Elysium Healthcare (Farndon) Limited

The Farndon Unit

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The Farndon Unit is registered with the Care Quality Commission as an independent mental health hospital. The hospital, run by Elysium Healthcare Limited, accommodates up to 47 female patients over the age of 18 years and provides mental health inpatient and low secure forensic care.

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

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff followed infection control policy, including handwashing. We saw that staff regularly cleaned surfaces and ensured alarms were cleaned before providing them to the inspection team.

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used Health of the Nation Outcome Scores to assess and record severity and outcomes. The psychology team used the trauma symptom inventory scale as part of their assessments. Version 2d 24 August 2021 2

Staff had completed and kept up to date with their mandatory training. Overall, 92% of staff had completed mandatory training. The training programme was comprehensive and met the needs of patients and staff and included professional boundaries, safeguarding level 3, infection prevention and control and intermediate life support training. Managers monitored mandatory training compliance rates and alerted staff when they needed to update their training.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients and where appropriate were encouraged and where appropriate supported to shop for themselves. Patients had access to spiritual, religious and cultural support and a multi faith room was available.

However:

Eight out of the nine care plans we looked at on the forensic wards did not record the patient voice in their individual care decisions, even though staff had this information.

Healthcare support worker vacancy rates across the hospital were high and meant there was a reliance on bank and agency staff to provide care for patients.

Managers has not ensured that all staff had received an annual appraisal, particularly in acute service. Managers had failed to address heating issues which patients had reported on several occasions.

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	Good		We rated this service as good because: • The ward environments were safe and clean. Staff assessed and managed individual patient risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training and supervision. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare. • Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. • Staff planned and managed patients discharge well and liaised with services that would provide aftercare. As a result, patients were rarely experienced delays in their discharge for other than a clinical reason. • The service was well led, and the governance processes ensured that ward procedures ran smoothly. However: • Not all staff had received an annual appraisal, only 50% had received on at the time of the inspection. • The ward did not have enough substantive healthcare support staff. Vacancy rates were high and meant there was a reliance on bank and agency staff to provide care for patients.
Forensic inpatient or secure wards	Good		Our rating of this service improved. We rated it as good because:

Summary of findings

- The ward environments were safe and clean. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision, and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients and they actively involved patients in care decisions.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Eight out of the nine care plans we looked at on the forensic wards did not record the patient voice in their individual care decisions, even though staff had this information.
- Healthcare assistant vacancy rates across the hospital were high and meant there was a reliance on bank and agency staff to provide care for patients.

Summary of findings

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Summary of this inspection

Background to The Farndon Unit

The Farndon Unit is registered with the Care Quality Commission as an independent mental health hospital. The hospital, run by Elysium Healthcare Limited, accommodates up to 47 female patients over the age of 18 years. At the time of the inspection there were 39 patients, all of whom were detained under the Mental Health Act. The Farndon Unit offers assessment, care and treatment to meet the needs of individual patients with a diagnosis of mental illness, personality disorder and learning disability.

The Farndon Unit consists of a single building built around an internal garden area. There are five ward areas; Bolero, Cortland, Darcy which provide low secure care, a rehabilitation/recovery ward called Ruby Frost and a high dependency unit called Aster.

The Farndon Unit is registered with the Care Quality Commission to provide the following regulated activities:

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

The following services and wards were visited on this inspection:

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

Aster ward a nine-bed high dependency acute ward.

Forensic inpatient/secure wards:

Ruby Frost ward a 12-bed low secure recovery ward

Bolero ward a 10-bed low secure ward.

At the time of the inspection there was an outbreak of Covid-19 on Cortland ward and therefore we were unable to inspect it, Darcy ward was closed after a refurbishment.

The hospital had a manager registered with the CQC in post at the time of the inspection.

The last inspection was in December 2018. We rated this service as requires improvement overall domains with good ratings in effective and responsive.

We issued requirement notices for Regulation 9, Person Centred Care, Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance. Theses required the provide to make improvements to:

Patient observations were completed in line with the provider's policy.

Ensure medicines were stored and administered safely.

Summary of this inspection

Ensure tools to monitor deterioration in patients' physical health accurately were used.

Ensure families and carers were adequately informed about patients' care and treatment or support them appropriately to maintain regular contact with their family members.

Effective governance structures were in place to monitor the safety of the ward environment.

During our most recent inspection we found that all of the improvements had been made.

What people who use the service say

We spoke with two patients face to face and four over the telephone, all of them said the staff were very busy and the wards were very noisy. One said that staff were not always professional, caring and compassionate. Two patients said the environment is not ideal, space, facilities were a struggle, but staff did the best they could with what they had available to them.

One patient said people raise concerns verbally and managers take them seriously.

They said the food is decent. Patients are offered three choices including for those who are vegan/vegetarian.

The environment is clean and warm but a little bit tired.

How we carried out this inspection

This was a comprehensive inspection. The team that inspected the service comprised of one CQC inspector and one specialist advisor on site and one lead inspector and expert by experience working remotely on the 11 January 2022. Two inspectors, a specialist advisor and expert by experience worked remotely on 12 January 2022.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

During the inspection we:

- visited the service and observed how staff cared for patients
- inspected three of the clinical environments
- looked at the medicine management on the wards, inspected nine medication charts
- spoke with two patients face to face and two over the phone on the acute ward and two over the telephone on the forensic inpatient wards
- interviewed 16 members of staff including the hospital director, lead nurse, three ward managers, a doctor, nurses, healthcare assistants, social worker, psychologist an administrator, head of occupational therapy and a housekeeper

Summary of this inspection

- spoke with three carers of people using the service • reviewed 10 staff meeting minutes, 10 community meeting minutes and 10 governance meeting minutes
- reviewed 12 patient care records, nine on the forensic inpatient wards and three on the acute ward
- reviewed six observation records
- looked at a range of policies and procedures relevant to the running of the service

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

Areas for improvement

Action the service SHOULD take to improve:

Forensic inpatient or secure wards and Acute wards for adults of working age psychiatric intensive care units.

- The provider should ensure that all staff, particularly those working in the acute ward receive an annual appraisal.
- The service should consider reviewing the time it takes to respond to people telephoning the Farndon Unit.
- The provider should ensure that they have effective plans in place to continue to increase the number of permanent staff across the service.
- The provider should ensure that all care plans include the patient voice.
- The provider should ensure maintenance issues are resolved promptly.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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

Good

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

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

Good

Our rating of safe was good.

Safe and clean care environments

The ward was safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments for all of the wards. They removed or reduced any risks they identified, for example, patient bedroom and bathroom doors were the type designed to prevent holding, barring or blocking.

Staff could observe patients in all parts of the wards. Mirrors were in place to mitigate potential blind spots and provide clear lines of sight.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature risk assessments were reviewed and were in date.

The service had enough alarms for staff and visitors, this was an improvement since the last inspection. Patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

The ward was clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. We were assured the service were following safe infection prevention and control procedures to keep people safe. Staff wore masks in all areas of the

ward. There were clear signs up in reception and around the hospital to communicate the visiting arrangements and COVID-19 precautions. The hospital had a good supply of PPE, and staff had received extra training on handwashing and PPE use. We saw that staff regularly cleaned surfaces in patient areas and staff offices. In addition, personal staff alarms were cleaned before providing them staff, visitors and the inspection team.

The hospital did not have any seclusion rooms.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service did not have enough substantive healthcare support staff healthcare support staff who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The acute ward had an establishment of eight registered nurses per ward. At the time of the inspection there was one vacancy per ward. At the time of the inspection there were eight healthcare support worker vacancies which equated to 50% of the workforce. This was an increase in vacancies since the last inspection (December 2018) of 10%. However, managers had implemented a dedicated nurse bank of 36 staff to support the wards and we saw that in the three months leading up to the inspection only two shifts did not meet safe staffing levels.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift using regular bank and agency staff.

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

Managers limited their use of bank and agency staff and requested staff familiar with the service to and ensured that they had full induction and understood the service before starting their shift.

The service had an average turnover rate of 25% in the 12 months leading up to the inspection.

The levels of sickness were at 4% which was higher than the providers of 3%, however managers had ensured there were enough staff to provide care for patients by using the dedicated nurse bank. Managers supported staff who needed time off for ill health.

Patients told us they had regular one to one sessions with their named nurse.

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

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

Medical staff

The hospital had enough daytime and night time medical cover and a doctor available to go to the wards quickly in an emergency. The hospital had three consultant forensic psychiatrists which amounted to 2.5 WTE members of medical staff. Out of hours cover was provided by six consultant psychiatrists on a shared rota over four sites that were in close proximity of Farndon Unit.

Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall, 93% of all staff had attended mandatory training, with all training course showing compliance rates above 77%.

The mandatory training programme was comprehensive and met the needs of patients and staff and included professional boundaries, safeguarding level 3, infection prevention and control and intermediate life support training.

Managers monitored mandatory training compliance rates and alerted staff when they needed to update their training via clinical supervision.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using the providers risk matrix tool, and reviewed this regularly, including after any incident, using the Short-Term Assessment of Risk and Treatability (START) tool.

Management of patient risk

The hospital had improved the management of risk to patients since the last inspection. Staff knew about any risks to each patient and acted to prevent or reduce risks. They could identify and responded to any changes in risk to or posed by individual patients.

Since the last inspection, we found that staff were now completing patient observation records in line with the provider policy.

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

Use of restrictive interventions

Managers monitored the level and type of physical interventions used on the ward and staff participated in the provider's restrictive interventions reduction programme. This programme supported the staff to reduce the number of incidents when restraint was required to keep the patient safe. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

In the 12 months prior to the inspection the number of incidents requiring restraint was 340, the majority, 301 were low level holds and verbal de-escalation. We looked at two records on the acute ward where staff followed National Institute for Health and Care Excellence when rapid tranquilisation had been administered staff had used supine restraint on both occasions. Staff understood the Mental Capacity Act definition of restraint and worked within it.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role and knew how to apply it. Training records showed staff were up to date with their safeguarding training, compliance rates for levels one, two and three appropriate to staffs' role was 82%. The rate of training in level three for qualified staff was 79%. Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Managers had worked with staff since the last to ensure they were aware of when and how to raise safeguarding concerns and make referrals to external agencies when required. Staff we spoke with were able to describe in detail what action they would take if they need to make a safeguarding referral. In addition, staff confidently told us how they could recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe, there was a dedicated visitor's room outside the low secure area, area, which was used for family visits and was age appropriate.

