

Kneesworth House







Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated this location overall as 'requires improvement' because:

- Some of the wards did not provide a safe environment. High level ligature points were across the hospital including secure wards which posed a risk for patients with self-harming behaviours. Not all staff had easy access to ligature risk assessments and management plans or were aware of the actions needed to minimise the risk.
- Nightingale, Wimpole and Orwell seclusion rooms were not suitable for purpose. For example, relating to 'blind spots' where staff could not observe patients who might be at risk of self-harm. Ward environments on Icknield, Ermine and Bourn were not conducive to patient's recovery and refurbishment was required.
- Cleanliness and infection control procedures were not robust for Wortham, Nightingale and Bourn wards. Staff and patients on Nightingale ward reported to the maintenance team that they had no hot water for ten days and staff had not escalated this further to senior managers for action.
- There were staffing shortages across each ward with some staff and patients reporting consistency of care was affected.
- On some wards we found improvements were needed regarding medication and equipment monitoring records
- Seven risk assessments across the hospital out of 70 reviewed were not updated, which could mean that patients' risks were not being managed appropriately on those wards.
- Staff's knowledge of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards varied across wards.
- Some frontline staff across wards did not have access to the hospital's clinical governance processes which posed a risk that they would not have information for their role.


- Staff supervision compliance overall was 49% since April 2015. There was 23% overall compliance with staff appraisals. This was below the provider's target and posed a risk that staff were not getting adequate support.

However:

- Risk assessments took into account historic risks and identified where additional support was required. Assessments took place using nationally recognised assessment tools including the model of human occupation screening tool.
- Ninety-five percent of staff had management of violence and aggression training. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines, 'Positive and proactive care' produced by the Department of Health in 2014. The records we examined supported this.
- Managers had systems for tracking and monitoring safeguarding referrals and ensuring protection plans were in place for patients.
- Staff provided a range of therapeutic interventions in line with national institute for health and care excellence guidance.
- Most patients were positive about the support which they received on the ward. Where they had concerns we found that staff had investigated or were investigating these.
- Patients were involved in their care and treatment, and in governance of the hospital in various ways such as chairing their care programme approach meetings or ward community meetings. Patients had opportunities to get involved in hospital governance.
- Staff were passionate and enthusiastic about providing care to patients with complex needs.
- Secure wards were members of the quality network for forensic mental health services and had received peer led reviews to compare themselves with other similar units and against national standards.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement 	The acute admission ward is on Bourn ward.
Forensic inpatient/secure wards	Requires improvement 	These wards are Ermine, Icknield, Clopton, Orwell and Wimpole.
Long stay/rehabilitation mental health wards for working-age adults	Requires improvement 	These wards are Nightingale, Wortham, Fairview, Swift and Bungalows 63, 65, 67 and 69.

Summary of findings

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Requires improvement 

Kneesworth House

Summary of this inspection

Background to Kneesworth House

Partnerships in Care Limited provide inpatient mental health and learning disability services at this location. Kneesworth House offers mental health services with medium secure, low secure, and locked and open rehabilitation wards. There was one acute admission ward.

The hospital has 155 beds. During our visit there were 141 patients receiving care and treatment.

There are 83 beds in the secure services. The medium secure wards are:

- Ermine for men with a mental illness, 19 beds.
- Icknield for men with a learning disability 16 beds.
- Clopton for men with a personality disorder diagnosis, 15 beds.

The low secure wards are:

- Orwell for men with a mental illness, 18 beds.
- Wimpole for women with a mental illness, 15 beds.

There are 72 recovery beds. The locked rehabilitation wards are:

- Fairview for women with a mental illness, 6 beds.
- Bungalow 63 for women with a personality disorder, 4 beds.
- Nightingale and Wortham for men with a mental illness, both with 17 beds.

The open rehabilitation wards are:

- Bungalow 67 and Swift for men with a mental illness both with 4 beds.
- Bungalow 65 for women with a mental illness or personality disorder, 4 beds.
- Bungalow 69 for men with a learning disability, 4 beds.

The acute admission ward is:

- Bourn ward for women, 12 beds.

The core services inspected were:

- Acute wards for adults of working age: Bourn.
- Forensic inpatient/secure wards: Ermine, Icknield, Clopton, Wimpole, Orwell.
- Long stay/rehabilitation mental health wards: Fairview, Bungalows 63, 65, 67, 69; Nightingale, Wortham, Swift.

Kneesworth House was previously inspected by the Care Quality Commission on 9 July 2013 and no breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were found.

Mr Geoffrey Keats, manager and Ms Julia West controlled drugs accountable officer are registered with the Care Quality Commission.

This location is registered to provide the following regulated activities: treatment for disease, disorder and injury; diagnostic and screening procedures and assessment or medical treatment for persons detained under the Mental Health Act 1983.

Our inspection team

Our inspection team was led by:

Team leader: Peter Johnson, Inspection manager, mental health hospitals

Lead Inspector: Kiran Williams, Inspector, mental health hospitals

The team included two CQC inspectors, three Mental Health Act reviewers, an assistant inspector, four

specialist professional advisors and two experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team would like to thank all those who met and spoke with inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the location.

Summary of this inspection

Why we carried out this inspection

We inspected this location as part of our on-going comprehensive mental health hospital 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 patients' needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients using the service.

During the inspection visit, the inspection team:

- Spoke with 52 patients who were using the service.
- Spoke with five carers.

- Reviewed 36 comments cards completed by patients and other information given to us by patients and carers during the visit.
- Reviewed 70 care and treatment records of patients.
- Examined each medication recording card.
- Held 13 interviews with senior staff and five focus groups with 56 staff and seven patients
- Spoke with 70 staff including support workers, doctors, nurses, social workers, occupational therapy and psychology staff.
- We met with five other professionals including a pharmacist and three independent mental health advocates.
- Attended three ward rounds, five activity sessions, one community meeting, a governance meeting with staff and patients and a senior staff handover meeting
- Inspected a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Most patients told us of various ways in which the hospital staff encouraged their involvement in their care and treatment and were positive about the support which they received on the ward.

However in contrast, seven comments from patients (out of 36 comments cards), gave positive feedback about the care provided. Nineteen comments from patients, gave negative feedback, including seven responses about staffing, four about medication issues, three about security and physical health.

Thirteen patients across the hospital and two carers said there were a lack of meaningful activities. Five patients across Swift, Wimpole and Orwell wards told us they had made complaints but did not think they were taken seriously or investigated properly. Four patients across, Bourn, Orwell and Fairview said they were not involved in their care plan. Two patients across Fairview and Bourn said they had not been informed of complaints procedures. Other concerns that patients spoke to us about included the cleanliness of the ward, staffing, privacy and dignity, restraint and food.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated this hospital as 'requires improvement' for safe because:

- Across the hospital there were high level ligature points which posed a risk for patients with self-harming behaviours. Not all staff had easy access to ligature risk assessments and management plans and would not be aware of the actions needed to minimise the risk.
- Nightingale, Wimpole and Orwell seclusion rooms were not suitable for purpose. For example, relating to allowing easy observation and temperature control and ensuring the dignity and privacy of patients. Four seclusion records had not been fully completed.
- On Bourn and Wimpole wards medication administration and availability issues were found. Clinic room monitoring records were not fully completed on Bourn, Icknield, Swift, Bungalow 65, Ermine and Clopton.
- Cleanliness and infection control procedures were not robust for Wortham, Nightingale and Bourn wards, with either dirty washrooms and toilet areas or areas requiring refurbishment. Staff and patients on Nightingale ward reported to the maintenance team that they had no hot water for ten days and staff had not escalated this further to senior managers for action. Senior staff took action to address this once we raised for this their attention.
- There were staffing shortages across the hospital with some staff and patients reporting that consistency of care were affected.
- Seven risk assessments were not updated, which could mean that patients' risks were not managed appropriately.
- The provider's policy for staff use of handcuffs when escorting high risk patients on secure wards out of the hospital, needed updating to reflect the Mental Health Act code of practice and governance systems in place to monitor the use.

However:

- Environmental risk assessments took place. Relational, procedural and physical security had been assessed and managed in various ways.
- The hospital had a consultant led service which meant a senior psychiatrist was available 24 hours for advice and information.
- Risk assessments took into account historical risks and identified where additional support was required for patients.

Requires improvement



Summary of this inspection

- Ninety one percent of staff received breakaway technique training and 95% of staff had management of violence and aggression training. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines, 'Positive and proactive care' produced by the Department of Health in 2014. This was supported by those records seen.
- Managers had systems for tracking and monitoring safeguarding referrals and ensuring protection plans were in place for patients.
- Incident recording systems were robust.
- Ninety one percent of staff had completed mandatory 'refresher' training identified by the provider. Those that had not were booked on further scheduled courses.

Are services effective?

We rated this hospital as 'good' for effective because:

- The majority of patients received a comprehensive and timely assessment of their needs.
- Assessments took place using nationally recognised assessment tools including the 'model of human occupation screening tool. 'Pathnav' was designed by the provider to involve patients in care planning and goal setting. Staff provided a range of therapeutic interventions in line with national institute for health and care excellence (NICE).
- Staff referred patients to specialist assessments and treatment for example, speech and language therapists, dentist and opticians as required.
- The provider was working with others to ensure a proactive approach to the co-ordinated care of patients.
- Recruitment of staff was taking place including for nursing, social work and psychology staff.
- Managers had identified the need to improve liaison with the local acute hospital and a meeting was arranged for this.

However:

- Three patient's physical health records were not detailed. One patient's record also lacked details of physical healthcare checks after an incident and another record of a review of an electrocardiogram (ECG) by the patient's GP could not be located by staff.
- Recovery tools were used on Wimpole ward but not across all wards.

Good



Summary of this inspection

- One patient and two carers expressed concerns about delays for patients receiving talking therapies.
- Some staff and patients referred to a lack of psychology staff.
- Mental Health Act 1983 records needed further detail relating to section 17 Mental Health Act leave on Orwell; capacity to consent to medication on Icknield and Orwell; and section 132 legal rights on Bourn, Fairview and Wimpole.
- Staff's knowledge of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards varied across wards.

Are services caring?

We rated this hospital as 'good' for caring because:

- Most patients were positive about the support which they received on the ward. Where they had concerns we found that staff had investigated or were investigating these.
- Staff were passionate and enthusiastic about providing care to patients with complex needs.
- Patients were involved in the care and treatment, and governance of the hospital in various ways such as chairing their CPA meetings or ward community meetings. Patients had opportunities to get involved in hospital governance.
- A 'peer plus' scheme gave support to newly admitted patients. Selected patients were trained in collaborative risk assessment and safety planning and trained other patients.
- Most carers spoke positively about being involved and informed about their relatives and friend's care as relevant.
- Patients had access to advocacy services.

However:

- Patients' records did not always capture individual involvement in their care and treatment.

Good



Are services responsive?

We rated this hospital as 'requires improvement' for responsive because:

- Ward environments on Icknield, Ermine and Bourn were not conducive to patients' recovery and refurbishment was required.
- Five patients raised concerns about the complaints process. Some Bourn and Fairview staff were not fully aware of the provider's complaints procedures.

Requires improvement



Summary of this inspection

- The location of Orwell, Icknield, Wimpole and Clopton seclusion rooms meant that patients' privacy and dignity could be affected due to other patients being able to observe them whilst in seclusion and the lack of easy access to a washroom.
- Three patients on Wimpole ward said their privacy and dignity was compromised when staff made them change into specialist anti-tear clothing (for patients assessed as at risk of using their clothes to self-harm) before going into seclusion. However the provider stated this clothing was rarely needed and positive behavioural plans were in place to support individual patients.
- Four patients on Orwell ward did not have discharge planning information available.
- Thirteen patients across wards and two carers said there was a lack of meaningful activities and the provider's data showed some gaps in this provision.

However:

- There were identified care pathways and most admissions were planned in advance on each ward except Bourn ward where patients were admitted at short notice.
- Staff worked closely with their home area community teams to ensure that patients were supported through their discharge.
- The hospital had a range of facilities including spacious hospital grounds; access to horticultural, animal husbandry and education areas, a social club, café, multi faith room and swimming pool. Patients could apply for vocational jobs.
- Most patients were given information about how to raise any concerns and complaints and there were systems for staff to respond to these.

Are services well-led?

We rated this hospital as 'requires improvement' for well led because:

- Some frontline staff across wards did not know how to access the hospital's clinical governance processes or did not have easy access. Examples of this included some senior staff not having easy access to incident data, not getting feedback from patient surveys and staff not always knowing how lessons learnt from incidents were fed back to the ward.
- There was mixed feedback regarding staff morale. Clopton, Ermine, Nightingale and Wimpole wards had a change in management. Staff promoted as interim managers were not always sufficiently informed in management systems.

Requires improvement



Summary of this inspection

- Nursing staff supervision compliance overall was 49% since April 2015. There was 23% overall compliance with staff appraisals. This was below the provider's target and posed a risk that staff were not getting adequate support.

However:

- Most staff said senior managers were approachable and they had visited their ward.
- The provider had governance processes in place to manage quality and safety. Managers had access to dashboards which tracked incidents and other relevant data for their ward and hospital. Daily senior management team meetings took place to review the latest incidents and issues for future planning.
- At the time of the inspection significant organisational restructure was taking place due for completion by mid October 2015. Staff told us there had been a consultation process.
- Most staff reported good multidisciplinary team working and support from line managers.
- Secure wards were members of the quality network for forensic mental health services and had received peer led reviews to compare themselves with other similar units and national standards. Other patient led audits also took place.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- Most patients were detained under the Mental Health Act 1983. Some were detained under Part III of the Mental Health Act 1983 due to having committed a criminal offence.
- Across the hospital, 91% of staff had attended Mental Health Act 1983 and code of practice training.
- Staff knew how to contact the Mental Health Act office for advice when needed. The Mental Health Act team undertook checks of patients being informed of their legal rights under section 132 and use of section 62 emergency medication. Quarterly reports were developed by the provider for their hospitals to compare their results but staff told us that specific local audits were not taking place.
- Information was available regarding informal patients' rights to leave was seen on Bourn ward.
- There was an effective system in place for checking Mental Health Act documentation.
- However, not all Mental Health Act records were scanned into the electronic record for staff to refer to. Four records across Bourn, Fairview and Wimpole showed no documentation that patients were reminded of their section 132 legal rights. For Orwell records seen, there was limited documentation following patients' community section 17 Mental Health Act leave. On Icknield there was no record of the discussion of one patient's capacity to consent to medication. On Orwell there had been no review of capacity and consent for a patient who had been transferred into the hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Safeguarding training included Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- No patients were subject to a Deprivation of Liberty Safeguards application during our visit.
- Staffs knowledge of the principles of the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards varied across wards. For example, the staff working on the bungalows showed greater understanding than on Bourn ward where staff reported a lack of training.
- Staff assessments of patients' mental capacity to make decisions were not routinely detailed in patients care and treatment records. This included three out of four patient records reviewed on Icknield ward, for patients with a learning disability. Examples of decision specific assessments were seen relating to 'do not resuscitate' statements and the independent management of finances. Staff on Orwell ward told us that patients' capacity and consent to treatment was reviewed on a regular basis, usually in ward rounds. However, we did not see any records to support this.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

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

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

Requires improvement 

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

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement 

Safe and clean environment

- The ward layout had ‘blind spots’ and did not allow for staff to easily observe all parts of the wards. There were mirrors to aid visibility in corners on the ward. Doors were locked which meant patients could not leave the ward without staff’s knowledge.
- High level ligature points were on the ward which posed a risk for patients with self-harming behaviours. For example on wardrobe door hinges and the clock on the observation room where patients could have unsupervised access. A ligature risk assessment had been completed with details of actions to minimise risks but ligature points in the patient telephone area were not identified. This was reported to a senior manager who said they would take action to address the issue. Therefore, there was a risk that staff would not be aware of the actions needed to minimise the risk.
- Equipment checks were not robust and records were not routinely completed for example for emergency equipment. We found out of date oxygen airway equipment which was replaced during our inspection. A staff member did not know where resuscitation equipment was, despite information about this being present. The ward did not have a defibrillator but could access one of six defibrillators across the hospital. Managers said there were plans to get more to include Bourn.

- Cleaners were employed and cleaning audits took place. Cleanliness and infection control procedures were not robust for the ward, with dirty washrooms and toilet areas. Staff and patients raised concerns about the cleanliness of the ward. At our first visit the ward was noticeably dirty including a strong unpleasant smell and stained window in the seclusion area toilet. Paper towels were not available for hand hygiene. Staff said this had been reported previously but were told there was a lack of cleaning staff available. We raised this for urgent managerial attention and this was resolved during our inspection.
- Ward and hospital environmental risk assessments took place. Fire safety checks and fire drills took place.
- Staff and visitors were given safety alarms to carry and use in the event of an emergency. The provider had systems for checking these.

Safe staffing

- Wards had identified nursing staff levels allowing for patients on enhanced observations and systems were in place to monitor staffing levels across the hospital.
- The ward had two qualified nurses and two healthcare workers planned for the day shift. One qualified nurse and two healthcare workers were planned for the night shift.
- Four staff raised concerns with us about staffing levels. From April to July 2015, the provider supplied information which showed five occasions of staff shortages on the ward.
- A senior manager identified that recruitment was a challenge for the provider and a range of actions had been taken. These included weekly job interviews for staff. The provider was also recruiting as appropriate in

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

Requires improvement 

other countries and had gained authorisation to recruit above staffing numbers. Staff told us there were 2.2 whole time equivalent qualified nurse vacancies for this ward.

- There were regular bank and agency staff used on the ward. Two staff expressed concern that this ward had different agency staff each night and felt that the consistency of care was compromised. Managers said they were using block contracts for some agency staff to aid consistency of care.
- The ward had two dedicated consultant psychiatrists. Out of hours doctors were on call either on site or within 30 minutes travelling distance.
- Staff had completed mandatory 'refresher' training identified by the provider. Those that had not were booked on further scheduled courses.

Assessing and managing risk to patients and staff

- Most patients had an individualised risk assessment and these had been reviewed by the multi-disciplinary team (MDT). Risk assessments took into account historic risks and identified where additional support was required. The provider used various risk assessment tools including short term assessment of risk and treatability (START) assessment tool as part of their initial and on-going assessment of risk. However, three patients risk assessments had not been updated since admission. This could mean that patients' risks were not managed appropriately.
- Staff told us they referred to electronic records at handover and were not recording their discussions for other staff to refer to which could pose a risk of information not being fully recorded.
- There were no seclusion facilities on the ward. From 01/04/2015 and 23/07/15 there had been three incidents where patients had required seclusion on another ward.
- Blanket restrictions across wards were found. For example, regarding patients' access to their rooms and not having keys as locks had been updated, access to fresh air and smoking areas. Staff told us that these had been discussed with patients at community meetings.
- Relational, procedural and physical security had been assessed and managed in various ways. Staff referred to the use of observations and individual risk plans. Observation records were completed.
- Staff on the ward used the same search policy as the rest of the hospital; however senior staff advised that

there is an appendix within the policy to be considered when searching informal patients and that patient searches for informal patients should be subject to individualised risk assessment.

- From February to August 2015, the provider's data showed that staff had used physical restraint on 40 occasions with patients.
- Staff used prone restraint on five occasions. Rapid tranquilisation had been used once and physical health observations were completed for patients. Governance systems were in place to monitor ward staff use. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines 'Positive and proactive care' produced by the Department of Health in 2014. On the ward 93% of staff had management of violence and aggression training.
- Managers had systems for tracking and monitoring safeguarding referrals. Eighty seven percent of ward staff had completed safeguarding training. Staff were aware of their individual responsibility in identifying any individual safeguarding concerns and reporting these promptly.
- Staff carried out risk assessments before visits to ensure patients and others were safe. A separate visitors' room was available away from the ward for privacy and visits could be arranged off site if children were visiting.
- We found some good medicine management practice. For example, there were adequate supplies of medication and staff had checked to ensure medication was in date. An external pharmacist attended the ward every two weeks and an onsite pharmacist comes to the ward on a weekly basis. However, we found some areas which could pose a risk to patients. We reviewed 11 patients' medicine cards. One patient had received a prescribed weekly injection early and the rationale not documented. Three patients on Bourn ward had not had their prescriptions for 'as required' medication reviewed for over 14 days to check if patients still required it. The ward's fridge temperature checks were not routinely recorded. The ward had some unsigned records for medication administered. Weekly medication audits were not consistently being recorded.

Track record on safety

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

Requires improvement 

- The hospital had ten serious incidents requiring investigation since April 2015. None were reported for Bourn ward.
- Between 01/04/2015 and 23/07/15 the ward had 61 incidents. This included 15 occasions of 'aggression and violence'; 33 'health' and six 'security' incidents.

Reporting incidents and learning from when things go wrong

- There was an effective way to capture incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Most staff knew how to report incidents and were encouraged to use the reporting system. However, one new staff member was not familiar with the reporting procedure, other than to report incidents to the direct line manager. This could pose a risk that they would not have up to date risk information for the area they worked on.
- Staff told us that incidents would be discussed at senior nurse/staff meeting or in ward handovers.
- There provider had a governance framework which encouraged staff to report incidents. Incidents reviewed during our visit showed that investigations and analysis took place, with actions for staff and sharing within the team.
- Staff said that they had access to debriefs and support following incidents. Some staff referred to a group wide staff email keeping staff updated on events.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Most patients received a comprehensive and timely assessment after their admission.
- On admission, basic physical health assessment checks and observations were taken by nursing staff. Patients were not routinely assessed by the GP due to a shorter length of stay. This process differed to the rest of the hospital. However the provider had a physical health

lead that could assess patients' needs if required. A local GP offered appointments on site twice a week to the hospital and patients could have appointments at the surgery in between times.

