Outstanding ☆

Dorset Healthcare University NHS Foundation Trust

Community forensic mental health services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RDYNM	Sentinel House	Dorset Forensic Team	BH13 7LN
RDYNM	Sentinel House	Pathfinder	BH13 7LN

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Good ●

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Dorset HealthCare University NHS Foundation Trust as outstanding because:

The Pathfinder service worked collaboratively with patients with complex psychological needs and potentially high risk behaviour. Feedback from patients about staff and the service they received, and how this had improved their quality of life, was extremely positive. Staff actively engaged patients in their care. Care plans were person centred and patients were involved in the care planning. Staff had recently been provided with laptops, so they could write care plans when meeting with patients.

The Pathfinder service worked with patients with a personality disorder who were at risk of offending, to improve their outcomes, and at significantly cheaper cost being in hospital. The service was psychologically led and worked with patients around their risk behaviour. They used evidence based tools to measure the outcomes for patients. The Pathfinder service focused on supporting and supervising staff, so that they were able to effectively provided treatment and support to patients with complex psychological needs. Patients had their needs assessed, and care plans developed in response to this. Patients had access to psychological and occupational therapy. All staff had supervision and support, and were able to discuss their concerns in regular staff meetings. A multidisciplinary team of staff provided care for patients. Staff worked with external agencies to manage risks. Records were stored securely and could be shared with the inpatient service when necessary. Care was person centred, but this was not always reflected in the community care plans. Patients had access to Mental Health Act advocacy (IMHA) services. Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

All patients had risk assessments which were reviewed regularly, and crisis and contingency plans. Staff knew how to report safeguarding concerns. Medication was administered and managed safely. Incidents were reported and investigated . Caseloads were manageable. There were staffing vacancies, but these were managed within the multidisciplinary team. There was a lone worker policy, but staff were not clear about its implementation.

Patients received occupational therapy and psychology services. The service routinely reviewed the care, needs and risks of all its patients. It also reviewed all referrals, people on its waiting list, and patients in services outside the trust. The team worked with other agencies, which included the police and probation services. The community team had close links with the inpatient ward and most of the multidisciplinary team, with the exception of nursing staff and support workers, worked across both services. There were no delayed discharges at the time of our inspection. The trust did not have any secure inpatient facilities for women, so any woman requiring this would have to be admitted out of area.

Staff were positive about their work within the team, and felt able to raise their concerns. There were positive relationships between managers and lead clinicians within the service. The service had individual groups that focused on the three parts of the service: inpatient, community (which included referral and out of area patients) and the Pathfinder service These fed into an overarching governance group, that monitored the quality of the whole forensic service. All the groups included clinical and managerial staff. The inpatient group was attended by a peer representative, who was a patient on the ward. The forensic service used information from these groups and fed into the governance systems within the trust. The Pathfinder service had been implemented as part of a national initiative to improve outcomes and reduce risk when working with offenders with a personality disorder.

Summary of findings

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

Are services safe?

Good 

We rated safe as good because:

- All patients had risk assessments which were reviewed regularly, and crisis and contingency plans.
- Staff knew how to report safeguarding concerns.
- Medication was administered and managed safely.
- Incidents were reported and investigated .
- Caseloads were manageable.
- There were staffing vacancies, but these were managed within the multidisciplinary team.
- There was a lone worker policy, but staff were not clear about its implementation.

Are services effective?

Outstanding 

We rated effective as outstanding because:

- The Pathfinder service worked with patients with a personality disorder who were at risk of offending, to improve their outcomes, and at a significantly cheaper cost being in hospital.The service was psychologically based and led and worked with patients around their risk behaviour. They used evidence based tools to measure the outcomes for patients.
- The Pathfinder provide effective treatment and support to patients with complex psychological needs.
- Patients had their needs assessed, and care plans developed in response to this.
- Patients had access to psychological and occupational therapy.
- A multidisciplinary team of staff provided care for patients. All staff had supervision and support, and were able to discuss their concerns in regular staff meetings.
- Staff worked with external agencies to manage risks.
- Records were stored securely and could be shared with the inpatient service when necessary. Care was person centred, but this was not always reflected in the community care plans.
- Patients had access to Mental Health Act advocacy (IMHA) services.
- Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are services caring?

Outstanding 

We rated caring as outstanding because:

Summary of findings

- The Pathfinder service worked collaboratively with patients with complex psychological needs and potentially high risk behaviour.
- Feedback from patients about staff and the service they received, and how this had improved their quality of life, was extrelemy positive.
- Staff actively engaged patients in their care.
- Patients were involved in their care planning, and their care was person centred.
- Staff had recently been provided with laptops, so they could write care plans when meeting with patients.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- The service routinely reviewed the care, needs and risks of all its patients. It also reviewed all referrals, people on its waiting list, and patients in services outside the trust.
- The team worked with other agencies, which included the police and probation services.
- The community team had close links with the inpatient ward and most of the multidisciplinary team, with the exception of nursing staff and support workers, worked across both services.
- The trust did not have any secure inpatient facilities for women, so any woman requiring this would have to be admitted out of area.

Are services well-led?

Good

We rated well-led as good because:

Staff were positive about their work within the team, and felt able to raise their concerns. There were positive relationships between managers and lead clinicians within the service. The service had individual groups that focused on the three parts of the service: inpatient, community (which included referral and out of area patients) and the Pathfinder service These fed into an overarching governance group, that monitored the quality of the whole forensic service. All the groups included clinical and managerial staff. The inpatient group was attended by a peer representative, who was a patient on the ward. The forensic service used information from these groups and fed into the governance systems within the trust. The Pathfinder service had been implemented as part of a national initiative to improve outcomes and reduce risk when working with offenders with a personality disorder.

Summary of findings

Information about the service

The trust's forensic service is made up of an inpatient low secure ward for men, a community forensic team, and a Pathfinder service.

The Dorset Forensic Team provides community forensic services to men and women in Dorset. The team had a caseload of 36 patients at the time of our inspection.

The Pathfinder service provides psychologically-led services to men with a personality disorder and offending behaviour. At the time of our inspection it had a caseload of six patients; two were inpatients on Twynam ward, and the other four were living in the community.

We have inspected the services provided by Dorset Healthcare University NHS Foundation Trust

35 times between 2012 and 2015, across 18 locations.

Our inspection team

The inspection team was led by:

Chair: Neil Carr OBE, Chief Executive of South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Team Leader: Karen Wilson-Bennett, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team that inspected the forensic community services comprised a CQC inspector and two mental health nurses.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, and asked a range of other organisations to tell us what they knew;

During the inspection visit, the inspection team:

- visited the community team office
- visited three patients with staff and observed how staff were caring for patients
- spoke with six patients, or relatives of patients, either in person or on the phone
- spoke with the service manager
- spoke with ten other staff members; including doctors, nurses, occupational therapists, and psychologists
- interviewed senior staff with responsibility for these services
- attended and observed hand-over meetings, multidisciplinary meetings, community meetings, and activity groups which included mindfulness and anger management
- looked at seven treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

The patients and carers we spoke with were very positive about the care they received. They found staff supportive and were able to contact them when they needed to. They felt they could express their views, even if they could not always get what they wanted. They saw staff from the community team regularly.

We visited three patients with a member of staff. The interactions we observed were positive, friendly and respectful.

Several people were critical of care in the past (prior to the current leadership) but were positive about the service provided now.

Patients we spoke with could describe their care and how they felt it was benefiting them. We were given some very positive examples of how the treatment, therapy and support they had received had benefitted them. The benefits included improvement in their relationships with their families, support with practicalities such as finances, and improved quality of life by being given more structure within their lives and helping them to pursue their interests. Patients told us they felt listened to and supported.

Good practice

The Pathfinder service was a satellite of the forensic community team, with many staff working across both services. It was provided as an alternative to hospital treatment (typically in medium or high secure services) for offenders with a personality disorder.

The service had set up a small olanzapine depot injection clinic, so that community patients could receive their depot and have the necessary three hour monitoring period afterwards.

Areas for improvement

Action the provider SHOULD take to improve

- The service should review its lone working arrangements.
- The provider should review access to secure services for women.

Dorset Healthcare University NHS Foundation Trust

Community forensic mental health services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location

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.

The social worker in the team was an Approved Mental Health Professional (AMHP) under the Mental Health Act (MHA). They were part of the county-wide AMHP rota that covered MHA assessments and applications for any patients, not just those who received a forensic service. They wrote quarterly reports for the Ministry of Justice (MoJ) for patients subject to MoJ restrictions, and Mental Health Review Tribunal reports for appeals against a patient's detention.

Patients had access to advocacy services and mental health solicitors.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), but confirmed that it was rarely used with their patients.

Good

Are services safe?

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

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

Our findings

Dorset forensic community team and Pathfinder

Safe and clean environment

- The Dorset forensic community team had offices on the top floor of the original St Ann's Hospital building. However, these were for staff only and patients were not seen there. Meetings and visits took place in patients' own homes or in outpatients in the new St Ann's Hospital building.

Safe staffing

- There were four community psychiatric nurses in the team (three full time and one part time), who provided nursing care and care-coordination.
- Patients told us they regularly saw several members of the multidisciplinary team which included consultant psychiatrists, nurses, occupational therapists (OTs) and psychologists. The frequency of this varied according to their care plan and the activities or therapies taking place.
- There was a lead OT who was the clinical lead for occupational therapy with two other band six OTs and an assistant OT. They primarily worked in the community and Pathfinder service, but also provided limited input to the ward.
- There was a consultant clinical psychologist who worked two days in the service and two days in prisons. They also led the Pathfinder service. The Pathfinder service also included the equivalent of 1.4 psychologists, a psychology assistant, and a session once a month from a consultant psychotherapist. The lead OT worked half their time in the team, and the consultant forensic psychiatrist the equivalent of one day a week in the team. There was a vacancy for a band 8a psychologist in the team.
- There was a social worker in the team who worked for the trust but was employed by the local authority so had joint responsibilities.
- The community team had a caseload of 36 patients at the time of our inspection. Staff told us this was about average. If it went as high as 40 patients then this would be escalated to senior managers. The Pathfinder team had 6 patients on its caseload. 4 of these were people from the community, and 2 were patients on the ward. This was the maximum caseload for the Pathfinder team with its current staffing levels.
- The consultant psychiatrists were in the same building as the community team, so were accessible to staff. Staff confirmed that they were able to access them when necessary.
- Most staff were up to date with most of their mandatory training.

Assessing and managing risk to patients and staff

- The community and Pathfinder teams used recognised risk assessment tools which included HCR-20 (v3). The sample of records we looked at all included an up to date risk assessment. These were reviewed at least every six months, or if there was a change in the person's behaviour or circumstances. Staff reported routinely to and liaised with the Ministry of Justice (MoJ) where necessary, for patients who were on MoJ restrictions.
- The Pathfinder service was psychologically focused, and risk assessment and psychological formulations were a key part of its programme. We saw examples of this, and saw that close links were maintained with other organisations through the multi-agency public protection arrangements (MAPPA) to manage risks. Detailed assessment and information about risks was recorded, and information about how patients could manage their own behaviour was developed with the patient.
- Crisis and contingency plans, and information about how to contact services was completed. There were positive links between the community team and the supported living services, who knew how to contact staff if they had concerns about a person living there.
- The trust had a lone worker policy that included assessments and actions that staff should consider in their own workplace. How this worked in this service was not clear, which may put staff at risk. The

Good

Are services safe?

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

community team used a diary on RIO (the trust's electronic care records) and a board where staff recorded their daily schedule. Staff told us that they did not routinely ring the office after each appointment, but carried out visits with a colleague if they felt there was a particular risk when visiting a patient. It was not clear if staff routinely called into the office at the end of a shift. Clinical staff and admin staff (who received the calls) told us they were not clear what action they were supposed to take if a member of staff had not called in.

- There was a safeguarding policy which staff were familiar with. Staff knew how to raise a safeguarding concern. The social worker in the team was on the local authority adult safeguarding panel, and was the link person for safeguarding in the service.
- Medication was managed and stored appropriately within the community team. However, injections were administered using non-safety needles, which is contrary to a safety directive, as it increased the risk of sharps injuries. Staff told us there were safety needles available but they had been told to use up the old stock. Staff disposed of the non-safety needles.

Track record on safety

- There had been no serious incidents within the service during the last twelve months. However, staff provided an example of a serious incident that had taken place some time ago in another team. Gaps had been identified and although it was not clear if these changes would have prevented the incident, it did identify areas for improvement. The forensic team had reflected on its own practices, and reviewed how they could use the learning from this incident within their own service.

Reporting incidents and learning from when things go wrong

- The trust used an electronic system for recording incidents. Staff knew how to identify and record incidents. Any member of staff could submit an incident form which would then be reviewed by the person's line manager, and the service manager. It would then be passed onto the risk management team, and anyone else who was relevant depending on the type of incident. If an incident was patient related a copy of the 'form' was attached to the patient's electronic care record in RIO.
- Incidents and any issues of concern were routinely discussed in management and staff meetings. This included issues that were identified elsewhere in the trust. If a serious incident occurred involving violence or criminal behaviour by a patient elsewhere in the trust, staff in the forensic team may be called upon to assess the patent.
- There had been no serious incidents to date within the Pathfinder service.

Are services effective?

Outstanding ☆

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

Our findings

Dorset forensic community team and Pathfinder

Assessment of needs and planning of care

- The sample of records we looked at all included an assessment of the patient's needs, and an up to date care plan. Staff described how they had the patient's needs at the centre of the care and support they provided. The care plans included the patient's views, but staff confirmed that these were written first and then discussed with the patient. However, staff said they had been given laptops three weeks ago so this made it possible to write care plans with the patient in their home.
- The sample of care records we reviewed all included evidence of ongoing physical healthcare.
- Patients' main care records were stored securely on RIO, a computer records system. Paper records were stored securely in the community team offices. Records on RIO could be shared between the ward and community teams.
- Community staff now had laptops so that they were able to record information during or immediately following contact with patients. These were password protected. Information from the laptops was uploaded to RIO when they returned to the office.
- The social worker was jointly employed by the local authority, so relevant information was also put into the local authority system, so it could be accessed by social services as necessary.

Best practice in treatment and care

- Patients had their physical healthcare needs reviewed by the staff in the community team, although they were registered with a GP who would be their first contact or physical healthcare problems. Patients had access to psychological and occupational therapies.
- The Pathfinder service was a satellite of the forensic community team, with many staff working across both services. It was provided as an alternative to hospital treatment (typically in medium or high secure services) for offenders with a personality disorder. The team currently had a caseload of 6 patients, from both the community and inpatient service, who it worked with using a psychologically led model. All staff had completed training in HCR-20-v3 (an evidence based risk assessment tool) and had a formulation based approach to risk. Assessment of risk was an integral part of each meeting with a patient. Their approach was to work collaboratively with patients, and aimed to be as open as possible with them. This included looking for patient's views on the risk assessment process. The service was currently only for male patients. The service worked collaboratively with other agencies, which included the police and probation services, through the multi-agency public protection arrangements (MAPPA).
- Staff acknowledged that the Pathfinder service was still developing, but a detailed audit of the service found positive results and monitored outcomes for patients using evidence based tools. These included evidence based tools such as the good lives model of offender rehabilitation, wellness recovery action planning (WRAP), and the structured assessment of protective factors for violence.
- The community service used a number of evidence based tool for measuring and monitoring outcomes for patients. This included the model of human occupation screening tool and the social problem-solving inventory. These assessed people's abilities and were used to track their progress.

Skilled staff to deliver care

- Care was provided by a multidisciplinary team of staff. This included consultant psychiatrists, nurses, occupational therapists, psychologists and social workers.
- The Pathfinder service was led by a consultant forensic psychologist and was provided by psychologists and assistant psychologists, occupational therapists and a consultant psychiatrist.
- Staff had access to continuing professional development, and professional and managerial supervision. The trust's incident management system also incorporated a staff management system which recorded supervision and appraisal. Some staff accessed professional supervision outside of the organisation.
- Staff within the Pathfinder service received extensive supervision and support, and had time to reflect on the

Are services effective?

Outstanding ☆

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

work they were doing with patients. Staff explained that this was particularly important when working with this patient group, as without robust support mechanisms it was easy for teams to become fragmented, and thus not be able to support themselves or patients effectively. The Pathfinder organisational psychology framework focused on supporting staff, so that they can effectively support and reduce the risks presented by the patients they work with.

Multi-disciplinary and inter-agency team work

- There was a weekly staff meeting, attended by all the professions, where patients and practice issues were discussed.
- A multidisciplinary meeting was also held on the inpatient ward each week, which community staff attended. The senior occupational therapist in the community team did not manage the activity co-ordinator on the ward, but linked with them each day.
- Staff routinely worked with external agencies which included the police and probation services. The community team attended and was part of the local multi-agency public protection arrangements (MAPPA) meetings, which oversee potentially dangerous or violent offenders. For patients rated at level 3 by MAPPA the consultant psychiatrist attended the MAPPA meetings. For patients whose risk was level 2 or less, their care coordinator or another member of the team attended. Psychology staff had provided training for the probation service, and were doing research with the MAPPA manager.
- A psychologist worked part time with the Pathfinder service, and part time with the Dorset pathways project offender personality disorder pathway. This was a service that used trust staff but was not a trust service. The psychologist carried out assessments of people for the probation service.
- Occupational therapists worked in the community team, and as part of the Pathfinder service. Patients were assessed and a programme developed. This varied from community leisure facilities to structured educational groups to self-care groups. The groups were provided on a 12 week cycle and then reviewed. Some of the community groups included patients from the ward and the community. Staff told us this could be motivational to each party, but was also problematic so staff reviewed the mix of patients carefully. As part of their care pathway, patients may initially attend groups provided by OT staff, but then move to non-mental health community facilities. For example, the local college had learning support teams that supported patients when necessary. The service also had links with voluntary groups that provided vocational opportunities outside of mental health services.

Adherence to the MHA and the MHA Code of Practice

- The social worker in the team was an approved mental health professional (AMHP) under the Mental Health Act (MHA). They were part of the county-wide AMHP rota that covered MHA assessments and applications for any patients, not just those who received a forensic service. They wrote quarterly reports for the Ministry of Justice (MoJ) for patients subject to MoJ restrictions, and Mental Health Act review tribunal reports for appeals against a patient's detention.
- Patients had access to advocacy services and mental health solicitors.

Good practice in applying the MCA

- Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), but confirmed that it was rarely used with their patients.

Are services caring?

Outstanding ☆

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

Our findings

Dorset forensic community team and Pathfinder

Kindness, dignity, respect and support

- The patients and carers we spoke with were very positive about the care they received. They found staff supportive and were able to contact them when they needed to. They felt they could express their views, even if they could not always get what they wanted. They saw staff from the community team regularly.
- We visited three patients with a member of staff. The interactions we observed were positive, friendly and respectful.
- Several people were critical of care in the past, but were positive about the service provided now.

The involvement of people in the care they receive

- Patients we spoke with could describe their care and how they felt it was benefiting them. We were given some very positive examples of how the treatment, therapy and support they had received had benefitted them. For example, by improving their relationships with their families, supporting them with practicalities such as finances, and improving their quality of life by giving them structure within their lives and pursuing their interests. Patients told us they felt listened to and supported.
- The Pathfinder service surveyed patients as part of its review of the service. The numbers were limited, as there were only six patients who used the service and not all of them responded. However, the feedback from those that did was extremely positive. The Pathfinder service promoted an open attitude towards working with patients, which included discussions about the risks presented by their offending behaviour.
- Staff appeared to have the patients' needs at the centre of the care process. Care plans were in place. However, from the wording of the patient's views it appeared the care plans were written then discussed with the patients. