Good

Somerset Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Quality Report

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Tel: 01278 432000
Website: 8 – 11 September 2015

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RH5Y5	Ash Ward, Willow Ward and Wessex House	Ash Ward	TA6 5LX

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Good 
Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated forensic inpatient\secure wards as good because:

- the ward was clean and in a good state of repair
- there were enough staff to meet agreed safe staffing levels
- staff demonstrated a good understanding of the local safeguarding process
- there were detailed risk assessment and management plans
- a physical health drop-in session, run by a GP, took place weekly
- there was good access to advocacy
- there were activities on the ward
- staff felt confident about raising concerns
- there was commitment to quality and innovation

However:

- there were no accessible toilet facilities for patients in seclusion
- care records did not show that patients were being given their Section 132 rights
- care records did not show that the responsible clinician had assessed patients' capacity to consent to their medication
- patients' opinions about their care was not recorded in their care plans
- patients, we spoke to, said they did not like the staff uniform
- we did not see any quality improvement targets displayed on the ward

Summary of findings

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

Are services safe?

Good

We rated safe as good because:

- the ward was clean and all furnishings were in a good state of repair. Medical equipment was regularly maintained and cleaned. Equipment expiry dates were checked
- Staff were observed to follow infection control procedures, such as using hand gel when entering the ward
- there were enough experienced and appropriately qualified staff on duty to meet the agreed safe staffing levels. There was appropriate use of bank and agency staff who were mainly familiar with the ward
- staff demonstrated a good understanding of the local safeguarding process and provided examples of when they would contact the safeguarding leads.
- there were detailed risk assessment and management plans. The ward used tools such as the historical and clinical risk, a leading tool for the assessment of risk. These plans were used to promote positive risk taking and encourage interagency working
- there was post-incident analysis of all incidents that required physical intervention and a weekly reflective practice session. Staff were also encouraged to learn from incidents elsewhere in the trust

However:

- the fridge for medicines was awaiting repair, until this was done staff had arranged for all refrigerated medicines to be stored safely on another ward
- the equipment within the hypoglycaemia kit, for emergency management of diabetes, had expired; staff arranged an alternative while we were present. Urine testing sticks were also on order as these had recently expired and staff were waiting for the new order
- there were no accessible toilet facilities for patients in seclusion. Patients in seclusion used cardboard urinals. A plan had been submitted, to the trust, for the seclusion room to be refurbished to include an en suite facility
- there was one recent seclusion. We identified that the reviews of seclusion did not occur at the correct times

Summary of findings

Are services effective?

Requires improvement 

We rated effective as requires improvement because:

- we could only find evidence in one patient record that capacity to consent to medication was assessed on admission
- we found no evidence in patient records that the outcome of second opinion appointed doctor visits were discussed, with the patient
- in two care records we reviewed, we found no evidence that patients were advised of their Section 132 rights on admission
- in four out of the six care records, we reviewed, we could find no evidence that patients had their Section 132 rights re-presented at regular intervals
- patients' opinions about their care was not recorded in their care plans. Three out of four patients, we spoke to, had not been asked to contribute to their care plans
- staff had not received specialist training to support people with learning disabilities

However:

- patients received a physical health assessment on admission and we saw care plans around physical health support, where needed
- a physical health drop-in session, run by a GP, took place weekly. This allowed patients to have their physical health concerns addressed. They were still able to visit the GP surgery when required
- staff received regular monthly supervision and were up-to-date with their annual appraisals. Staff told us they felt supported

Are services caring?

Good 

We rated caring as good because:

- staff showed patients respect and always knocked on bedroom doors before entering
- staff showed appropriate support and warmth towards patients. Patients told us staff were respectful and kind
- there were arrangements in place for patients to visit before admission. The ward staff would try to arrange for another patient to be a 'buddy' to new patients which patients appreciated
- there was good access to advocacy and an independent mental health advocate visited the ward each week. There was a fortnightly meeting for patients to give their opinions about the service and this was chaired by the advocate

Summary of findings

- patients were given copies of their care plans to sign. Patients receive care programme approach meeting reports to read, before the meeting
- patients had planned time with their named nurse on a weekly basis
- one carer told us Ash Ward had a positive effect on their relative. One carer told us Ash was the best ward they had dealt with

However:

- three out of four patients we spoke with said they did not like the staff uniform and it made them uncomfortable when in the community
- the vision panels in bedroom doors, which can be opened to observe patients in their rooms without entering or left closed to allow privacy, were open

Are services responsive to people's needs?