Staff described in detail how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

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

We looked at three patient records, they were in an electronic format, comprehensive, stored securely which all staff could access them easily.

Managers told us when patients transferred to a new team, there were no delays in staff accessing their records.

Medicines management

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

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

Good

The service had improved the prescribing systems and processes to safely prescribe, administer, record and store medicines since the last inspection. We looked at three medication charts all of which were in order.

Staff regularly reviewed the effects of medications on each patient's mental and physical health and recorded this appropriately. It was evident in the hospital governance meeting minutes that the service commissioned a private pharmacy to undertake regular audits and to attend governance meetings to deliver their feedback and suggested actions to improve medicine management.

Staff reviewed patients' medicines regularly and provided specific advice in the form of comprehensive information leaflets to patients and carers about their medicines.

Staff followed current national practice to check patients had the correct medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines the multi-disciplinary team reviewed the use of as required medication at each ward round.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance. We found evidence in patient care records that electrocardiographs were appropriately undertaken when indicated and records of regular physical health monitoring for example blood glucose monitoring for a diabetic patient.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff described what incidents to report and how to report them, incidents in the preceding 24 hours were also discussed and actions taken to prevent reoccurrence at the morning management meeting.

Staff reported serious incidents clearly and in line with the providers policy.

The service had not had any never events on the ward.

Staff described their responsibilities under duty of candour. We saw evidence in letters to both patients and their carers which were open and transparent and gave patients.

Managers debriefed and supported staff and patients after any serious incidents.

Managers investigated incidents thoroughly. We saw that the hospital had an investigating serious incidents policy which described how patients and their families were involved in these investigations where appropriate.

Staff received feedback from investigation of incidents via regular team meetings.

Staff and patient representatives met to discuss the feedback and look at improvements to patient care in the clinical governance meetings.

There was evidence that changes had been made because of feedback. For example, there was a "you said, we did" action plan which described how staff had facilitated additional activities and reminded night staff about noise levels and the effect on patients' quality of sleep.

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

Good

Our rating of effective was good.

Assessment of needs and planning of care

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

The monitoring of patient's physical health had improved since the last inspection. We inspected three care records, we saw staff assessed the physical and mental health of patients on admission and developed care plans appropriate to the identified physical health need. Staff had access to a variety of physical health monitoring equipment which were regularly checked. Physical health care plans were reviewed regularly through multidisciplinary discussion and updated as needed. The services had a dedicated physical healthcare nurse who was not included in ward staffing levels, to advise, educate and promote physical health and wellbeing.

We looked at three care plans and all of which reflected patients' assessed needs and were holistic and recovery-oriented.

Best practice in treatment and care

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

Patients had access to a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation.

Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used Health of the Nation Outcome Scores to assess and record severity and outcomes.

The service participated in clinical audit, benchmarking and quality improvement initiatives for example regular peer reviews and a monthly audit calendar which included care plans, medicines safety and patient experience.

Staff delivered care in line with best practice and national guidance, for example National Institute for Health and Care Excellence guidance for the use of rapid tranquilisation.

Staff identified patients' physical health needs and recorded them in their care plans. Patients had access to physical health care, including a dedicated physical health nurse who was not included in the ward establishment levels and access to specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff supported patients to attend a "healthy weight" meeting where the hospital menus were reviewed and amended.

Skilled staff to deliver care

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

The range of specialist that patients had access to included, nurses, psychologists, activity coordinators and occupational therapists. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. However, only 50% of staff had received an appraisal at the time of the inspection against a target of 95% but the manager had plans to ensure all staff had an annual appraisal and we saw that staff were booked in to receive their appraisal Clinical supervision rates were 80% against a target of 95%.

Managers provided an induction programme for new staff and mentoring opportunities for all new starters.

Managers made sure staff attended regular team meetings and gave information via e mail to those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received any specialist training for their role, for example continence, wound care, venepuncture, trauma informed care, personality disorder and leadership training.

Managers recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. Staff held weekly multidisciplinary meetings to discuss patients and improve their care. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early in the patient's admission to plan discharge.

We reviewed the records from eight multi-disciplinary meetings and saw they were well attended and all aspects to patients' individual care was reviewed to ensure it met their needs.

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

Ward teams had effective working relationships with external teams and organisations, there was a standing agenda item at the governance "Interface with External Organisations" which described the relationships with clinical commissioning groups and local authority safeguarding teams.

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

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

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Compliance rate for all relevant staff were at 92% at the time of the inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrator was and when to ask them for support.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

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

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We reviewed an audit undertaken by the Mental Health Act administrator in November 2021 which demonstrated that leave had only been cancelled or rearranged when Covid – 19 rules stated that it was not possible.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

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

Good

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Original detention papers were kept in the Mental Health Act admin office and scanned copies in the care records.

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

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. and completing provider action plans with evidence following Mental Health Act review visits.

Good practice in applying the Mental Capacity Act

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

Staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. Compliance rates were at 88% at the time of the inspection.

There were no deprivations of liberty safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. This was provided by the Mental Health Act administrator and lead nurse at the hospital.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

We saw in the care records that staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited on an annual basis how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve. The audit was monitored at the hospital governance meeting

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

Good

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

Good

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

We observed staff treating patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We observed staff were discreet, respectful, and responsive when caring for patients. Staff supported patients to understand and manage their own care treatment or condition. Staff understood and respected the individual needs of each patient.

Staff gave patients help, emotional support and advice when they needed it.

Staff directed patients to other services and supported them to access those services if they needed help for example GP and dentists.

We spoke with two patients who said staff treated them well and behaved kindly.

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

Staff followed policy to keep patient information confidential, they ensured all confidential information was displayed out of patient lines of sight in ward offices.

Involvement in care

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

We saw evidence that staff actively sought feedback from patients on the quality of care provided in the patient engagement meeting minutes. They ensured that patients had easy access to advocates who attended The Farndon Unit every week, advocacy posters were visible in lounges, dining and reception areas.

Involvement of patients

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

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties, for example easy read versions of information leaflets.

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

Good

We saw staff involved patients in decisions about the service, when appropriate for example suggestions on the décor, menu choice and therapeutic activities. Staff and patients attended a monthly service user engagement meeting where feedback from ward community meetings were discussed along with the environment, meals, patient involvement opportunities and keeping in touch with family and friends. Patients also gave e feedback on the service and their treatment.

Staff supported patients to make decisions on their care for example devising individualised therapeutic programmes.

Staff made sure patients could access advocacy services and facilitated meetings every Thursday.

Involvement of families and carer

We looked at three care plans all had evidence that family members had been involved in multidisciplinary, commissioner and care programme approach meetings. However, we spoke with one carer who told us staff rarely return their calls and although they are involved in ward rounds, and care programme approach meetings they felt their views were not always taken into consideration

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

Good

We rated responsive as good.

Access and discharge

Staff planned and managed patients discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or back to their homes. As a result, patients rarely experienced a delay to their discharge other than clinical reasons.

Bed management

Patients did not have excessive lengths of stay and patients discharge was rarely delayed for other than a clinical reason. However, one patient had been waiting to move to a more secure setting and managers regularly reviewed her length of stay with commissioners to ensure they did not stay longer than they needed to.

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

Managers and staff worked to make sure they did not discharge patients before they were ready. When patients went on leave there was always a bed available when they returned.

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

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

Discharge and transfers of care

The service had two delayed discharges in the last 12 months. This was due to lack of a suitable community provision and relocation to a new area.

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

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

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. Patients told us the food was of good quality and those who had a risk assessment could make their own hot drinks and snacks and were not dependent on staff.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private.

The service had an outside space that patients could access easily.

Patients could make phone calls in private and were able to use their own mobile phones.

Patients' engagement with the wider community

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

Staff helped patients to stay in contact with families and carers, the hospital had i pads and laptops for patients to use when visiting was restricted or families lived far away, this was an improvement since the last inspection. Patients and their carers confirmed this.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community where possible, for example attending church services.

Meeting the needs of all people who use the service

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

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

Good

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

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

The high dependency ward is situated on the first floor and supported disabled patients. We saw, where appropriate patients had a personalised evacuation plan in place.

Staff made sure patients could access information on treatment, local service, their rights and how to complain, there were notice boards on all three wards.

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

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients and where appropriate were encouraged and supported, where appropriate to shop for themselves.

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

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service at team meetings and electronically by email.

Managers ensured that patients had the information they needed to enable them to make complaints and access advocacy, this was an improvement since the last inspection. How to complain and advocacy posters were displayed on ward noticeboards and leaflets were accessible.

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

The service had five complaints in the 12 months leading up to the inspection. Two complaints were not upheld, and three were still being investigated.

Staff told us how they protected patients who raised concerns or complaints from discrimination and harassment.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good

We rated well-led as good.

Leadership

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

Staff knew and were who the leaders were of the service, and reported that they were visible and approachable, not only to them but for patients too. Staff told us that leaders often visited the wards and would work shifts to support the team and get a better understanding of the service.

Managers had the right skills, knowledge and experience to perform their roles, including a good understanding of the services they managed.

We spoke with the managers and they confirmed development opportunities for career progression were available and were encouraged to take these up.

Vision and strategy

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

Since the last inspection managers had worked with staff to ensure they knew and understood the provider's vision and values and how they applied to the work of their team. We heard about the clinical pathway for patients and how they contributed to this. Staff were able to articulate that the hospitals vision was to provide a positive experience for patients to enable a sustainable recovery and successful discharge. In addition, staff we spoke with explained how they were working to deliver high quality care within the budgets available.

Culture

Staff told us they felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development for example trans sexual awareness training and career progression and they felt proud to work at the Farndon unit.

Managers had ensured that staff were aware of the role of the Speak up Guardian. It was evident at this inspection staff awareness had improved as staff reported that they would raise any concerns without fear and that they were actively to speak up if they felt they need to raise an issue. They were keen to tell us about the leadership and development opportunities open to them.

Governance

Our findings from the other key questions demonstrated that since their last inspection there have been in a significant improvement in the services governance arrangements. The hospital now had effective governance structures were in place to monitor the safety of the ward environment, performance and risk. The service held monthly governance meetings which had a comprehensive agenda including, safeguarding, health promotion, lessons learned and medicines management. They also held initiatives such as "the meaningful week" to assess and identify baseline hours available for patients to utilise therapeutically.

Whilst the vacancies for unregistered staff remained high, managers had implemented a proactive recruitment strategy and were working with senior leaders to look at innovative ways to recruitment to ensure there would be a reduction in the reliance of agency staff.

Management of risk, issues and performance

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

The service had an electronic prescribing system and had seen a reduction in medicines errors. Managers were supported to address performance issues in a timely way.

Effective multidisciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe. Staff notified and shared information with external organisations for example the local authority and commissioning groups. Staff were open and transparent and explained to patients when something went wrong. We saw staff had good rapport with patients and said that staff were compassionate, and they felt safe.

We saw staff were offered the opportunity to give feedback and input into service development. Staff did this through regular health care assistant, nurses, team, and governance meetings.

Staff said the service provided information governance systems to measure key performance indicators and to gauge the performance of teams which helped them provide consistent good quality care.

The service had business continuity plans for emergencies for example, adverse weather or a flu outbreak.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities, for example, Health of the Nation Outcome Scores.

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

Access to equipment and information technology, including the telephone and patient record systems, worked well, and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Engagement

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

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

Good

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins and newsletters.

Good

Forensic inpatient or secure wards

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

Are Forensic inpatient or secure wards safe?

Good

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

Safe and clean care environments

Low secure wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of the wards we inspected. They removed or reduced any risks they identified, for example, patient bedroom and bathroom doors were the type designed to prevent holding, barring or blocking.

Staff could observe patients in all parts of the wards. Mirrors were in place to mitigate potential blind spots and provide clear lines of sight.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature risk assessments were reviewed and were in date.

Staff had easy access to alarms and patients had easy access to nurse call system.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. However, patients on Ruby Frost ward said that it was very hot in flat two, this had been reported on several occasions in the preceding two weeks, but it had not been addressed. We brought this to the attention of the ward manager who told us the maintenance team were aware and had been waiting a piece of equipment. The ward manager was able to provide a temporary solution which rectified this whilst a permanent solution was implemented.

Staff made sure cleaning records were up-to-date and the premises were clean. We were assured staff were following safe infection prevention and control procedures to keep people safe. We saw anti-bacterial hand soap dispensers in all clinical areas. Staff wore masks in all areas of the wards we visited. There were clear signs up in reception and around

the hospital to communicate the visiting arrangements and COVID-19 precautions. The hospital had a good supply of PPE, and staff had received extra training on handwashing and PPE use. We saw that staff regularly cleaned surfaces, in patient and staff offices. In addition, personal staff alarms were cleaned before providing them to the staff and inspection team.

The hospital did not have any seclusion rooms.

Clinic room and equipment

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

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough medical staff, however they did not have enough substantive healthcare support staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service did not have enough substantive healthcare support staff to keep patients safe.

The forensic wards had an establishment of eight registered nurses per ward, and at the time of the inspection one vacancy per ward. At the time of the inspection there were 21 healthcare support worker vacancies which equated to 39% of the workforce. This was an increase in vacancies since the last inspection in December 2018 of 10%. However, managers had implemented a dedicated nurse bank of 36 staff to support the wards and we saw that in the three months leading up to the inspection only two shifts did not meet safe staffing levels.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift using regular bank and agency staff.

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

Managers limited their use of bank and agency staff and requested staff familiar with the service to and ensured that they had full induction and understood the service before starting their shift.

The service had an average turnover rate of 25% in the 12 months leading up to the inspection.

The levels of sickness were at 5% which was higher than the providers target of 3%, however managers had ensured there were enough staff to provide care for patients by using the dedicated nurse bank. Managers supported staff who needed time off for ill health.

Patients told us they had regular one to one sessions with their named nurse. However, two patients told us that leave had been cancelled on two occasions and ward activities had been cancelled when the wards were short of staff.

Good

Forensic inpatient or secure wards

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

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

Medical staff

The hospital had enough daytime and night time medical cover and a doctor available to go to the wards quickly in an emergency. The hospital had three consultant forensic psychiatrists which amounted to 2.5 WTE members of medical staff. Out of hours cover was provided by six consultant psychiatrists on a shared rota over four sites that were in proximity of Farndon Unit.

Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall, 92% of staff had completed mandatory training with all training course showing a compliance rates above 77%. The mandatory training programme was comprehensive and met the needs of patients and staff and included professional boundaries, safeguarding level 3, infection prevention and control and intermediate life support training.