- Three patients' physical health information were not detailed. Staff told us that the patients' referral information including physical health history were often limited as patients were referred and admitted at short notice so there was less time to gain information.
- Staff used electronic records and some paper records. Progress was monitored in MDT records and teams recorded data on progress towards agreed goals. At ward reviews patients' risks and needs were updated. However, on this ward, although the patient's progress was reviewed, care plans and risk assessments were not updated in the review.

Best practice in treatment and care

- Assessments took place using nationally recognised assessment tools including the health of the nation outcome scales (HoNOS).
- Staff referred to use of 'recovery tool kits' and patients use of the recovery self-assessment tool, 'my shared pathway'. Use of these tools was not seen other than plan headings were also 'my shared pathway' recovery tool headings.
- Patients' care plans referenced national institute for health and care excellence (NICE) guidance and medication cards were written in accordance with NICE guidelines.
- Ward based audits took place for example, regarding self-harm and consent to treatment.

Skilled staff to deliver care

- Bourn had a nurse/doctor led model and managers had since identified the need for additional professional support and had occupational therapy input and social work input was now allocated There was no access to psychological therapies due to the short length of stay by patients. This model differed to the other hospital wards.
- New staff had an induction programme prior to working on the wards. Managers said that checks were made to ensure that agency staff used had received the required training prior to being booked to work shifts.

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

Requires improvement 

- Staff said that due to their break system, six hours a month was accrued and used for staff meetings and training. Senior managers referred to opportunities for support workers to complete the diploma in health and social care or the care certificate.
- Doctors had monthly case presentations and two hours continuing professional development.

Multi-disciplinary and inter-agency team work

- Nursing staff handovers took place. As these were not documented, MDT members did not have easy access to review the information discussed. One staff member told us they needed more information.
- Staff could refer patients to specialist assessments or treatment for example speech and language therapists, dentist and opticians as required.
- Three staff said there were limited opportunities for MDT work due to the staffing model. Care programme approach meetings and ward reviews took place.
- Staff worked with external agencies, such as with commissioners, community mental health teams, police and local authority.
- Managers had identified the need to improve liaison with the local acute hospital and a meeting was arranged for this. Links had been made with the x-ray department to fast track patients to avoid long waiting times in the A&E department and for reviewing ECGs.

Adherence to the Mental Health Act 1983 and the Mental Health Act Code of Practice

- Most patients were detained under the Mental Health Act 1983. Information was displayed on the ward regarding informal patients' rights to leave.
- Eighty seven percent of staff had attended Mental Health Act 1983 and code of practice training.
- Staff knew how to contact the Mental Health Act office for advice when needed. The Mental Health Act team undertook checks of patients being informed of their legal rights under section 132 and use of section 62 emergency medication. Quarterly reports were developed by the provider for their hospitals to compare their results but staff told us that specific local audits were not taking place.
- There was an effective system in place for checking Mental Health Act documentation.

- Records showed that patients were reminded of their legal rights regarding section 132 of the Mental Health Act 1983 except for one patient.

Good practice in applying the Mental Capacity Act 2005

- Safeguarding training included Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- No patients were subject to a Deprivation of Liberty Safeguards application during our visit.
- Staff's knowledge of the principles of the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards varied across wards. For example staff we spoke to on this ward said they did not have training.
- Patients' records seen did not identify that any patients lacked the mental capacity to make decisions.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good 

Kindness, dignity, respect and support

- We observed respectful and dignified interactions between staff and patients and one patient told us that staff had respected her wishes. For example, staff took time to explain difficult decisions with regards to aspects of the patient's care; which was positively received by a patient.
- However at times we observed less staff interactions with patients on the ward and a patient said staff were dismissive.
- However, we found that staff were passionate and enthusiastic about providing care to patients with complex needs. They explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of the specific care and treatment needs of their patients.

The involvement of people in the care they receive

- We found various examples of how patients were involved in influencing their care and treatment or the

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

Requires improvement 

service at the hospital. In the ward review we observed that patients were given adequate time to discuss their needs. Action plans were documented and agreed with the patient and included their views.

- However, three patients' records did not detail if they were offered a copy of their care plan and one patient told us that they were not involved in their plan.
- Bourn ward had a patient's representative involved in hospital governance for example in the recovery and outcomes group and the patients' council. A 'peer plus' scheme allocated newly admitted patients a 'buddy' to help orientate and welcome them to the ward.
- Patients had access to advocacy services and information regarding these services was displayed across wards.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Requires improvement 

Access and discharge

- Average bed occupancy from December to May 2015 was 91% for this ward. This is slightly higher than the national average (85%) recommended for adult in-patient mental healthcare.
- Care pathways and admissions could be from other inpatient units. Patients were placed from various parts of the United Kingdom due to placements not being available in their home area to meet their needs.
- This ward took emergency admissions and discharges/transfers to another unit could be at short notice depending on commissioning arrangements. The provider reported responsive joint working with placing NHS trusts and this included arrangements for transferring patients in and out of this hospital.
- The mean average length of patients' stay was approximately one month on Bourn. This is lower than the national average length of stay for adult mental health patients. This ward had the highest amount of admissions and discharges, 38 since April 2015 (overall 46 admissions to the hospital). The length of stay was

significantly shorter for this ward than others in the hospital because patients could be transferred back to their home area after a short time once a placement became available.

- There was one delayed discharge for this ward from 18/12/2015 to 18/05/2015. Senior managers told us this was mostly due to difficulties with aftercare and funding arrangements which the patients' home area services had responsibility for. Alternatively other specialist placements were being sought.
- There was a potential care pathway for patients to move to rehabilitation wards depending on their needs. Staff worked closely with the home area community teams to ensure that patients who had been admitted were identified and helped through their discharge. Discharges or transfers were discussed in the MDT meeting and were managed in a planned way.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward environment was not conducive to patients' recovery. Bourn had a full refurbishment in 2013 a new entrance, garden and family visiting area in 2014. We found stains on ceilings with some needing repair. Ward communal areas were sparsely decorated. We found some examples of bedrooms personalised by patients.
- During hot weather, the ward was hot with limited ventilation. The ward's air conditioning unit was not working and staff had reported it and awaited a response/timeframe for repair.
- The ward's payphone was broken for four months. Interim arrangements were made.
- The ward was otherwise well equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities. These included quiet areas, activity and meeting rooms and sports areas. A garden area included a smoking area. The hospital had spacious grounds with horticultural, animal husbandry and education areas, a social club, café and swimming pool.
- Ward drink and snacks were available.
- The provider had a service improvement practice plan with plans for this ward and the future development of the service. Finances were identified for refurbishment 2014/15 and the age of some buildings were considered. Bourn had a full refurbishment in 2013 with a new entrance, garden and family visiting area in 2014.

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

Requires improvement 

Meeting the needs of all people who use the service

- The ward's admission criteria excluded patients with a physical disability. The ward is on the first floor with no lift access.
- A range of information was displayed on the ward and the hospital site relating to activities, treatment, safeguarding, patients' rights and complaint information. This included pictorial information available for patients.
- There were opportunities to meet patients' cultural, language and religious needs. There was a multi faith room which could be accessed on the hospital site and local faith representatives visited the wards as required and could be contacted to request a visit.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed. An example was given from staff of supporting a patient to secure their belongings held in another country.
- Meal choices included options for vegan, halal diets and for patients with allergies. Staff were able to eat meals with patients.
- Specialist advice from a dietician, physical health lead, and gym instructors was available.
- The provider gave support to relatives/carers regarding visit and travel accommodation arrangements to enable contact with patients. A Skype video communication service was offered to carers.
- The provider had systems in place for monitoring patients' community leave taken and any cancellations. From April to July 2015, there were no reported occasions where staff did not provide escorted community leave to patients on this ward.

Listening to and learning from concerns and complaints

- Information on how to make a complaint and information such as 'tell me about it' and 'make your voice heard' was displayed on the ward and hospital areas.
- There were systems for processing and monitoring and responding to complaints and we saw evidence of this. Staff told us that any learning from complaints was shared with the staff team. The provider had developed

their processes to capture compliments. However, one staff member could not describe the complaints process once logged on the ward and reported not receiving feedback following investigations.

- Two patients on the ward said they had not been informed of complaints procedures. Patients effectively raised concerns in ward community and patient council meetings for hospital wide issues. Patients' council meetings minutes were detailed with actions and timeframes for completion.
- Admission and discharge questionnaires were offered for patients to give feedback on the ward. The provider carried out annual surveys to gain feedback from patients and family/friends with detailed action plans to respond to any identified issues.
- The hospital 'patient satisfaction survey' 2015 (37 responses) showed 70% of patients knew how to make a complaint. Seventy eight percent said they felt able to raise issues in ward round and attend. From April 2014 to May 2015, two complaints had been made on this ward. One was partially upheld with actions identified to reduce the risk of reoccurrence and the other still under investigation.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Requires improvement 

Vision and values

- Most staff we spoke with on this ward were not aware of the provider's vision and values.
- Most ward staff said senior managers were approachable and they had visited their area.

Good governance

- The provider had governance processes in place to manage quality and safety. Managers used these methods, such as completing monthly 'ward quality matters' to give information to senior managers and to monitor quality and risk and patient safety where issues, audits and incidents were discussed. The provider had a 'ward to board' tool they used to monitor quality across hospital sites.

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

Requires improvement 

- Managers had access to dashboards which tracked incidents and other relevant data for their ward and hospital. Weekly nursing performance reports referred to ward issues including physical and procedural security.
- A senior ward member attended a morning senior management team meeting which reviewed the latest incidents and issues for future planning. Other governance meetings such as the recovery and outcomes group and a fortnightly workforce meeting took place. Quarterly meetings were held with the local safeguarding lead and police to review reported incidents. We saw examples of ward business meetings reviewing incidents and safeguarding issues as relevant for their ward.
- Whilst we found positive examples of governance at senior level this was not always translated at ward level. For example, whilst systems were in place to collate data and information about the service provided, at ward level it was not always accessible for relevant staff. Some frontline staff across wards did not know how to access the hospital's clinical governance processes or did not have easy access.

Leadership, morale and staff engagement

- At the time of the inspection significant organisational restructure was taking place due for completion by mid October 2015. A new head of recovery and rehabilitation was recruited. This meant some staff posts had changed and some staff posts had been regraded. Staff told us there had been a consultation process.
- Staff gave mixed feedback regarding morale. Some staff said a number of changes had impacted on their work.






Ward team working was described as good and staff enjoyed working on the ward. However feedback from four staff included concerns about low staffing and pressure of work. Two staff told us they needed more support for their work.