Good

We rated the responsive as good because:

- bed occupancy was 76%, between October 2014 and March 2015, which gave the unit capacity to respond quickly to possible admissions
- patients' beds were always available to them on return from Section 17 leave
- all admissions were planned and patients were admitted and discharged at an appropriate time of day
- the ward optimised recovery and comfort and there were activities on the ward, such as darts, pool, video games and television. There were areas for people to use such as a number of lounges, a games room and therapy kitchen. There was a gymnasium on site. There was also access to outside space with a courtyard that patients could use at all times.
- patients had access to drinks and snacks throughout the day
- patients could have a key to their room and could access a secure locker
- there was a choice of food and the ward catered for different dietary requirements
- patients told us they knew how to make complaints and we saw a poster advising them how to do this. The ward also ran a fortnightly `have your say meeting'. Staff explained to us how they would deal with a complaint raised by a patient or visitor.

Are services well-led?

Good

We rated well led as good because:

Summary of findings

- the manager was aware of the trust's visions and values and the ward staff were committed and worked within the principles of the trust's values. For example, respect, dignity and compassion, and improving lives. However, we did not see these displayed on the ward
- staff were aware of who the senior managers in the trust were and told us they received visits from senior management, including an annual visit from the chief executive who spoke with staff and patients
- systems for appraisals, supervision, and mandatory training were robust
- Staff actively took part in clinical audits, including those for hand hygiene, controlled drugs and effective handovers.
- staff felt confident they would be listened to that if they raised a concern
- staff were supported to undertake leadership training
- there was commitment to quality and innovation and the ward was a member of the College Centre for Quality Improvement (CCQI) forensic network.

However:

- we did not see any quality improvement targets displayed on the ward.

Summary of findings

Information about the service

Ash Ward provides 12 male 'low secure' beds for patients detained under the Mental Health Act. The service is at Broadway Health Park in Bridgwater. All rooms are ensuite, with one offering an accessible bathroom. The service is on the ground floor and offers lounges, therapy rooms and a multi-faith area. It has three outside areas that patients can use. Patients also have access to a well-equipped gymnasium on site.

Ash Ward provides skilled, supportive, person-centred care for people whose psychiatric conditions requiring treatment in a low-secure facility. Using the principles of recovery and rehabilitation, the service offers individuals care based on a thorough assessment of clinical needs and risks.

NHS England specialised commissioning services commission the service. Most patients arrive from courts, prison or other secure hospital facilities.

We last inspected Ash Ward on 3 September 2013 and found it compliant in all areas.

Our inspection team

The comprehensive inspection was led by:

Chair: Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust

Head of Inspection: Karen Bennett-Wilson, Care Quality Commission

The team that inspected forensic inpatient secure wards comprised three inspectors, one social worker, a Mental Health Act (MHA) reviewer, and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we already held such as the results of previous inspections. We asked the service to provide information about incidents, safeguarding alerts, staffing issues, admission and discharge information. We sought feedback at three listening events from people who use the service and carers.

During the inspection visit, the inspection team:

- visited Ash Ward, looked at the quality of the ward environment, and observed how staff cared for patients
- spoke with eight patients who used the service
- spoke with the ward manager
- spoke with five other staff members, including doctors, nurses and support workers

Summary of findings

- attended and observed a multidisciplinary meeting, a patient meeting and a staff reflective practice meeting
- looked at eight patient treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with five patients while on site; we also spoke with two carers by telephone. We could not speak with everyone as people were on leave and some people did not wish to speak with us.

Patients told us they were well cared for by staff and that staff treated them with respect and dignity. Patients told us they enjoyed the food.

Most patients told us they felt safe on the ward. Three out of four patients, we spoke to, reported not being asked to contribute to their care plans and had not always been involved in planning their care. One patient advised us that they missed leave due to the time it was scheduled.

