrated physical health needs were identified and monitored. Staff made sure patients had access to physical health care, including specialists as required. The physical health nurse completed physical health checks for patients and followed up on any physical health concerns.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. We saw in care records that patients had physical health improvement and maintenance plans; participated in health meal preparation and had regular access to sports and exercise.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the Health of The Nation Outcome Scale (HoNoS) to monitor care and treatment outcomes.

## **Skilled staff to deliver care.**

**The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The ward had access to the full range of disciplines to support people's care, including occupational therapists, psychologists, social worker, nurses, healthcare assistants, medical staff, and a physiotherapist.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had shared access to 2 qualified forensic psychologists, an art therapist, 1 trainee psychologist and 3 psychology assistants. Tiptree ward had an allocated qualified Psychologist and a dedicated psychology assistant. Managers told us they were currently recruiting a Principal Psychologist and have made an offer pending acceptance for an additional Psychology assistant.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers ensured that all staff (including agency) had the right qualifications, and DBS checks in place. We saw manager checklists that reflected this.

Managers gave each new member of staff a full induction to the service before they started work.

Managers ensured that new staff (including agency) received the service induction programme and a ward induction. We saw an induction training timetable and ward induction checklists. Induction training included for example, hope and recovery; emergency life support; safeguarding and quality improvement sessions.

Staff told us they have opportunities to do reflective practice and group supervisions at staff meetings.

Managers supported staff through regular, constructive appraisals of their work. At the time of inspection 98% of staff had an annual appraisal.

Staff received support in the form of regular, constructive supervision of their work, appraisal and induction training. At the time of inspection 100% of staff had received supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff confirmed this and told us that meeting minutes were sent to staff by email.

Managers identified any training needs their staff had and any specialist training for their role. Examples of specialist training included introduction to personality disorders, search training and clinical skills training. One staff member gave an example of having some training from an occupational therapist to assist preparing patients for going into the community by attending trips out with patients.

Managers recognised poor performance, could identify the reasons, and dealt with these.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

Staff held regular multidisciplinary meetings and ward rounds to discuss patients and improve their care with patients and family members. There was a monthly ward round review for all patients on the ward where care plans were reviewed by the clinical team with the patients.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

We viewed minutes of the monthly multidisciplinary team meetings and saw the team routinely discussed and reviewed with the patient their mental health and well-being; keeping themselves and others safe; physical health; daily living needs; activities, occupation, education, and vocation; social needs; legal status and rights and discharge status.

Ward teams had effective working relationships with other teams in the organisation. The Multidisciplinary team worked closely across the unit and shared resources to ensure the individual needs of the patients are met. The multidisciplinary team included nursing staff, medical staff, physiotherapists, occupational therapists, and social workers.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff handovers took place at every shift change. Handover discussions included essential information regarding the previous shift and any changes in patients' individual needs or risks. We saw essential patient information were recorded on a white board in the nurses' office so all staff could quickly see information about each patient.

Ward teams had effective working relationships with external teams and organisations. Care co-ordinators and commissioners were in regular contact with ward staff.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff understood their roles and responsibilities and were able to explain people's rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of inspection, 89% of eligible staff had undertaken training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Mental Health Act administrators were based at the Northampton site. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff were aware of these and had access to them via the Intranet.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We observed mental health advocacy information and posters on the ward for patients.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We viewed patient records which showed patients were being informed of their rights under the Mental Health Act.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The service did not store T2/T3 forms on the electronic patient management system. Paper copies were stored correctly and were signed.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of inspection, 89% of eligible staff had undertaken training.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. There were no Deprivation of Liberty Safeguards applications made since the ward opened.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Records demonstrated that staff provided patients with information and support to determine whether they had capacity or not.

Staff assessed and recorded capacity to consent.

## Is the service caring?

Good 

Tiptree ward had not been previously inspected. We rated it as good.

## Kindness, privacy, dignity, respect, compassion, and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.**

Staff were discreet, respectful, and responsive when caring for patients. We observed this during interactions between patients and staff.

Patients told us staff were respectful, kind, and friendly. Staff gave patients help, emotional support and advice when they needed it.



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff supported patients to understand and manage their own care treatment or condition. Patients were positive about how staff supported them. Patient records demonstrated staff supported patients to access advocacy services if they needed help.

Staff understood and respected the individual needs of each patient. We observed examples of patients' individual needs being addressed and met such as weight monitoring and physical activity needs.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. Staff we spoke with said they would feel confident to raise concerns if they needed to.

Staff followed policy to keep patient information confidential.

## Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

## Involvement of patients

Staff involved patients and gave them access to their care planning and risk assessments. We viewed four patients' records which demonstrated that people had been involved in their risk assessments and care plans. Monthly multidisciplinary team meeting minutes showed that care plans were offered to all patients. However, one patient told us they did not have a copy of their care plan.

Staff introduced patients to the ward and the services as part of their admission. One patient told us staff had given them an information pack when they were admitted to the ward. However, two patients told us they had not received an information pack.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients could attend weekly patient community meetings if they chose to do so. Staff encouraged patients to chair the meetings. These meetings gave patients the opportunity to feedback on the service and their care and treatment. We viewed minutes of the meetings and saw examples of suggestions such as a charity collection box in the ward; choice of days for meetings to take place; ideas for day trips and staff to eat meals with patients once a month. We observed staff and patients eating a meal together on the day of inspection.

We saw that restrictive practices were discussed at patient community meetings, for example we saw patients had discussed a rota for access to the laundry room and agreeing to vaping in outside areas as one patient had physical health issues.

We saw in the patient community meeting minutes that the Provider "My voice" survey was discussed. At the time of the inspection there was no "My voice" feedback specifically from Tiptree ward. This was because the service had not been open long enough.

Staff made sure patients could access advocacy services. We observed advocacy information on the ward.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers as appropriate. Family and carers were invited to attend multidisciplinary meetings.

The service sent carer booklets out to family and carers.

## Is the service responsive?

Requires Improvement 

Tiptree ward had not been previously inspected. We rated it as requires improvement.

## Access and discharge

### Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers made sure bed occupancy did not go above 85%.

At the time of inspection, the bed occupancy rate was 50% (There were 8 patients in a 16-bedded ward). At the time of inspection, 6 beds were closed due to refurbishment.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Whilst the ward had only been open since January 2023, 5 patients had transferred from a former rehabilitation ward within the service. Data provided by the service showed the length of stay for patients on Tiptree ward ranged from 27 to 945 days. This data included the time the 5 patients who had been transferred from another rehabilitation ward within the service had spent on that ward. Managers told us they aimed for the shortest possible length of stay, based on individual need. However, the service did not specify an expected length of stay for the ward and three patients told us they did not know how long they would stay on the ward.

The service had five out-of-area placements.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

There had been no discharges since the service opened. The service had a discharge procedure and we saw from multi-disciplinary team meeting minutes that discharge status was reviewed and discussed at every meeting. We saw from these minutes that not all patients had an identified discharge pathway in place. All patients had a "My discharge plan" with goals as to what they wanted to achieve within their patient record. However, these lacked detail. We saw

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Requires Improvement 

examples in patient records that one patient was awaiting an assessment date for a residential home and that suitable accommodation was being sought for another patient. In two records there were no clear plans for patients to move on from the ward. We saw evidence in patient notes and multidisciplinary team meeting minutes that patients were involved in discharge planning discussions.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. Patients could be moved to Tiptree ward as part of their step-down recovery from the other acute or forensic wards within the wider hospital.

## Facilities that promote comfort, dignity, and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.**

Each patient had their own bedroom, which they could personalise. Patients had keys to their own bedrooms, based on individual risk assessment.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. The service had an activity / therapy area onsite including a kitchen, computer room, art room, gym, and café. Tiptree ward had its own therapy kitchen.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could also meet visitors in the garden or on-site café.

Patients could make phone calls in private. The ward had a telephone kiosk. Patients could ask staff to access the telephone. There was a nurse call alarm in the kiosk.

The service had outside spaces that patients could access easily. The ward had a courtyard garden. The door to the garden was open so that patients could easily access outside space.

Patients could not make their own hot drinks and snacks and were dependent on staff. Patients were unable to access the kitchen which was locked. Staff told us this was due to a patient on the ward with polydipsia (excessive thirst). Staff told us they were looking to get keys so that patients could access the kitchen for drink and snacks based on individual risk assessment.

We saw there was a hot and cold drinks dispenser in the communal lounge however patients told us it wasn't working.

Patients were unable to freely access the laundry as this room was locked. Patients agreed at a community meeting to a rota for use of the laundry room, patients could request to use the room at other times. Staff told us the laundry room was kept locked due to a patient on the ward with polydipsia (excessive thirst) in order to restrict their access to that room.

The service offered a variety of good quality food. Patients we spoke with told us that the food was of good quality and there was a wide choice of menu options.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Patients' engagement with the wider community

### **Staff supported patients with activities outside the service, such as work, education, and family relationships.**

Staff did not make sure patients had regular access to opportunities for education and work in the wider community.

Whilst staff told us patients could access educational and work opportunities and gave examples such as a workshop teaching carpentry and woodwork, paid work with the gardener and cleaning/housekeeping staff; volunteering with the horticulture group; online college and university courses, only 1 patient regularly accessed education and three patients we spoke with told us they were not aware of any educational or work opportunities.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Multidisciplinary staff regularly assessed patients to see what would help them to get back into the community and to set their goals with them. We saw evidence of this in patient notes and multidisciplinary team meeting minutes. Occupational therapists were involved in escorting patients on leave into the community to assess, build and develop their social skills.

Patients could access shops, cafes, and leisure facilities in the community.

Staff helped patients to stay in contact with families and carers.

Patients have mobile phones on the ward and had access to a pay phone to keep in touch with family and friends. Carers were invited to multi-disciplinary team meetings.

Staff worked with care coordinators to review recovery progress with the patient. Staff worked with social workers and community team staff who had the responsibility of looking for places that patients could move on to, to ensure they were appropriate to the patients' needs and goals.

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

### **The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff explained patients' rights regularly to them and we saw this recorded on patient notes.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients could access spiritual, religious, and cultural support.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

There had been no complaints on Tiptree ward since the service opened.

Patients, relatives, and carers knew how to complain or raise concerns. However, one patient told us they did not know how to make a complaint.

The service clearly displayed information about how to raise a concern in patient areas. We saw posters on the wall in the ward.

Staff understood the policy on complaints and knew how to handle them.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients provided feedback on the service through weekly community meetings. Feedback was shared with staff at monthly team meetings and the service used feedback to learn, celebrate success and improve the quality of care.

## Is the service well-led?

Requires Improvement 

Tiptree ward had never been previously inspected. We rated it as requires improvement.

## Leadership

**Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Staff said leaders and senior managers were very approachable, helpful, and supported them in their day-to-day work. Managers were visible in the service and knew the needs of the service and the people using the service in their care.

## Vision and strategy

**Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.**

Staff we spoke with knew and understood the provider's vision and values and how they applied to patient treatment and care. For example, staff described these as:

“Stabilise, growth and independence, the philosophy for the ward all based on hope”.

“Building towards recovery and confidence and independence and supporting people to move on.”

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

We saw posters on the ward reflecting the recovery ethos and saw in minutes that this was discussed in both staff and patient community meetings.

## Culture

**Staff felt respected, supported, and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff spoke positively about developing the new ward and model. They described the team as a family, everyone supported each other and felt comfortable to talk openly. Staff said it was a great environment to work in and that they looked forward to coming to work.

Staff told us they felt comfortable to raise concerns without fear and knew how to do so if they needed to. They told us there was a number to ring for a “safe call”.

Managers gave staff the opportunity to feedback on the culture of the service and we saw the findings of a recent hospital wide culture survey.

## Governance

**Our findings from the other key questions demonstrated that whilst governance systems and processes were in place, they were not fully embedded.**

The service had recently opened in January 2023 and the provider had recently introduced a new clinical treatment model of care. The service had in place governance systems and processes to support the delivery of the model. However, managers recognised that more time was needed for the model to be fully embedded within the new service and reflect the needs of the patients.

The service had a structure in place to support the overarching governance framework. This included monthly staff meetings and a monthly divisional clinical governance meeting with a charity wide agreed agenda aligned to the 5 Care Quality Commission Domains of safe, effective, caring, responsive and well-led. We saw ward summary reports were prepared and discussed within the monthly divisional clinical governance meeting. We viewed minutes of both meetings and found that key information such as incidents, complaints, sickness, staffing matters and mandatory training were regular agenda items for discussion.

The monthly divisional clinical governance meeting recorded a rolling list of actions, that described the issue, rated the risk, and detailed action to be taken. However, whilst there were systems and processes in place to identify, share and learn from ward and hospital wide based information, our findings in this report demonstrate that these were not yet fully embedded in the new service to ensure that issues were identified and actioned. For example, we found there were gaps in patient observation records, staffing levels did not always match minimum planned numbers and mandatory training compliance for some courses fell below 75%

## Management of risk, issues, and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Managers had ensured that systems and processes were in place on the ward to keep patients safe. This included environmental checks, patient searches, clinical risks assessments and risk management plans.

## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and people's care.

Patients' confidential personal information was stored securely.

Staff had the technology required to carry out their role.

## Engagement

**Managers engaged other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.**

Staff worked with social workers and community team staff who had the responsibility of looking for places that patients could move on to, to ensure appropriate placements for the patients' needs and goals.

## Learning, continuous improvement and innovation.

The ward opened on 19 January 2023 and introduced a clinical treatment model based on the 'Four Recoveries' model (Kennedy, H.G. 'Models of Care in Forensic Psychiatry', British Journal of Psychiatry Advances, May 2021).

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

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

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The service must ensure that patients on long stay rehabilitation mental health wards access and participate in, education and work opportunities in the wider community.

#### Regulated activity

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

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The service must review their current recovery model of care, expected length of stay and have clear discharge pathways for patients on long stay rehabilitation mental health wards at admission and reflect these in the patient care notes.

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The service must ensure that premises and equipment on forensic inpatient or secure wards are kept clean in line with current legislation and guidance.

#### Regulated activity

#### Regulation



This section is primarily information for the provider

## Requirement notices

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

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

The service must ensure that training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

### Regulated activity

### Regulation

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

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

The service must ensure there are enough nursing and support staff on long stay rehabilitation mental health wards for all shifts to keep patients safe.

### Regulated activity

### Regulation

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

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

The service must ensure that staff on long stay rehabilitation mental health wards are up to date with mandatory training.