- There were out of hours on call rotas for senior nurses, managers and doctors who staff could contact to discuss issues with. Staff were aware of external confidential support helplines and whistleblowing processes. From April to July 2015, data provided showed staff sickness on Bourn as ranging for that period as 9.4% highest in May (above the national average) to lowest 2.9% for June (below the national average).
- Several staff said that group supervision opportunities took place on the ward. Ward staff had achieved 100% compliance with supervision at the time of our inspection. However staff had lower compliance with appraisals with 44% achieved. Which posed a risk that staff would not have a formal annual opportunity to review performance and development issues.

Commitment to quality improvement and innovation

- A senior staff member told us that Bourn ward did not have accreditation for inpatient mental health services (AIMS), but were planning to apply for this.
- Patient led audits took place once a year. One related to the primary nurse role with improvement actions identified.
- Other quality initiatives included, 'going the extra mile' staff nomination awards.

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Requires improvement 

Safe and clean environment

- Ward layouts had ‘blind spots’ and did not allow for staff to observe all parts of the wards. A quality network peer review report 2015 had also identified this as a risk for the secure wards. There were mirrors in corners and use of closed-circuit television (CCTV) to increase staff visibility of patients in secure communal areas.
- High and low level ligature points were across wards which posed a risk for patients with self-harming behaviours. For example on Icknield, Orwell and Wimpole wards had ligature points on toilet handles and taps including in high risk seclusion/segregation room areas where patients with an increased risk of harm to themselves or others could be placed. Orwell wards taps were not always identified as possible ligature points where patients could have unsupervised access. Ermine had door closers in communal hallways including one which was broken. Ligature risk assessments had been completed with action plans for risk management, but were not easily accessible for staff on Ermine, Clopton and Icknield during our visit. Actions to replace taps in Wimpole ward bathroom were not recorded. Therefore, there was a risk that staff would not be aware of the actions needed to minimise the risks.
- Some staff on the wards did not know where resuscitation equipment was, despite information about this being present. Icknield staff told us they had not had training for their use. This meant that patients, visitors and staff were at potential risk during a medical emergency.

- Some ward seclusion rooms were not suitable for purpose. For example, Wimpole had a thin mattress which a patient told us was uncomfortable to use. The provider stated the mattress met specialist standards for use in seclusion. Wimpole staff told us that a thicker mattress would be too big for the room. Orwell ward’s room had no temperature control.
- Staff and patients on Orwell wards raised concerns about the cleanliness of the ward. Some wards had been flooded due to recent storms which staff managed appropriately at the time. Ward areas had dried out but in Ermine ward’s entrance, a musty smell was present. Deep cleaning had taken place but was not effective to manage the odour. Staff said action was being taken to address the issue.
- Ward and hospital environmental risk assessments took place, these included fire safety checks and fire drills.
- Staff and visitors were given safety alarms. Patients’ bedrooms seen did not have alarms to summon staff assistance. It was understood that patients could call out for staff attention if required.

Safe staffing

- Wards had identified nursing staff levels allowing for patients on enhanced observations and systems were in place to monitor staffing levels across the hospital.
- Secure wards relied on some rehabilitation staff being able to give cover and we observed this was needed during our inspection. From April to July 2015, the provider’s data showed staff shortages on 69 occasions for Orwell and one for Clopton wards.
- Patients assessed needs meant that secure wards required a higher ratio of staff to support them. For example Ermine and Icknield wards planned for seven staff in the day with two qualified nurses and five healthcare workers. At night five night staff were

Forensic inpatient/secure wards

planned for with two qualified nurses and three healthcare workers. Orwell staff levels included an increase in staff numbers regarding special observations.

- For this core service Clopton ward had the highest staff vacancy rate 24% as of May 2015 with Orwell ward with 21%.
- A senior manager identified that recruitment was a challenge for the provider and a range of actions had been taken. These included weekly job interviews for staff, the provider was also recruiting as appropriate in other countries and had gained authorisation to recruit above number.
- Across the core service there were regular bank and agency staff used. Managers said they were using block contracts for some agency staff to aid consistency of care.
- Wards had a consultant psychiatrist. Out of hours doctors were on call either on site or within 30 minutes travelling distance.
- Staff had completed mandatory 'refresher' training identified by the provider. Those that had not were booked on further scheduled courses.

Assessing and managing risk to patients and staff

- Most patients had an individualised risk assessment and these had been reviewed by the multi-disciplinary team (MDT). Risk assessments took into account historic risks and identified where additional support was required.
- The provider used various risk assessment tools including the historical current risk (HCR 20) and short term assessment of risk and treatability (START) assessment tool as part of their initial and on-going assessment of risk. However, on Orwell and Icknield wards one risk assessment was not available and on Ermine two START assessments had not been fully completed. This could mean that staff were not managing patients' risks appropriately.
- Staff across wards told us they referred to electronic records at handover and were not recording their discussions for other staff to refer to which could pose a risk of information not being fully recorded.
- From 01/04/2015 and 23/07/15 there were 90 seclusion episodes for this core service. The highest was Icknield with 34 and lowest Clopton with three. We reviewed patients in long term seclusion and other records relating to this. Some records were not completed fully. For example, on Ermine ward the risks and rationale for

the one patient's seclusion was not documented. On Wimpole a second review of a patients' seclusion was not found. On Clopton and Ermine two records did not detail the time started and finished or when the doctor was contacted. We saw that ward dashboards tracked review times. We saw in a patient's notes a reference to 'open' seclusion; however, this was not referenced in the provider's policy.

- Blanket restrictions across wards were found, regarding patients' access to their rooms in the day, fresh air and smoking areas. For example, Orwell patients told us that leave in the hospital grounds could only be taken between 3pm and 5pm, which meant those who were authorised for this up to four hours per day, did not receive this. Staff told us that these had been discussed with patients at community meetings.
- On Clopton ward, staff told us that the restrictions could be flexible, for example, patients had been given longer bedroom access during the hot weather to relax and keep cool in.
- 'See, think, act' relational security information were available for staff. Relational, procedural and physical security had been assessed and managed in various ways. Staff referred to the use of observations and individual risk plans. Observation records were completed, although some gaps in observation records were noted on Clopton ward for 13/07/2015.
- The provider had identified and allocated hospital security staff and physical security checks took place. Procedural security included search policies for people and rooms and key management systems. Policies and procedures were in place regarding risk assessment for patients' access to restricted items such as information technology devices, computers and mobile phones.
- From February to August 2015, the provider's data showed that staff had used physical restraint in this core service with patients on 383 occasions; with prone restraint being utilised on 43 occasions. Rapid tranquilisation usage was higher in this core service than others. Systems were in place to monitor staff use of restraint and physical health checks following. Wimpole and Icknield wards had the highest use of restraint. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines 'Positive and proactive care' produced by the Department of Health in 2014.

Forensic inpatient/secure wards

- In this core service, Ermine ward had highest compliance with 100% staff attendance at management of violence and aggression training. Orwell had the lowest with 89% compliance.
- ‘My positive behavioural support plans’ were seen on Icknield, Wimpole and Orwell Wards. The type of restraint was not detailed in two Wimpole patient records. Four Wimpole patients said that restraint was distressing; it was used too much and could cause injury.
- Across the hospital 91% of staff had received breakaway technique training. However across the hospital doctors and social workers had the lowest compliance with 47% which could pose a risk to their safety in the event of an incident taking place.
- Senior staff told us mechanical restraints were not used on the wards. However the provider gave mechanical restraint handcuff training to specific staff in the event of needing to transport a small number of patients assessed as high risk from the hospital to court or in an emergency situation. Least restrictive alternatives such as secure video conferencing was also used to avoid handcuff use. The provider gave us details of their training and procedures. Staff training referenced the Mental Health Act code of practice but the provider’s policy needed updating to reflect this and did not fully detail the governance systems managers had in place for monitoring the use of this. A senior manager said this would be reviewed and updated.
- The majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns. Where patients expressed concerns, for example on Icknield ward we saw evidence that these incidents were being managed effectively by the provider, through safeguarding and complaint investigations. ‘Getting on with each other’ was a standard ward community meeting agenda item.
- Ermine ward had achieved highest compliance with 100% staff attendance at safeguarding vulnerable adults and children training and Orwell had the lowest with 89%. Managers had systems for tracking and monitoring safeguarding referrals. Staff were aware of their individual responsibility in identifying any individual safeguarding concerns, reporting these promptly and ensuring protection plans were in place for patients.
- Staff knew who the hospital and provider’s safeguarding leads were. Icknield ward had held an anti-bullying

workshop to reduce incidents. On Ermine ward staff were not aware of safeguarding actions taken for a patient and we raised this with managers who identified actions to address this.

- Staff carried out risk assessments before visits to ensure patients and others were safe. A separate visitors’ room was available away from the ward for privacy and visits could be arranged off site if children were visiting.
- We found some good medicine management practice. For example we found that patients were being assessed for self-administration programmes. Staff undertook regular controlled drug checks. However, we found some areas which could have posed a risk to patients. For example, Wimpole ward had run out of a patient’s pain relief medicine for three days which staff addressed. Three medication doses for epilepsy were left on Icknield’s medication trolley. Icknield and Clopton wards’ fridge temperature checks were not routinely recorded, nor was Clopton’s clinic room temperature which could pose a risk medication stored. Ermine and Clopton wards had some unsigned records for medication administered.

Track record on safety

- There were six serious incidents requiring investigation since April 2015 for this core service. Systems were in place for these to be investigated using the provider’s systems and processes.
- Between 01/04/2015 and 23/07/15 secure services had the highest amount of ‘aggression and violence’ incidents in the hospital. Icknield had 107 incidents with Ermine and Wimpole having 56 each. Wimpole had the highest level of ‘health’ incidents with 139. Clopton had the highest amount of ward environmental incidents for this core service with 12.
- Some Wimpole staff had been injured following a patient’s challenging behaviour. A manager told us that staff had received support and where required the health and safety executive had been notified.

Reporting incidents and learning from when things go wrong

- Incidents were reported via an electronic incident reporting form. Most staff knew how to report incidents and were encouraged to use the reporting system. Two

Forensic inpatient/secure wards

Clopton and Ermine senior staff demonstrated they could not easily access incident data. This could pose a risk that they would not have up to date risk information for the area they worked on.

- Staff told us that incidents would be discussed at senior nurse/staff meeting or in ward handovers.
- Incidents reviewed during our visit showed that investigations and analysis took place, with actions for staff and sharing within the team. For example, a fire had taken place in Bungalow 63 and staff on Ermine and Clopton referred to the incident and an email sent with action to be taken by staff across the unit. Other examples were given on Orwell and Clopton of staff reviewing incidents and action taken to reduce risk of reoccurrence.
- Staff said that they had access to debriefs and support following incidents. Two staff on Orwell and Icknield wards said these did not always take place. Wimpole staff referred to reflective practice opportunities. Some staff referred to a group wide staff email keeping staff updated on events.

Are forensic inpatient/secure wards effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Patients received a comprehensive and timely assessment after their admission.
- Records showed that patients had physical healthcare examinations undertaken. There was evidence of patients receiving ongoing monitoring of physical health needs. There were two sessions per week from a local GP and patients could have appointments at the surgery in between times.
- Two patients on Wimpole said that staff were not effective in responding to physical health concerns. However, records seen did not reflect this. We could not find a record of an electrocardiogram (ECG) being reviewed by the GP on Ermine for a patient with identified physical health needs as requested in notes.

- Staff used electronic records and some paper records. Progress was monitored in MDT records and teams recorded data on progress towards agreed goals. At ward reviews patients' risks and needs were updated.

Best practice in treatment and care

- Assessments took place using nationally recognised assessment tools including the 'model of human occupation screening tool; use of the 'early warning score' assessment tool and the Lester tool a guide for health workers to assess the cardio metabolic health of people experiencing psychosis and schizophrenia.
- Staff referred to use of 'recovery tool kits' and patients use of the recovery self-assessment tool, 'my shared pathway'. Use of these tools was not seen other than plan headings were also 'my shared pathway' recovery tool headings. The exception was on Wimpole ward where staff and patients used a recovery tool 'Pathnav' designed by the provider.
- Staff provided a range of therapeutic interventions in line with national institute for health and care excellence (NICE) such as dialectical behavioural therapy on Wimpole, cognitive analytical therapy on Icknield; mindfulness, 'stop and think', substance misuse, offence work such as sex offending treatment programmes and diabetes care. Patients care plans also referenced NICE guidance.
- Research was taking place regarding staff boundaries and evaluation of a mixed gender fire-setting treatment group.
- Ward based audits took place for example, regarding self-harm and medication and were reviewed at governance meetings.

Skilled staff to deliver care

- Ward teams included nurses, support workers, consultants, speciality doctor, psychology and therapy staff, occupational therapy staff, social workers and sports staff. Three Clopton patients expressed concerns to us that there was no qualified psychologist and limited therapy. The provider told us a forensic psychologist was in post and was supervising a trainee forensic psychologist who carried out assessment and interventions on the ward, Social work and psychology staff were being recruited. An art therapist was available.
- Two carers expressed concerns about a ten week delay for patients to access talking therapies and said they

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had raised this with staff. The provider clarified this was specialist schema therapy had to wait for a suitably trained psychologist from another ward to become available.

- New staff had an induction programme prior to working on the wards. Managers said that checks were made to ensure that agency staff used had received the required training prior to being booked to work shifts.
- Staff said that due to their break system, six hours a month was accrued and used for staff meetings and training. They gave examples of other specialist training offered such as dialectical behavioural therapy, ECG, phlebotomy training. Managers referred to opportunities for support workers to complete the diploma in health and social care or the care certificate. Doctors had monthly case presentations and two hours continuing professional development.
- A manager said Clopton staff had not received any specialist personality disorder training however; they were developing some training as well as arranging reflective practice sessions.
- Two carers said there was a lack of specialist training for staff working with autistic patients. A staff member from another care service raised this also with us. However we saw examples of staff receiving specialist training.

Multi-disciplinary and inter-agency team work

- Nursing staff handovers took place. As these were not documented, MDT members did not have easy access to review the information discussed.
- Staff could refer patients to specialist assessments/treatment for example speech and language therapists, dentist and opticians as required.
- Staff on secure wards reported effective joint working, which we observed during a Clopton ward review. Care programme approach meetings and ward reviews took place.
- Staff worked with external agencies, such as with commissioners, community mental health and learning disability teams, criminal justice and forensic mental health service, ministry of justice, police and local authority. This included liaison with multi-agency public protection arrangements (MAPPA) and with victims where patients had committed a criminal offence. This ensured a proactive approach to the co-ordinated care of patients.

Adherence to the Mental Health Act 1983 and the Mental Health Act Code of Practice

- Patients were detained under the Mental Health Act 1983. Some were detained under Part III of the Act due to having committed a criminal offence.
- For this core service, the highest ward compliance with nursing staff training was Ermine with 100% and lowest Orwell with 89%. In comparison with other professional groups across the hospital, doctors had lower compliance with 71%.
- Staff knew how to contact the Mental Health Act office for advice when needed. The Mental Health Act team undertook checks of patients being informed of their legal rights under section 132 and use of section 62 emergency medication. Quarterly reports were developed by the provider for their hospitals to compare their results but specific local audits were not taking place.
- There was an effective system in place for checking Mental Health Act documentation. However, not all Mental Health Act records were scanned into the electronic record for staff to refer to. For Orwell records seen there was limited documentation following patients' community leave authorised under section 17 of the Mental Health Act 1983. Four records across wards including Wimpole showed no documentation that patients were reminded of their legal rights relating to section 132 of the Mental Health Act 1983.
- On Icknield there was no record of the discussion of one patient's capacity to consent to medication. On Orwell there had been no review of capacity and consent for a patient who had been transferred into the hospital.

Good practice in applying the Mental Capacity Act 2005

- Safeguarding training included the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- No patients were subject to a Deprivation of Liberty Safeguards application during our visit.
- Staffs knowledge of the principles of the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards varied across wards. Orwell staff told us that patients' capacity and consent to treatment was reviewed on a regular basis, usually in ward rounds. However, we did not see any records to support this.
- Examples of assessments of patients capacity to make decisions were seen relating to 'do not resuscitate'

Forensic inpatient/secure wards

statements and management of finances. Most patients' records seen did not detail that any patients lacked the mental capacity to make decisions this included three out of four patients' records reviewed on Icknield ward where patients had a learning disability.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- Most patients were positive about the support which they received on the ward.
- We saw good examples of positive staff and patient interaction and individual support, for example on Ermine ward.
- Staff treated patients with kindness and respect and patients confirmed this.
- We found that staff were passionate and enthusiastic about providing care to patients with complex needs. They explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of the specific care and treatment needs of their patients.

The involvement of people in the care they receive

- We found various examples of how patients were involved in influencing their care and treatment or the service at the hospital.
- We saw examples of care plans detailing patients' views. However, one patient on Orwell and Icknield ward said they were not involved in the development. The hospital 'patient satisfaction survey' 2015 (37 responses) showed that 27% of patients reported not getting copies of their care plan. Fifty six percent of patients felt they were not given enough information about the hospital. Forty two percent of patients rated they were 'always' and 33% 'sometimes' involved in goal planning.
- Three carers spoke positively about being involved and informed on their relatives/friends care as relevant. Eighty three percent (out of 18 respondents) in 'the friends and relative survey' March 2015 for the hospital rated 'yes' for 'do you feel that you are involved in your relative/friends care and treatment'.

- Patients could chair their CPA meetings or ward community meetings. Patients had opportunities to get involved in hospital governance for example in the recovery and outcomes group and the patients council. Patients told us they had taken part in a recent 'recovery fair' at the hospital.
- Patients were supported to be involved in staff interviews and induction. A 'peer plus' scheme allocated newly admitted patients a 'buddy' to help orientate and welcome them to the ward. Some patients were trained in collaborative risk assessment and safety planning and trained other patients.
- Patients had access to advocacy services and information regarding these services was displayed across wards.

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

Requires improvement 

Access and discharge

- Average bed occupancy from December to May 2015 ranged from 87% on Ermine ward to 100% on Icknield ward. This is higher than the average (85%) recommended for adult in-patient mental healthcare. However secure wards had less admissions than acute wards with six since 1 April 2015, including four on Ermine ward.
- Care pathways and admissions could be from high secure units, secure units, prison, courts or other inpatient units. Patients were placed from various parts of the United Kingdom due to placements not being available in their home area to meet their needs.
- There was a potential care pathway from secure to rehabilitation wards depending on individual's needs.
- The average length of stay at sites ranged from approximately eight months in medium secure wards to 12 months in low secure wards. This was above the national average. Staff told us that this was because many patients had complex care and treatment needs.
- From 18/12/2015 to 18/05/2015 this core service had the highest level of delayed discharges with seven including three for Clopton ward. Managers told us this was

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mostly due to difficulties with aftercare and funding arrangements which the patients' home area services had responsibility for. Alternatively other specialist placements were being sought.

- Staff worked closely with the home area community teams to ensure that patients who had been admitted were identified and helped through their discharge. Discharges or transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way.
- However, four patients' care plan records on Orwell did not detail discharge planning information.

The facilities promote recovery, comfort, dignity and confidentiality

- Ward environments including Icknield and Ermine were not conducive to patients' recovery. A quality network peer review report 2015 had also referred to this. Ermine ward was partially refurbished at the time of the inspection with plans to refurbish Icknield ward next. Ermine and Icknield had damaged/stained safety windows making it difficult to see outside. Ermine ward downstairs communal areas had stained walls. We found stains on ceilings on Ermine, Clopton, Wimpole and Orwell with some needing repair. Six Ermine and Orwell patients raised concerns about the environment and limited therapy areas.
- The location of seclusion/segregation areas on Orwell, Icknield, Wimpole and Clopton meant that patients' privacy and dignity could be affected due to noise (patients/staff needing to shout if in the room as no intercom) and other patients observing patients going into seclusion/segregation.
- Icknield and Wimpole's seclusion/ segregation rooms did not have easy access to a shower/bathroom/toilet; staff had to bring in washing/toilet equipment or carefully manage access which affected patients' privacy and dignity. There was no easy access to fresh air.
- We found examples of personalised patient's bedrooms for example on Wimpole.
- The provider had a service improvement practice plan with plans for the future development of the wards. Finances were identified for refurbishment 2014/15 and the age of some buildings were considered.
- Three patients on Wimpole ward said their privacy and dignity was compromised when staff made them change into specialist anti-tear clothing before going

into seclusion. Staff had assessed them to be at risk of using their clothing to self-harm. However the provider stated this clothing was rarely needed and positive behavioural plans were in place to support individual patients

- Ermine ward security lockers for patients' restricted items were placed too high for staff to easily reach them. Staff had reported the issue at the installation time but this had not been resolved.
- Wards were otherwise mostly well equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities. These included quiet areas, activity and meeting rooms and sports areas. Secure courtyard areas included a smoking area. The hospital had spacious grounds with horticultural, animal husbandry and education areas (EVOS), a social club, café and swimming pool.
- Ward drink and snacks were available. Patients had opportunities to practice and develop their daily living skills, such as cooking, shopping, budgeting and washing laundry.
- A carer and two patients told us that education opportunities included Maths and English classes. Wimpole staff referred to themed activity weeks such as health promotion. However 13 patients across the hospital (including three patients from Wimpole and two from Clopton) and two carers said there were a lack of meaningful activities available. The 'patient satisfaction survey' 2015 (37 responses) showed 56% of patients felt there were not enough activities with 59% identifying this included weekends. Patients and staff referred to staffing changes impacting on this.
- The provider monitored patients' access to a minimum of 25 hours therapeutic activity. From July 2015 data across wards, showed staff did not provide 33% of 16,160 hours of activities. Senior managers reported problems imputing data for sessions/outcomes.
- The provider had systems in place for monitoring patients' community leave taken with a staff escort. From April to July 2015, there were occasions where staff had not recorded the outcome of patients community leave. Of these, there was one occasion on Wimpole ward where staff could not offer patients escorted leave.