One carer told us Ash Ward had a positive effect on their relative. Carers told us the ward involved them in the patients' care and that it was the best ward they had dealt with.

Patients and carers told us there was not enough to do at the weekend.

Good practice

- There were fortnightly 'have your say' meetings for patients to express their views. An Independent advocate facilitated these meetings and fed back to the ward staff.
- There was a 'substance misuse lifestyle addiction and mental health' (SLAM) dual diagnosis treatment plan that the ward was involved in developing.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The trust must ensure patients' capacity to consent to medication; is assessed, reviewed and recorded regularly.
- The trust must ensure patients are being given their Section 132 rights on admission and at regular intervals.
- The trust must share the outcome of a second opinion appointed doctor (SOAD) visits with patients.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure medical equipment checks, include expiry dates and re-ordering occurs when necessary.
- The trust should ensure all appropriate training relating to the Mental Health Act, Mental Capacity Act and to patients' conditions is undertaken by staff.
- The trust should ensure it reviews the style of uniform and whether it should be worn when supporting patients in the community.
- The trust should review using cardboard urinals when people are in seclusion.
- The trust should ensure the Mental Health Act Code of Practice, and trust policy, is followed in relation to seclusion.
- The trust should ensure on-call staff can attend the ward within the agreed timeframe.
- The trust should ensure it adheres to the agreed safer staffing levels.

Summary of findings

- The trust should ensure patients' are involved in planning their care and record when this has happened.

Somerset Partnership NHS Foundation Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ash Ward	Mallard Court, Express Park, Bristol Road, Bridgwater TA6 4RN

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- There was insufficient evidence of patients getting their Section 132 rights on admission and at regular intervals thereafter; more detail available in effective section below.
- There was not enough evidence to show that the responsible clinician had assessed patients' capacity to consent to their medication, highlighted on our last inspection in January 2013; more detail in effective section below.
- We could not find evidence of meaningful discussions around patients capacity to consent taking place, more detail in effective section below.
- There was insufficient evidence that patients were told the outcome of Second Opinion Appointed Doctor (SOAD) the visits; more detail available in effective section below.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received Mental Capacity Act (MCA) training on induction; we saw records that indicated only 63% of staff were trained in the MCA.
- Staff had a clear understanding about consent and the presumption of capacity to make decisions. However, in our review of records we found that assessment of

patients' capacity to consent to medication had not been undertaken. We also found that patients' capacity to consent was not always undertaken prior to a request for a second opinion appointed doctor.

- All patients on the ward were detained under the Mental Health Act, which is a criteria for admission and therefore, there had been no applications for Deprivation of Liberty Safeguards.

Good

Are services safe?

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

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

Our findings

Safe and clean environment

- The ward was a long corridor with rooms on both sides. The bedroom corridor was at the end of the main corridor, forming a tee junction. Mirrors were in place to mitigate blind spots and rooms had large windows, in the doors, that give a good view of the inside. Ash ward was a single sex, male, ward. The manager advised us that reception staff issued keys and alarms. Keys could not be issued until staff they had completed a key induction. The ward was clean and tidy and all furnishings were in a good state of repair. The kitchen was having units replaced on the day of our visit. We saw staff followed the correct infection control procedures including the use of hand gels.
- We reviewed the annual ligature assessment, which was in date, and identified any risks that required a risk management plan. The portable appliance testing to ensure electrical safety had not happened since December 2012. A log indicated that testing for Ash Ward would occur this month.
- We viewed the clinic room, and saw resuscitation equipment was accessible and checked regularly. Staff recorded equipment expiry dates. The trust held a central log for the purposes of calibration and routine maintenance for all medical devices. However, items in the hypoglycaemia kit (management of diabetes) and urine testing sticks were out of date. The hypoglycaemia kit went out of date in the previous month and the testing sticks in May 2015. Staff removed the out-of-date items from the hypoglycaemia kit and showed us alternatives that were in date. New testing sticks were currently on order. The fridge was broken and staff managed this by keeping medications needing refrigeration on another ward. There was no confirmed date for a repair or replacement.
- There was a seclusion room as part of the de-escalation suite. A CCTV monitor enabled observation. A clock was visible from the seclusion room. A shower, washbasin and toilet were located across a corridor, which did not allow direct access from the seclusion room. Refurbishment plans to allow direct access from the seclusion room, had been submitted to the trust. Currently when people were in seclusion and required the toilet, they were given a cardboard urinal.