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

Assessing and managing risk to patients and staff

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

Assessment of patient risk

Staff completed individual risk assessments for each patient on admission, using the providers risk matrix tool and the Short -Term Assessment of Risk and Treatability tool (START) which were reviewed after incidents. For patients that were determined to have a risk of violence and aggression staff completed the Historical Clinical and Risk Management (HCR-20) tool too.

Management of patient risk

The hospital had improved the management of risk to patients since the last inspection. Staff identified and acted to prevent or reduce risks. Multidisciplinary staff discussions determined the level of risk for each patient, developed a risk management plan and agreed the level of observation needed. Since the last inspection, we found that staff were now completing patient observation records in line with the provider policy.

We did not see the use of blanket restrictions within the hospital.

Good

Forensic inpatient or secure wards

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

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme. This programme supported the staff to reduce the number of incidents when restraint was required to keep the patient safe. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Levels of restrictive interventions were reducing on the forensic wards. In the 12 months prior to the inspection the number of incidents requiring restraint had reduced from 984 to 315. The majority of these required low level holds and verbal de-escalation. In order to achieve the improvement they had made changes in the training of staff which included a focus on trauma informed care.

Staff had used supine restraint on two occasions to administer rapid tranquilisation. We looked at the medication charts and care records of the patients involved in the restraint and saw that staff followed National Institute of Health and Clinical Excellence guidance.

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

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role and knew how to apply it. Training records showed staff were up to date with their safeguarding training, compliance rates for levels one, two and three appropriate to staffs' role was 88%. The rate of training in level three for qualified staff was 95%. Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Managers had worked with staff since the last to ensure they were aware of when and how to raise safeguarding concerns and make referrals to external agencies when required. Staff we spoke with were able to describe in detail what action they would take if they needed to make a safeguarding referral. In addition, staff confidently told us how they could recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe, there was a dedicated visitor's room outside the low secure area, which was used for family visits and was age appropriate.

S**taff access to essential information**

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

We looked at nine patient records, they were in an electronic format, comprehensive and all staff could access them easily.

Managers told us when patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in a locked office.

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

The service had improved the prescribing systems and processes to safely prescribe, administer, record and store medicines since the last inspection. We looked at nine medication charts all of which were in order.

Staff regularly reviewed the effects of medications on each patient's mental and physical health and recorded this appropriately. The hospital governance meeting minutes identified about the service had commissioned a private pharmacy to undertake regular audits and to attend governance meetings to deliver their feedback and suggested actions to improve medicine management.

Staff reviewed patients' medicines regularly and provided specific advice in the form of comprehensive information leaflets to patients and carers about their medicines.

Staff followed current national practice to check patients had the correct medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines the multi-disciplinary team reviewed the use of as required medication at each ward round.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Clinical Excellence guidance. We found evidence in patient care records that electrocardiographs were appropriately undertaken when indicated and records of regular physical health monitoring for example blood glucose monitoring for diabetic patients.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong.

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

Staff described what incidents to report and how to report them, incidents in the preceding 24 hours were also discussed and actions taken to prevent reoccurrence at the morning management meeting.

Staff reported serious incidents clearly and in line with the providers policy.

Good

Forensic inpatient or secure wards

The service had not had any never events on any forensic wards.

Staff described their responsibilities under duty of candour. We saw evidence in letters to both patients and their carers which were open and transparent and gave patients and families a full explanation when things went wrong.

Managers debriefed and supported staff and patients after any serious incidents.

Managers investigated incidents thoroughly. We saw that the hospital had an investigating serious incidents policy which described how patients and their families could be involved in the investigations where appropriate.

Staff received feedback from investigation of incidents via regular team meetings.

Staff and patient representatives met to discuss the feedback and look at improvements to patient care in the clinical governance meetings.

There was evidence that changes had been made because of feedback. For example, there was a "you said, we did" action plan which described how staff had facilitated additional activities and reminded night staff about noise levels and the effect on patients quality of sleep.

Are Forensic inpatient or secure wards effective?

Good

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

Assessment of needs and planning of care

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

The monitoring of patient's physical health had improved since the last inspection. We inspected nine care records, we saw that staff assessed the physical and mental health of all patients on admission and developed care plans appropriate to the identified physical health need. Staff had access to a variety of physical health monitoring equipment which were regularly checked. Physical health care plans were reviewed regularly through multidisciplinary discussion and updated as needed. The services had a dedicated physical healthcare nurse who was not included in ward staffing levels, to advise, educate and promote physical health and wellbeing.

We looked at nine care plans and whilst all of them reflected patients' assessed needs and were holistic and recovery-oriented, eight out of the nine did not specifically refer to the patient voice we saw staff had written statements which included the words "you will" rather than "I will", indicating a possible lack of active involvement and agreement from the patient.

Best practice in treatment and care

Good

Forensic inpatient or secure wards

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation.

They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used Health of the Nation Outcome Scores to assess and record severity and outcomes. The psychology team used the trauma symptom inventory scale as part of their assessments.

The service participated in clinical audit, benchmarking and quality improvement initiatives for example regular peer reviews and a monthly audit calendar which included care plans, medicines safety and patient experience.