Meeting the needs of all people who use the service

Forensic inpatient/secure wards

- A range of information was displayed across wards and the hospital site relating to activities, treatment, safeguarding, patients' rights and complaint information. This included pictorial information available for patients.
- There were opportunities to meet patients' cultural, language and religious needs. There was a multi faith room which could be accessed on the hospital site and local faith representatives visited the wards as required and could be contacted to request a visit.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed.
- Meal choices included options for vegan, halal diets and for patients with allergies. Three Icknield patients said they did not like the food that it was cold and small portions. We saw there were opportunities for patients to give feedback on this.
- Staff outlined ways in which they supported patients to manage their weight and promote healthy eating and living. Specialist advice from a dietician, physical health lead, GP and gym instructors was available.
- During the hot weather some wards were hot with limited ventilation, such as Clopton and Ermine. Staff had taken some actions to support patients such as offering cool packs and arranging ice lolly making activities.
- Patients could apply for vocational jobs for example in the library. Patients planned and served in the patients' café and were involved in choosing the name. Patients contributed to a quarterly service magazine and participated in a hospital band which played at events.
- The provider gave support to relatives/carers regarding visit and travel accommodation arrangements to enable contact with patients. A Skype video communication service was offered to carers.
- There were systems for processing and monitoring and responding to complaints and we saw evidence of this. Staff told us that any learning from complaints was shared with the staff team. The provider had developed their processes to capture compliments. However four patients from Wimpole and Orwell wards told us they had made complaints but did not think they were taken seriously or investigated properly.
- Patients effectively raised concerns in ward community and hospital wide patient council meetings. Community meeting minutes reviewed for Clopton and Orwell wards did not always detail actions taken by staff to respond to the concerns. Patients' council meetings minutes were detailed with actions and timeframes for completion.
- We found examples of prompt responses to concerns, for example, on Ermine offensive graffiti had been painted over. However a patient on Wimpole told us a laundry drier had broken five months ago and it had recently been repaired. Wimpole ward had a blocked drain in the shower room which was reported but there was no identified timeframe for repair.
- Two carers complained of lack of easy access to Clopton and Wimpole wards at the weekend. This had also been raised by staff as the reception was not staffed at weekends and managers had made alternative arrangements to give easier access.
- Admission and discharge questionnaires were offered for patients to give feedback. The provider carried out annual surveys to gain feedback from patients and family/friends with detailed action plans to respond to any identified issues.
- Five carers told us they knew how to make a complaint to the hospital. The 'patient satisfaction survey' 2015 (37 responses) showed 70% of patients knew how to make a complaint. Seventy eight percent said they felt able to attend and raise issues in their ward review.

Listening to and learning from concerns and complaints

- Information on how to make a complaint and information such as 'tell me about it' and 'make your voice heard' was displayed on wards and communal areas.
- From May 2014 to May 2015, 59 complaints were made for this core service with seven upheld and five partially upheld and actions identified to reduce the risk of reoccurrence. Across the hospital, Icknield had the highest number with 22 complaints made.

Are forensic inpatient/secure wards well-led?

Requires improvement 

Vision and values

Forensic inpatient/secure wards

- Most staff we spoke with were not aware of the provider's vision and values. Some managers referred to organising team away days where these would be considered.
- Most staff said senior managers were approachable and they had visited their area.

Good governance

- The provider had governance processes in place to manage quality and safety. Managers used these methods, such as completing monthly 'ward quality matters' to give information to senior managers and to monitor quality and risk and patient safety where issues, audits and incidents were discussed. The provider had a 'ward to board' tool they used to monitor quality across hospital sites.
- Managers had access to dashboards which tracked incidents and other relevant data for their ward and hospital. Weekly nursing performance reports referred to ward issues including physical and procedural security.
- A morning senior management team meeting reviewed the latest incidents and issues for future planning which secure service staff attended. Other governance meetings such as the recovery and outcomes group and a fortnightly workforce meeting took place. Quarterly meetings were held with the local safeguarding lead and police to review reported incidents. We saw examples of ward business meetings reviewing incidents and safeguarding issues as relevant for their ward.
- Whilst we found positive examples of governance at senior level this was not always translated at ward level. For example, some frontline staff across wards did not know how to access to the hospital's clinical governance processes or did not have easy access. On Icknield and Ermine wards staff did not know how lessons learnt from incidents were fed back to the ward. Staff meetings were not consistently taking place across wards for example, on Ermine. Some staff did not get feedback from patient surveys.

Leadership, morale and staff engagement

- Restructuring of the senior nursing team had taken place. A new head of secure services was due to start. This meant some staff posts had changed and some staff posts had been regraded. Staff told us there had been a consultation process.

- Staff gave mixed feedback regarding morale. Some staff said a number of changes had impacted on their work. We found that several wards had a change in manager for example; Clopton had three changes in approximately 15 months. Wimpole and Ermine wards had recently had a change in management. From April to July 2015, data provided showed staff sickness for that period ranged from the lowest 0.5% for Icknield June to highest 7.5% in May for Wimpole ward. Morale was lower for Wimpole ward staff. Wimpole ward was identified as having a higher level of incidents with some staff affected by these. Managers identified support that had been given to staff such as access to an occupational health service.
- Staff were aware of external confidential support helplines and whistleblowing processes.
- Most staff reported good local MDT/ward team working and being able to approach their managers with any concerns or feedback and feeling supported by them. There were out of hours on call rotas for senior nurses, managers and doctors who staff could contact to discuss issues with.
- We saw examples of staff 'supervision passports'. Staff told us and records showed that staff supervision and appraisal were not routinely taking place. Nine staff across the hospital expressed concerns about this. For example, on Clopton ward, supervision had not taken place between February and June 2015 and 50% of staff had documented appraisals. Clopton ward however had the highest compliance for staff supervision for this core service with 84% at the time of our inspection. Staff said that group supervision opportunities took place on Clopton and Wimpole. Orwell ward had the highest compliance with staff appraisal at 81%.
- Icknield ward had the lowest compliance for this core service for staff supervision at 19% and staff appraisal at 1% despite staff managing a higher amount of incidents, physical restraint use and patient complaints. This posed a risk that staff were not getting adequate support for their roles.
- Senior staff in interim leadership/management roles were not always sufficiently informed about the provider's management and governance systems, for example on Clopton and Ermine wards. This posed a risk that staff were not getting adequate information for their roles.
- Some managers had professional development time and leadership opportunities.






Forensic inpatient/secure wards

Commitment to quality improvement and innovation

- Secure wards were members of the quality network for forensic mental health services and had received peer led reviews to compare themselves with other similar units and national standards.
- In 2015, low secure services had achieved 85% of standards, scoring 100% in three of the standard areas, including discharge, physical security and procedural security. Medium secure services achieved 88% of overall standards, and met 100% of standards in six of the standard areas, including; procedural and relational security, safeguarding, family and friends and workforce.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Requires improvement 

Safe and clean environment

- Ward layouts had ‘blind spots’ and did not allow for staff to observe all parts of the wards. There were mirrors to aid visibility in corners although on Nightingale ward and the bungalows this was not seen. The bungalows were smaller more domestic type accommodation.
- Nightingale’s seclusion rooms were not suitable for purpose. The ensuite washroom did not offer clear observation of the patient unless staff were in the room to check, despite closed circuit television (CCTV) monitoring. Nightingale had a thin mattress which could be uncomfortable for a patient to use. The provider stated the mattress met specialist standards for use in seclusion. The seclusion clock did not show the correct time.
- High level ligature points for example, wardrobes and door hinges were across wards which posed a risk to patients with self-harming behaviour. Ligature risk assessments had been completed with management plans but were not easily accessible for staff on Bungalow 65 and Nightingale wards during our visit. Therefore, there was a risk that staff would not be aware of the actions needed to minimise the risks.
- On Wortham, Nightingale, Fairview and Bungalow 69, equipment checks records were not routinely completed for example, there was out of date oxygen airway equipment on Nightingale. There were six defibrillators across the site with plans to get more.
- The Bungalows were clean and patients cleaned areas with staff support. At Bungalow 69 cleaning products were left out but staff said these were usually locked. We saw cleaners on site and cleaning audits took place.
- However, cleanliness and infection control procedures were not robust for Wortham, and Nightingale wards, with either dirty washrooms and toilet areas or areas requiring refurbishment. Staff and patients on Wortham wards raised concerns about the cleanliness of the ward. Paper towels were not available for hand hygiene on Fairview. We raised this for urgent managerial attention. This was resolved during our inspection.
- Staff and patients on Nightingale ward reported to the maintenance team that they had no hot water for ten days and staff had not escalated this further to senior managers for action. We raised this immediately with the provider who took prompt action to address the issue.
- Ward and hospital environmental risk assessments took place, these included fire safety checks and fire drills.
- On Nightingale, the ward doorbell did not always work. This meant that visitors could have difficulty accessing the ward as required. We raised this with staff who said they would take action.
- Staff and visitors were given safety alarms although on Nightingale ward. Patients’ bedrooms did not have alarms, except Nightingale. Patients could call out for

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

staff assistance. One patient in the bungalows said they would like an alarm to give them reassurance for a physical health problem. We raised this individual concern with senior managers.

Safe staffing

- Wards had identified nursing staff levels allowing for patients on enhanced observations if required and systems were in place to monitor staffing levels across the hospital.
- Across the hospital patients and 17 staff raised concerns with us about staffing. For example, some rehabilitation staff told us they were moved to work on secure wards which then impacted on their ward's ability to carry out restraint, community leave and activities. During our visit one staff member from Nightingale ward had been redeployed elsewhere on the unit.
- Staff told us two visits were cancelled due to staffing shortages. The provider had systems in place for monitoring patients' community leave taken with a staff escort. From April to July 2015, there were occasions where staff had not recorded the outcome of patients community leave. Of these there were six occasions where staff could not offer patients escorted leave with five of these for Wortham ward.
- A manager said systems were in place to ensure that staff had breaks. If for some reason staff worked through their break they would be paid for it.
- From April to July 2015, the provider supplied data which showed 49 occasions of staff shortages across Nightingale, Bungalow 63, 65, 67, Wortham and Fairview wards.
- Swift ward and the bungalows had 60% staffing vacancies. A senior manager identified that recruitment was a challenge for the provider and a range of actions had been taken. These included weekly job interviews for staff, the provider was also recruiting as appropriate in other countries and had gained authorisation to recruit above number.
- Three staff expressed concerns that staff (including agency) may not be regular for the ward and could affect consistency of care. The provider was using block contracts for some agency staff to aid consistency of care. Three staff raised concerns about agency staff not having compatible restraint training but we checked with a senior manager who confirmed agency training was compatible.

- Wards had a consultant psychiatrist. Out of hours doctors were on call either on site or within 30 minutes travelling distance.

Assessing and managing risk to patients and staff

- Most patients had an individualised risk assessment and these had been reviewed by the multi-disciplinary team (MDT). Risk assessments took into account historic risks and identified where additional support was required. The provider used various risk assessment tools including the historical current risk (HCR 20) and short term assessment of risk and treatability (START) assessment tool as part of their initial and on-going assessment of risk.
- On Nightingale ward, staff told us HCR20 assessments were completed as a standard risk assessment. This was not reflected in records and the provider clarified this would only be used where a patient had a history of violence and aggression. We brought to staff's attention that one care plan had not been updated following an increased risk of violence. This could mean that patients' risks were not managed appropriately.
- Staff told us they referred to electronic records at handover and were not recording their discussions for other staff to refer to which could pose a risk of information not being fully recorded.
- For this core service, from December 2014 to May 2015 there were six recorded seclusion episodes. We reviewed more recent incidents during our inspection.
- Blanket restrictions across wards were found, for example, Wortham ward had no paper towels in toilets because of an incident with a patient. Staff told us that these had been discussed with patients at community meetings.
- Relational, procedural and physical security had been assessed and managed in various ways. Staff referred to the use of observations and individual risk plans. Observation records were completed. The provider had identified and allocated hospital security staff and physical security checks took place.
- Staff at the bungalows and Swift reported occasions where they might be a risk of lone working and the provider had a policy for staff reference. Across these wards 100% of staff had received breakaway technique training. There were systems for staff to contact others in the event of emergencies. Staff said that searches required two staff and this was not always possible due

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

to staffing levels. This had not been logged by staff as an incident. The provider stated that searches would only take place for these wards when specific patient risks were identified or suspected.

- From February to August 2015 data from the provider showed that, staff used physical restraint with patients 28 occasions with two in prone position. Bungalow 63 had the highest amount with eight occasions which corresponded with a higher level of 'aggression and violence' incidents and Swift and Bungalows 67 and 69 had no restraint incidents.
- Governance systems were in place to monitor staff use. Data from the provider showed that rapid tranquilisation had not been used in this core service. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines 'Positive and proactive care' produced by the Department of Health in 2014.
- For this core service, Nightingale, Swift and the bungalows had the highest compliance with staff attendance at management of violence and aggression training, with 100% and the lowest was Fairview with 78%.
- However, the majority of patients felt safe on their ward and told us that staff reacted promptly to any identified concerns. Where patients expressed concerns we saw evidence that these incidents were being managed effectively by the provider, through safeguarding and complaint investigations. 'Getting on with each other' was a standard ward community meeting agenda item.
- Swift ward and the bungalows had achieved the highest staff safeguarding vulnerable adults and children training rate for this core service with 100% compliance. The lowest compliance was Fairview with 71%. Managers had systems for tracking and monitoring safeguarding referrals. Staff were aware of their individual responsibility in identifying any individual safeguarding concerns, reporting these promptly and ensuring protection plans were in place for patients. They knew who the hospital and provider's safeguarding leads were.
- A separate visitors' room was available away from the ward for privacy and visits could be arranged off site if children were visiting subject to risk assessment.

- We found some good medicine management practice. For example patients were being assessed for self-administration programmes. On Fairview, an external pharmacist attended the ward every two weeks and an onsite pharmacist visited weekly. However, we found some areas which could pose a risk to patients. For example, two patients at Swift had no recorded information as to whether they had any allergies and for one patient there was no consent to treatment authorisation with the medication chart for staff reference.

Track record on safety

- The hospital had ten serious incidents requiring investigation since April 2015 with four for this core service which included a recent fire which had affected the use of the bungalow. The provider was cooperating with the fire service investigation. Patients had been moved to other wards. The provider had systems in place to investigate these incidents and reduce the risk of reoccurrence.
- Between 01/04/2015 and 23/07/15 for this core service, Wortham had the highest amount of incidents with 46, with Fairview and Bungalow 63 both having 39. The lowest was Bungalow 67 with none. Wortham had the highest amount of security incidents across the hospital with 30. Bungalow 63 had the highest level of incidents in this core service for 'aggression and violence' incidents with four and had 26 'health' incidents.

Reporting incidents and learning from when things go wrong

- There was an effective way to capture incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Most staff knew how to report incidents and were encouraged to use the reporting system. Staff told us that incidents would be discussed at senior nurse/staff meeting or in ward handovers.
- There was a governance framework which encouraged staff to report incidents. Incidents reviewed during our visit showed that investigations and analysis took place, with actions for staff and sharing within the team. For example, following the fire in Bungalow 63, senior staff proactively emailed all staff across the unit.
- We found that following a fire drill in July 2014 for Bungalow 63 an action was not completed to ensure fire alarms were audible in a communal meeting room. A

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

senior manager told us this whilst this had not affected the fire that occurred, they were taking action to improve their governance processes to offer increased scrutiny and oversight of action plans.

- Staff said that they had access to debriefs and support following incidents. Some staff referred to a group wide staff email keeping staff updated on events.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good



Assessment of needs and planning of care

- Patients received a comprehensive and timely assessment after their admission.
- There was evidence of patients receiving on-going monitoring of physical health needs. However three patients on Nightingale ward we could only find basic physical observation checks rather than full physical health examinations. A local GP offered appointments on site twice a week to the hospital and patients could have appointments at the surgery in between times.
- One patient on Fairview was reported to have an epileptic seizure and there was no record of any health check or injuries following this incident. This incident had been reviewed in the morning senior management meeting. The patient had a neurology appointment booked that week.
- Staff used electronic records and some paper records. Progress was monitored in MDT records and teams recorded data on progress towards agreed goals. At ward reviews patients' risks and needs were updated. Some patient record information on Nightingale ward was difficult to locate within the electronic record and staff were using different areas of the system to input information.

Best practice in treatment and care

- Assessments took place using nationally recognised assessment tools including the 'model of human

occupation screening tool; use of the 'early warning score' assessment tool and the Lester tool a guide for health workers to assess the cardio metabolic health of people experiencing psychosis and schizophrenia.

- Staff referred to use of 'recovery tool kits' and patients use of the recovery self-assessment tool, 'my shared pathway'. Use of these tools was not seen other than plan headings were also 'my shared pathway' recovery tool headings.
- Staff provided a range of therapeutic interventions in line with national institute for health and care excellence (NICE) such as dialectical behavioural therapy; mindfulness, substance misuse, offence work such as sex offending treatment programmes. Patients care plans also referenced NICE guidance.
- A patient on Swift ward said they were delayed access to psychological therapies.
- Ward based audits took place for example, regarding self-harm and medication.

Skilled staff to deliver care

- Ward teams included nurses, support workers, consultants, speciality doctor, psychology and therapy staff, occupational therapy staff, social workers and sports staff. Social work and psychology staff were being recruited. An art therapist was available. Four staff on Nightingale, Fairview and Wortham wards said there were limited opportunities for MDT work due to staff vacancies.
- New staff had an induction programme prior to working on the wards. Managers said that checks were made to ensure that agency staff used had received the required training prior to being booked to work shifts.
- Staff said that due to their break system, six hours a month was accrued and used for staff meetings and training. They gave examples of other specialist training offered such as ECG training. Managers referred to opportunities for support workers to complete the diploma in health and social care or the care certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. Doctors had monthly case presentations and two hours continuing professional development.

Multi-disciplinary and inter-agency team work

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- Nursing staff handovers took place. As these were not documented, MDT members did not have easy access to review the information discussed. One staff member told us they had insufficient information from this.
- Staff could refer patients to specialist assessments/treatment for example speech and language therapists, dentist and opticians as required with opportunities for community appointments as appropriate.
- Care programme approach meetings and ward reviews took place.

Adherence to the Mental Health Act 1983 and the Mental Health Act Code of Practice

- Most patients were detained under the Mental Health Act 1983.
- Ninety one percent of staff had attended the Mental Health Act 1983 and code of practice training. For this core service, Swift ward and the bungalows had the highest compliance with 100% and the lowest was Fairview with 71%.
- Staff knew how to contact the Mental Health Act office for advice when needed. The Mental Health Act team undertook checks of patients being informed of their legal rights under section 132 and use of section 62 emergency medication. Quarterly reports were developed by the provider for their hospitals to compare their results but staff told us that specific local audits were not taking place.
- There was an effective system in place for checking Mental Health Act documentation. However, not all Mental Health Act records were scanned into the electronic record for staff to refer to. Four records across wards including Fairview, Nightingale showed no documentation that patients were reminded of their section 132 of the Mental Health Act 1983 legal rights.

Good practice in applying the Mental Capacity Act 2005

- Safeguarding training included Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- No patients were subject to a Deprivation of Liberty Safeguards application during our visit on these wards.
- Staffs knowledge of the principles of the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards varied across wards. For example the bungalows' staff showed greater understanding.

- Most patients' records seen did not identify that any patients lacked the mental capacity to make decisions. Examples of patients capacity to make decisions were seen relating to 'do not resuscitate' statements, management of finances. Staff on Orwell ward told us that patients' capacity and consent to treatment was reviewed on a regular basis, usually in ward rounds. However, records seen did not support this.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, dignity, respect and support

- Most patients were positive about the support which they received on the ward. Where they had concerns we found that staff had investigated or were investigating their complaints.
- We saw good examples of positive staff and patient interaction and individual support.
- We found that staff were passionate and enthusiastic about providing care to patients with complex needs. They explained to us how they delivered care to individual patients. This demonstrated that they had a good understanding of the specific care and treatment needs of their patients.

The involvement of people in the care they receive

- We found various examples of how patients were involved in influencing their care and treatment or the service at the hospital. We saw examples of care plans detailing patients' views and CPA meeting reports prepared by patients, for example in the bungalows. However, a patient on Fairview said they were not involved in the development.
- Patients could chair their CPA meetings or ward community meetings. Patients had opportunities to get involved in hospital governance for example in the recovery and outcomes group and the patients council. Patients took part in a recent 'recovery fair' at the hospital. Patients were supported to be involved in staff interviews and induction. A 'peer plus' scheme allocated

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

newly admitted patients a 'buddy' to help orientate and welcome them to the ward. Some patients were trained in collaborative risk assessment and safety planning and trained other patients.

- Patients had access to advocacy services and information regarding these services was displayed across wards.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Requires improvement 

Access and discharge

- Bed occupancy from December to May 2015 ranged from lower than the national standard (85%) recommended for adult in-patient mental healthcare, with 51% on Bungalow 65 to 100% on Fairview and Swift wards. Nightingale had two admissions since April 2015.
- At the direction of commissioners internal transfers could be from secure or acute wards within the hospital or external NHS or independent providers. Patients were placed from various parts of the United Kingdom due to placements not being available in their home area to meet their needs. There was a potential care pathway from secure wards to rehabilitation wards depending on individual's needs.
- Transfers and admissions were planned in advance with preadmission assessment taking place to consider if suitable. Two Nightingale staff said they could receive inappropriate referrals and patients needed a higher level of care. One staff member said they had insufficient pre admission information about the patient and had raised this with managers.
- The average length of stay for patients was three months in open wards. The average was nine months for locked rehabilitation wards and this was above the national average length of stay of patients in independent hospitals. Staff told us that they often admitted patients with complex care needs.
- There were 11 patients with delayed discharges across eight wards from 18/12/2015 to 18/05/2015 with one for Nightingale and two for Swift wards. Managers told us

this was mostly due to difficulties with aftercare and funding arrangements which the patients' home area services had responsibility for. Alternatively other specialist placements were being sought. Care and treatment reviews took place with commissioners for patients with learning disability or autism.

- Staff worked closely with the community teams to ensure that patients who had been admitted were identified and helped through their discharge.

Discharges or transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way.

The facilities promote recovery, comfort, dignity and confidentiality

- Some ward environments were not conducive to patients' recovery, for example ward communal areas were sparse in decoration.
- Wards were mostly well equipped to support treatment and care. There were rooms where patients could relax and watch television or engage in therapeutic activities. These included quiet areas, activity and meeting rooms and sports areas. Courtyard areas included a smoking area. Spacious hospital grounds with horticultural, animal husbandry and education areas, a social club, café and swimming pool and patients were assessed as to whether they needed an escort.
- Ward drink and snacks were available. Nightingale ward's water dispenser was not working, which we raised with staff. Patients could practice and develop their daily living skills, such as cooking, shopping, budgeting and washing laundry. Food hygiene courses were available to patients in rehabilitation wards and the bungalows as they cooked their own meals. Patients in this core service had greater opportunities for attending community services and practising their daily living skills
- Patients had their own bedrooms and we found examples where patients had personalised them. On Fairview a room was changed to a bedroom to accommodate a patient following the fire.
- The provider had a service improvement practice plan with plans for the future development of the service. Finances were identified for refurbishment 2014/15 and the age of some buildings were considered.
- A carer and two patients told us that education opportunities included Maths and English classes. However 13 patients across wards and two carers said

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

there were a lack of meaningful activities. The hospital 'patient satisfaction survey' 2015 (37 responses) showed 56% of patients felt there were not enough activities with 59% identifying this included weekends. Patients and staff referred to staffing changes impacting on this. Bungalow 65 community meeting minutes stated three weeks where no OT activities took place. The provider monitored patients' access to a minimum of 25 hours therapeutic activity. From May to July 2015, Nightingale was noted to have the highest amount of activities cancelled. Senior managers reported problems imputing data for sessions/outcomes.

Meeting the needs of all people who use the service

- A bungalow was adapted with rail holds for a patient with mobility difficulties.
- A range of information was displayed relating to activities, treatment, safeguarding, patients' rights and complaint information. This included pictorial information available for patients.
- There were opportunities to meet patients' cultural, language and religious needs. There was a multi faith room which could be accessed on the hospital site and local faith representatives visited the wards as required and could be contacted to request a visit. Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed. Meal choices included options for vegan, halal diets and for patients with allergies.
- Staff outlined ways in which they supported patients to manage their weight and promote healthy eating and living. Specialist advice from a dietician, physical health lead, GP and gym instructors was available.
- Patients could apply for vocational jobs for example in the library. Patients planned and served in the patients' café and were involved in choosing the name. Patients contributed to a quarterly service magazine and participated in a hospital band which played at events.
- The provider gave support to relatives/carers regarding visit and travel accommodation arrangements to enable contact with patients. A Skype video communication service was offered to carers.

Listening to and learning from concerns and complaints

- Information on how to make a complaint and information such as 'tell me about it' and 'make your voice heard' was displayed on wards and communal areas.
- There were systems for processing and monitoring and responding to complaints and we saw evidence of this. Staff told us that any learning from complaints was shared with the staff team. The provider had developed their processes to capture compliments. However, Fairview staff we spoke with could not describe the complaints process once logged on the ward and reported not receiving feedback following investigations.
- One patient on Swift ward told us they had made complaints but did not think they were taken seriously or investigated properly. A patient on Fairview ward said they had not been informed of complaints procedures. Patients effectively raised concerns in ward community and patient council meetings. Bungalow 65 patients had raised concerns at community meetings about staff lone working following a recent fire. Community meeting minutes reviewed for this ward did not always detail actions taken by staff to respond to the concerns. Hospital patients' council meetings minutes were detailed with actions and timeframes for completion.
- From May 2014 to May 2015, 17 complaints were made for this core service with three upheld and five partially upheld with actions identified to reduce the risk of reoccurrence. Wortham had the highest for this core service with four. The 'patient satisfaction survey' 2015 (37 responses) showed 70% of patients knew how to make a complaint. Seventy eight percent said they felt able to raise issues in ward round and attend.
- We found examples of delays to responses to concerns, for example, at Bungalow 69 a gate had been requested several times by staff and patients to ensure privacy and security as despite signs others walked through their garden. Actions were not known but we saw the issue had been discussed at a patients' council meeting and a solution suggested for signage.
- Admission and discharge questionnaires were offered for patients to give feedback. The provider carried out annual surveys to gain feedback from patients and family/friends with detailed action plans to respond to any identified issues.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Requires improvement 

Vision and values

- Most staff we spoke with were not aware of the provider's vision and values.
- Most staff said senior managers were approachable and they had visited their area. However, seven staff across these wards reported less senior manager contacts.

Good governance

- The provider had governance processes in place to manage quality and safety. Managers used these methods, such as completing monthly 'ward quality matters' to give information to senior managers and to monitor quality and risk and patient safety where issues, audits and incidents were discussed. The provider had a 'ward to board' tool they used to monitor quality across hospital sites.
- Managers had access to dashboards which tracked incidents and other relevant data for their ward and hospital. Weekly nursing performance reports from rehabilitation ward managers referred to ward issues including safeguarding.
- Rehabilitation ward representatives attended hospital and ward governance meetings such as the morning senior management team meeting. Staff at this meeting reviewed the latest incidents and issues for future planning. Other meetings included the recovery and outcomes group and a fortnightly workforce meeting took place. We saw examples of ward business meetings reviewing incidents as relevant for their ward.
- Whilst we found positive examples of governance at senior level this was not always translated at ward level. For example, whilst systems were in place to collate data and information about the service provided, this was not always accessible for relevant staff at ward level. Some frontline staff across wards did not know how to access to the hospital's clinical governance processes or

did not have easy access. We found that staff meetings were not consistently taking place across wards for example, on Nightingale ward. Some staff referred to not getting feedback from patient surveys.

Leadership, morale and staff engagement

- Restructuring of the senior nursing team had taken place. A new head of recovery and rehabilitation was identified. This meant some staff posts had changed and some staff posts had been regraded. Staff told us there had been a consultation process.
- Most staff reported good MDT/ward team working and being able to approach their managers with any concerns or feedback and feeling supported by them. There were out of hours on call rotas for senior nurses, managers and doctors who staff could contact to discuss issues with.
- Staff gave mixed feedback regarding morale. Some staff said a number of changes had impacted on their work. Morale appeared lower for Nightingale ward. Staff were aware of external confidential support helplines and whistleblowing processes. From April to July 2015, data provided showed staff sickness for that period ranged from 0% for Bungalow 67 to 10% in June for Nightingale. Nightingale ward consistently had staff sickness rate above the national average.
- There was a risk that staff were not getting adequate support for their roles. Staff told us and records showed that staff supervision and appraisal were not routinely taking place. Nine staff across the hospital expressed concerns about this. The highest compliance with staff supervision was Nightingale at 73%, Wortham 61% and the lowest for other wards was 0% which was below the provider's standard of staff being offered supervision every eight weeks. The highest compliance for nursing staff appraisal was Wortham ward with 47%, with Nightingale achieving 21% and lowest 0% for other wards.
- Senior staff in interim leadership and management roles, for example on Nightingale ward were not always sufficiently informed about the provider's management and governance systems.
- Some managers said they had professional development time and leadership opportunities.

Commitment to quality improvement and innovation

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- Patient led audits took place once a year. One related to the primary nurse role with improvement actions identified. Other quality initiatives included 'going the extra mile' staff nomination awards.

Outstanding practice and areas for improvement

Outstanding practice

- Patients had opportunities to get involved in hospital governance for example, the recovery and outcomes group.
- A 'peer plus' scheme gave support to newly admitted patients.
- Selected patients were trained in collaborative risk assessment and safety planning and trained other patients.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure there is an effective process for ligature risk assessment to ensure staff have adequate information to ensure risks are minimised.
- The provider must ensure that their procedures for cleanliness and infection control ensure a safe and clean ward environment.
- The provider must ensure that their seclusion and long term segregation rooms are fit for purpose and maintain the privacy and dignity of patients.
- The provider must ensure safe staffing levels at all times.
- The provider must ensure that staff are consistently supported through regular supervision and appraisal.

Action the provider **SHOULD** take to improve

- The provider should ensure that systems for checking and monitoring medication administration, storage and equipment are adequate.
- The provider should review their handcuff policy to reflect the Mental Health Act code of practice and include governance systems for monitoring the use.
- The provider should review their Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training to ensure staff have adequate knowledge for their role.
- The provider should ensure that their hospital refurbishment programme meets the needs of patients.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure there is an effective process for ligature risk assessment to ensure staff have adequate information to ensure risks are minimised. Care and treatment must be provided in a safe way for patients. The things which a provider must do to comply include assessing the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12(1)(2)(a)(b).
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure that their procedures for cleanliness and infection control ensure a safe and clean ward environment. Care and treatment must be provided in a safe way for patients. The things which a provider must do to comply include assessing the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks. Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12(1)(2)(a)(b)(h).

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

The provider must ensure that staff are consistently supported through regular supervision and appraisal.

Care and treatment must be provided in a safe way for patients. The things which a provider must do to comply include assessing the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks. Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12(1)(2)(a)(b)(c).

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure safe staffing levels at all times.

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 18(1).

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider must ensure that their seclusion and long term segregation rooms are fit for purpose and maintain the privacy and dignity of patients.

This section is primarily information for the provider

Requirement notices

All premises and equipment used by the provider must be suitable for the purpose for which they are being used. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15(1)(c).