Safe staffing

- The current staffing establishment was:
  - Two qualified nurses and two support workers on an early shift 7 am – 3pm.
  - A support worker on a middle shift 9 am – 5pm.
  - Two qualified nurses and three support workers on a late shift 1pm – 9pm.
  - A support worker on a twilight shift 1pm – 11pm.
  - Two qualified nurses and one support worker on a night shift 830pm – 730am.
- The staffing numbers were established using a recognised tool. There was 1.8 vacancies for qualified nursing staff. The manager advised us that they would often have one qualified nurse and two support workers on the night shift when they were unable to cover the second qualified shift. This would be risk assessed each time depending on the needs of the ward. The manager was able to adjust staffing levels to meet changing needs on the ward. The unit did not always adhere to the agreed safer staffing levels. When we reviewed the rotas, we identified that six shifts were short by one member of staff in a two-week period. This included qualified and unqualified staff, although there was always a qualified member of staff on duty. This was discussed with the ward manager who told us that this had been risk assessed and was at a time when some patients had taken leave. The sickness rate was high at 8.5% and five members of staff had left in the past year. However, staff told us that staffing levels felt safe and they used bank and agency staff to cover shortfalls. We saw that bank and agency staff were used appropriately and were mainly people who were familiar with the ward. When we checked the rota, we saw that the same agency staff were used to cover shifts when they could not use their own ward staff. We were told that activities were rarely cancelled due to a lack of staff and patients confirmed this.

Good

Are services safe?

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

- Ninety three percent of staff were up-to-date with mandatory training, in July 2015. We saw training records showing that staff had received training in the management of aggression and violence.
- We observed that qualified or experienced staff were present on ward areas at all times. Adequate medical cover was available day and night and a doctor could attend the ward quickly in an emergency. However, during a recent incident of seclusion the on call doctor could not attend the ward within the time identified in the trust policy and the Mental Health Act Code of Practice.

Assessing and managing risk to patients and staff

- There was one incident of seclusion in the previous six months. Appropriate reviews of the seclusion did not take place at the correct times. There were nine incidents of restraint recorded between April 2014 and March 2015 on five different patients, none of the incident involved the use of prone restraint. All patients received a risk assessment upon admission. Updates of risk assessments took place at the weekly multidisciplinary meeting. Discussions around risk took place at handovers and in the weekly reflective practice meeting. All patients had a risk assessment before going on leave. We reviewed two general risk assessments and they were comprehensive. The team worked effectively with other agencies to plan care and mange risks. For example, we saw a risk management plan for a patient to go on holiday with his family. This included linking with the local community team. The care plan showed that this was well-planned and promoted positive risk taking and interagency working.
- Due to the ward being a low secure environment, there were restrictions in place to prevent some items coming on to the ward, for example recording devices and alcohol. There was a list of restricted items given to patients on admission and displayed in the reception area. The restrictions on these items were to prevent dangerous items entering the ward. Other restrictions were agreed on an individually risk assessed basis.
- Staff knew of the observation policy and each patient's observation levels based on an individual risk assessment. The observation records we saw were completed correctly.
- Staff demonstrated a good understanding of local safeguarding processes and their

responsibilities. Training records showed that 100% of staff had trained in safeguarding children and 94% had trained in safeguarding adults. Staff referred any concerns to the trust central team who would refer on to the local authority if required. There was a meeting room in the reception area that was appropriate and safe for children's visits. We were informed that where possible family contact was encouraged in a community setting.

Track record on safety

- There had been no serious incidents reported in the past twelve months. Staff were able to explain about changes made to procedures following the last serious incident, a fire in seclusion in 2013, which included changes to searching and fire procedures. However, the use of cardboard urinals in seclusion was still in operation, which was the fuel source during the fire. The ward had submitted plans, to the trust, to have the seclusion room renovated, to allow access to toilet facilities.

Reporting incidents and learning from when things go wrong

- The ward staff described how they reported incidents on the datix system, electronic incident reporting system, and the type of incidents they had to report. All staff were encouraged to read the "What's on Somerset" newsletter with information on learning across the trust. Staff told us they felt supported following any incidents. The ward held a weekly reflective practice meeting, and there was a post-incident analysis of all incidents involving restraint

Are services effective?

Requires improvement

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

Our findings

Assessment of needs and planning of care

- We examined the care records of eight patients. Patients received an assessment on admission, which included an evaluation of their physical health needs. Ongoing physical health monitoring occurred where appropriate. Individual treatment plans were agreed after this assessment. All information was kept secure within the electronic patient record (RiO).

Best practice in treatment and care

- We looked at five prescriptions charts and saw that prescribing practices appeared to be consistent with National Institute of Health and Care Excellence (NICE) guidance in relation to the number and dose of prescribed anti-psychotic medication. The in-patient pharmacy service reviewed prescribing and administration of medicines. A member of the pharmacy team attended all ward rounds and multi-disciplinary meetings.
- Patients were able to visit a local G.P when required and there was a weekly drop in session run by the G.P to address physical health needs.
- Psychological therapies were organised on an individual basis. At the time of inspection, there was no access to group sessions or specific forensic treatment programmes. We were told that there had been a fire setter's treatment group, but it was not currently running. The unit used a locally devised dual diagnosis treatment, of mental health and substance misuse issues programme. We were advised that the staff running the treatment programme had received input from a specialist in the dual diagnosis of mental health and substance misuse, when developing the programme.
- The patients were encouraged to use 'my shared pathway', which was a programme to allow patients to chart their own progress through secure services and set their own agreed outcomes/achievements.

Skilled staff to deliver care

- The multidisciplinary team included a psychiatrist, junior doctor, qualified and unqualified nursing staff, an occupational therapist, activities co-ordinator, healthy lifestyle worker and part time social worker and psychologist. A pharmacy technician who attended the weekly multidisciplinary team meeting visited the ward.
- All staff received a corporate induction and there was access to some specialist training; but this did not cover all the needs of patients on the ward. Staff were able to access training online.
- Staff received regular monthly supervision. We checked records that confirmed this. We saw that 100% of staff had received an annual appraisal this year. There were policies in place to address poor performance. The manager was able to explain how to use this policy and gave an example of managing performance.

Multi-disciplinary and inter-agency team work

- The ward manager explained that each patient had a six monthly care programme approach (CPA) meeting that included outside agencies and relatives. Multidisciplinary team meetings took place on a weekly basis and patients were involved in these meetings fortnightly. We observed a multidisciplinary team meeting and saw that patient centred planning and positive risk taking occurred.
- There were detailed handovers three times a day, at each shift change.

Adherence to the MHA and the MHA Code of Practice

- A Mental Health Act monitoring visit was carried out during this inspection we will be reporting on this separately. Records showed that 73% of staff had been trained in the Mental Health Act and we saw that staff were mainly using the Mental Health Act's Code of Practice' guiding principles when recording decisions.
- We could only find evidence in one of the six patient records reviewed, that a patient's capacity to consent to medication was assessed on admission. Three patients had been seen by a second opinion appointed doctor, we could find no evidence in their records that this visit had been discussed with them, by the responsible clinician. In three out of the six care records we reviewed, we found no evidence that patients were advised of their Section 132 rights on admission. In four out of the six care records, we reviewed, we could find no evidence that patients had their Section 132 rights re-presented at regular intervals in line with the Mental

Are services effective?

Requires improvement

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

health Act Code of Practice. MHA documentation was stored securely. Original documents were stored centrally at the Mental Health Act office in Yeovil and scanned on to patient records system.

- People had access to an Independent Mental Health Act Advocate (IMHA) who visited the ward on a weekly basis. There were posters on the ward advising patients of how to contact the IMHA.

Good practice in applying the MCA

- Staff received MCA training on induction; we saw records that indicated only 63% of staff were trained in the MCA.