Staff delivered care in line with best practice and national guidance, for example, National Institute for Health and Care Excellence guidance for the use of rapid tranquilisation.

Staff identified patients' physical health needs and recorded them in their care plans. Patients had access to physical health care, including a dedicated physical health nurse who was not included in the ward establishment levels and access to specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff supported patients to attend a "healthy weight" meeting where the hospital menus were reviewed and amended.

Skilled staff to deliver care

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

The ward teams included the full range of specialists required to meet the needs of patients on the wards, this included, nurses, psychologists, activity coordinators and occupational therapists. Managers made sure they had staff with the range of skills needed to provide high quality care.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff appraisal rates were 90% and clinical supervision rates were 87%.

Managers provided an induction programme for new staff and mentoring opportunities for all new starters.

Managers made sure staff attended regular team meetings and gave information via e mail to those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received specialist training for their role, for example continence, wound care, venepuncture, personality disorder, trauma informed care, relational security and leadership training.

Managers recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team.

Multi-disciplinary and interagency teamwork

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

Staff held weekly multidisciplinary meetings to discuss patients and improve their care. We reviewed nine care records and saw that the meetings were well attended and all aspects to patient's individual care was reviewed to ensure it met their needs.

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

Ward teams had effective working relationships with external teams and organisations. There was a standing agenda item at the governance meeting "Interface with External Organisations" which described how the relationships with clinical commissioning groups and local authority safeguarding teams worked together to provide high quality care for patients.

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

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

Staff received, and kept up to date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Compliance rates for relevant staff were at 91% at the time of the inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrator was and when to ask them for support.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Good

Forensic inpatient or secure wards

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

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We reviewed an audit undertaken by the Mental Health Act administrator in November 2021 which demonstrated that leave had only been cancelled or rearranged when Covid – 19 rules stated that it was not possible.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Original detention papers were kept in the Mental Health Act admin office and scanned copies in the care records.

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

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits, discussing the findings and completing provider action plans with evidence following Mental Health Act review visits.

Good practice in applying the Mental Capacity Act

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

Staff received, and were consistently up to date, with training in the Mental Capacity Act and demonstrated a good understanding of at least the five principles. Compliance rates for appropriate staff were at 89% at the time of the inspection.

There were no deprivations of liberty safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. This was provided by the Mental Health Act administrator and lead nurse at the hospital.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

We saw in the care records staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Good

Forensic inpatient or secure wards

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Staff audited on an annual basis how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve. The audit was monitored at the hospital governance meeting.

Are Forensic inpatient or secure wards caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

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

We observed staff treating patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We observed staff were discreet, respectful, and responsive when caring for patients. Staff supported patients to understand and manage their own care treatment or condition. Staff understood and respected the individual needs of each patient.

Staff gave patients help, emotional support and advice when they needed it.

Staff directed patients to other services and supported them to access those services if they needed help for example GP and dentists.

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

We saw staff followed policy to keep patient information confidential, they ensured all confidential information was displayed out of patient lines of sight in ward offices.

Involvement in care

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

We saw evidence that staff actively sought feedback from patients on the quality of care provided in the patient engagement meeting minutes. They ensured that patients had easy access to advocates who attended The Farndon Unit every week, advocacy posters were visible in lounges, dining and reception areas.

Good

Forensic inpatient or secure wards

Involvement of patients

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

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties, for example easy read versions of information leaflets.

We saw staff involved patients in decisions about the service, when appropriate for example suggestions on the décor, menu choice and therapeutic activities. Staff and patients attended a monthly service user engagement meeting where feedback from ward community meetings were discussed along with the environment, meals, patient involvement opportunities and keeping in touch with family and friends. Patients also gave e feedback on the service and their treatment.

Staff supported patients to make decisions on their care for example where appropriate supporting them to cater for themselves and devise individualised therapeutic programmes.

Staff made sure patients could access advocacy services and facilitated meetings every Thursday.

Involvement of families and carers

We looked at nine care plans all had evidence that family members had been involved in multidisciplinary, commissioner and care programme approach meetings. However, we spoke with two carers, both said it was a nightmare to phone the unit as nobody answered the phone or remembered to call them back when they said they would.

Are Forensic inpatient or secure wards responsive?

Good

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

Access and discharge

Bed management

Staff planned and managed patient's discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and patients rarely experience a delay to their discharge other than a clinical reason. We looked at nine care records, seven had evidence of active discharge planning with the involvement of the patient and external agencies.

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

Managers and staff worked to make sure they did not discharge patients before they were ready. When patients went on leave there was always a bed available when they returned.

Good

Forensic inpatient or secure wards

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. However, there were difficulties in placing some patients and some patients had not been moved on as quickly as they wished. The service worked with commissioners to try to resolve this.

The service took referrals from all parts of the UK. Some were outside their area and wanted to return to their home area. The hospital worked with commissioners to try to facilitate this.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient, for example to safeguard them.

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

Discharge and transfers of care

No patients had experienced a delay in their discharge in the 12 months prior to the inspection.

Staff carefully planned patients' discharge and worked with care managers and coordinators in the multi-disciplinary meetings to make sure this went well.

Staff supported patients when they were referred or transferred between services, we were told that patients made visits to other units to orientate them to the environment and staff before discharge.

Facilities that promote comfort, dignity and privacy

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

Patients who had had a risk assessment could make their own hot drinks and snacks and were not dependent on staff.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private. The provider had a policy to ensure all visitors are made aware of the restricted items list before entering the ward environments. posters were on display in reception areas listing restricted items and we saw visitors were reminded of these before entry to the wards.

Patients could make phone calls in private and were able to use their own mobile phones.

The wards had outside spaces that patients could access however patients told us they were sparse and could be bigger.

Patients reported that they offered a variety of good quality food, had a takeaway one a week and could give feedback about the quality of food.

Patients' engagement with the wider community

Good

Forensic inpatient or secure wards

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

Staff made sure patients had access to opportunities for education and work, one patient told us that staff had supported her to undertake her university course and went the extra mile to help her.

Staff helped patients to stay in contact with families and carers, the hospital had i pads and laptops for patients to use when visiting was restricted or families lived far away, this was an improvement since the last inspection. Patients and their carers confirmed this.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community where possible, for example attending church services.

Meeting the needs of all people who use the service

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

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

Wards were on the ground and first floor and supported patients with disabilities. We saw, where appropriate patients had a personal evacuation plan in place.

Staff made sure patients could access information on treatment, local service, their rights and how to complain, they were notice boards on all three wards.

The service had access to a wide range information leaflets available in languages spoken by the patients and local community.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients and where appropriate were encouraged and where appropriate supported to shop for themselves. One patient told us the vegan food on offer was of good quality.

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

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service at team meetings and electronically by email.

Patients, relatives and carers knew how to complain or raise concerns, how to complain posters were displayed on ward noticeboards and leaflets were accessible.

Forensic inpatient or secure wards

Good

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

The service had four complaints in the 12 months leading up to this inspection, two complaints were not upheld, one was partially upheld and one was still being investigated. Each had been fully investigated and feedback and lessons learned had been shared with the complainant and ward teams.

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

Are Forensic inpatient or secure wards well-led?

Good

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

Leadership

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

Staff knew and were who the leaders were of the service, and reported that they were visible and approachable, not only to them but for patients too. Staff told us that leaders often visited the wards and would work shifts to support the team and get a better understanding of the service.

Managers had the right skills, knowledge and experience to perform their roles, including a good understanding of the services they managed.

We spoke with the managers and they confirmed development opportunities for career progression were available and were encouraged to take these up.

Vision and strategy

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

Since the last inspection managers had worked with staff to ensure they knew and understood the provider's vision and values and how they applied to the work of their team. We heard about the clinical pathway for patients and how they contributed to this. Staff were able to articulate that the hospitals vision was to provide a positive experience for patients to enable a sustainable recovery and successful discharge. In addition, staff we spoke with explained how they were working to deliver high quality care within the budgets available.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development, for example, trans sexual awareness training and career progression. Staff felt proud to work at the Farndon unit. They could raise any concerns without fear.

Good

Forensic inpatient or secure wards

Managers had ensured that staff were aware of the role of the Speak up Guardian. It was evident at this inspection staff awareness had improved as staff reported that they would raise any concerns without fear and that they were actively to speak up if they felt they need to raise an issue. They were keen to tell us about the leadership and development opportunities open to them.

Governance

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

Our findings from the other key questions demonstrated that since their last inspection there have been in a significant improvement in the services governance arrangements. The hospital now had effective governance structures were in place to monitor the safety of the ward environment, performance and risk. The service held monthly governance meetings which had a comprehensive agenda including, safeguarding, health promotion, lessons learned and medicines management. They also held initiatives such as “the meaningful week” to assess and identify baseline hours available for patients to utilise therapeutically.

Whilst the vacancies for unregistered staff remained high, managers had implemented a proactive recruitment strategy and were working with senior leaders to look at innovative ways to recruitment to ensure there would be a reduction in the reliance of agency staff.

Managers did not ensure that the heating issues in Flat 2 were addressed in a timely manner.

Management of risk, issues and performance

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

The services pharmacy and clinical staff used an electronic auditing system to audit medications. This process had reduced the number of medicine errors.

Effective multidisciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe. Staff notified and shared information with external organisations for example the local authority and commissioning groups. Staff were open and transparent and explained to patients when something went wrong. We saw staff had good rapport with patients and said that staff were compassionate, and they felt safe.

We saw staff were offered the opportunity to give feedback and input into service development. Staff did this through regular health care assistant, nurses, team and governance meetings.

Staff said the service provided information governance systems to measure key performance indicators and to gauge the performance of teams which helped them provide consistent good quality care.

The service had business continuity plans for emergencies for example, adverse weather or a flu outbreak.

Information management

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

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities for example Health of the Nation Outcome Scores.

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

Access to equipment and information technology, including the telephone and patient record systems, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Engagement

Managers engaged actively other local and national health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins and newsletters.