Staff had a clear understanding about consent and the presumption of capacity to make decisions. However, in our review of records we found that capacity to consent to medication had not been undertaken and found that patient's capacity to consent was not always undertaken prior to a request for a second opinion appointed doctor.

- All patients on the ward were detained under the Mental Health Act, which is a criteria for admission and therefore, there had been no applications for Deprivation of Liberty Safeguards.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff interaction with patients, saw that staff showed respect, and offered appropriate support to patients. Staff were always respectful, patients reported, and we witnessed that staff were helpful and caring towards patients.
- We saw that staff considered the dignity of the patients for example, staff knocked on bedroom doors before entering. However, during our tour of the ward we observed patients' bedroom door observation panels left open. Staff told us that the patients had stated that they preferred this; although we did not see any recorded evidence that individual patients had requested their observation panel left open. Three out of four patients, we spoke to, expressed concern about the staff uniform stating that it made them feel uncomfortable particular when being supported in the community. We observed that the uniform consisted of dark trousers and a short–sleeved white shirt with shoulder epaulettes. Staff told us they offered to change when escorting people in the community but patients rarely asked them to.

The involvement of people in the care they receive

- Patients could visit the ward before admission. The ward provides an information pack covering ward rules, meal times, meetings and restricted items, on admission. The ward team encouraged an existing patient to act as a "buddy" for all new patients.
- Patients met with their named nurse on a weekly basis to review their care plans. They were given a printed copy of each care plan to sign and indicate they agreed with the treatment plan. Three out of four patients, we spoke to, reported not being asked to contribute to their care plans and had not always been involved in planning their care. Five out of six care plans we reviewed did not have the patient view recorded in their own words. Patients' had their care programme approach (CPA) meeting reports to read prior to the meeting. Families and carers are welcome to attend CPA meetings.
- We observed the weekly ward round that patients attended fortnightly. There was good patient centred care planning. Patients had the opportunity to participate fully.
- There was good access to advocacy on the ward and the advocate regularly attended multidisciplinary meetings with patients. There was a fortnightly `have your say` meeting, which was attended by patients, staff, advocacy and sometimes patient liaison services. Patients were not involved in the recruitment of staff.
- Carers could visit patients on the ward or in a meeting room on site. The ward encouraged family contact within the community and supported family relationships. We spoke with two carers, who told us that the Ash Ward had had a positive effect upon their relative and said that it was the best ward they had dealt with. Staff worked flexibly to support patients, for example, to go on holiday with their family.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The average bed occupancy from October 2014 to March 2015 was 76%. There were no out of area placements admitted to Ash Ward on the day of our site visit. Patients' beds were always available to them on return from Section 17 leave.
- Ash Ward only took planned admissions. Patients remained on Ash Ward during their admission. Admissions are at appropriate times of the day. Patients could visit prior to admission.
- Referrals to different services occur at the appropriate time.
- NHS England commission the service.

The facilities promote recovery, comfort and dignity and confidentiality

- There was a full range of rooms available for patients to use on the ward. There were general lounges, therapy room, meeting rooms, kitchen diner and a multi faith room. There was also access to a well-equipped gymnasium shared with the adjacent ward and a qualified gymnasium instructor to support patients with the equipment. There was a meeting room available for patients to meet visitors.
- Patients have their personal mobile phones on the ward and use them to make private phone calls. There was also a pay phone available and a cordless ward phone that patients could use. Staff check phones to ensure they have no recording devices on them. Recording devices were not allowed on the ward, to respect the confidentiality of all patients. The ward provided patients with a temporary mobile telephone if required.
- There were three outside areas. In one courtyard area, patients could smoke. Gardening took place in one of the others.
- Patients stated that the food was good. Patient-Led Assessments of the Care Environment, this is a system involving local people going into hospitals each year to assess how the environment supports patients' privacy and dignity, also covering food, cleanliness and general building maintenance, scores for the ward supported this. However, the ward had performed slightly lower than the national average for food in the 2015 survey. All patients had the opportunity to cook for themselves during the week. Patients told us that they could make snacks and drinks when they wish to.
- There were secure facilities for patients to lock their possession. There were lockers available to patients and patients could purchase a key to their bedroom. Staff also locked patients' rooms on request, if patients did not have a key. One patient stated he felt his belongings were safe, because he had a key to his room.
- We saw an activity planner that included weekend activities, although there was less at this time. We saw photographs of activities. There were games consoles, a pool table and televisions on the ward.

Meeting the needs of all people who use the service

- The ward was accessible for disabled people. Ash Ward was on the ground floor and had wide corridors with full disabled access. One bedroom had an accessible bathroom for wheelchair use. We saw information leaflets available in the main reception area, such as how to complain and restricted items. There were posters on the ward about how to make a complaint, activities and advocacy and some were in an accessible format, such as the advocacy.
- Patients told us that the food was good and food provided met individual dietary or religious needs. Spiritual support was provided for by a multi-faith room and a there was a chaplain who visited weekly.
- There was a daily activity plan displayed on a board that showed the activities available each week. We saw that there had been recent day trips to the beach and the zoo. There were photographs of activities displayed on the ward, including the regular fishing group, which patients told us they enjoyed.

Listening to and learning from concerns and complaints

- There had been five complaints in the past twelve months. One of which had been upheld. None had been referred to the Parliamentary Health Service Ombudsman. The ward did not keep a local register of complaints so we did not review the recent complaints. Staff stated that there had not been any recent complaints. However, staff told us what actions they would take if a patient made a complaint to them.

Are services responsive to people's needs?

Good

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

- Patients and carers told us they knew how to complain. Posters were on the ward advising patients and visitor how to raise a complaint or concern. There was a 'have your say meeting' fortnightly for patients to express any concerns, this was facilitated by the ward advocate and issues fed back to the team.
- There was a newsletter available for ward staff called 'what's on Somerset' where staff told us that they could learn from complaints elsewhere in the trust and learning was reinforced in staff meetings. However, staff were unable to give us any examples of changes or improvements made because of a complaint.

Are services well-led?

Good

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

Our findings

Vision and values

- The manager was aware of the trust's visions and values. The ward staff were committed and worked within the principles of the trust`s values, for example, respect, dignity, compassion and improving lives.
- Staff knew who the senior managers were and told us that they visited the ward regularly to complete 'patient safety walk rounds'. The chief executive also visited annually and spoke with staff and patients.

Good governance

- There were good systems in place to ensure that staff received an annual appraisal, mandatory training and monthly supervision. Staff felt supported and there were regular reflective practice meetings where there was opportunity to discuss clinical situations.
- Staff participated actively in clinical audit, for example, hand hygiene, controlled drug and handover audits.
- Incidents were reported and reviewed in staff meetings. Staff described recent learning from incidents as a result of a 'legal high' shop in the community which was situated close to the hospital leading to an increase in patients taking 'legal highs' when on leave. The ward manager could add to the local risk register. High risks are also included on the trust's risk register. The ward manager attended meetings to monitor safety and quality issues, then feeds back to the ward via staff meetings and emails.
- The staff report safeguarding incidents to the trusts safeguarding department. The local authority deal with incidents escalated to them.

Leadership, morale and staff engagement

- In the twelve months between 1 April 2014 and 31 March 2015, the staff sickness rate was 8.5%.
- Staff reported feeling supported by the ward manager. The staff received regular supervision and reported feeling supported in their roles. Staff felt confident they would be listened to if they raised a concern. Staff reported that they know how to use the whistle blowing policy. Nobody we spoke with had raised an issue using the policy. Staff reported being part of a settled and supportive team with good morale. We were told it was a good place to work but sometimes stressful.
- Leadership training was available. The trust offers the leadership and empowering organisation training and a master's degree course.

Commitment to quality improvement and innovation

- Ash Ward was a member was a member of the College Centre for Quality Improvement (CCQI) forensic network.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Nursing care Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Regulation 11 HSCA (RA) Regulations 2014 – The registered person did not demonstrate that care and treatment was provided only with the consent of the service user or other relevant person. The registered person could not demonstrate that they had acted in accordance with patients detained under the Mental Health Act 1983: The provider must ensure that capacity to consent to medication is undertaken. The provider must ensure that patient's capacity to consent is undertaken prior to a request for a second opinion appointed doctor (SOAD). This was a breach of regulation 11(4)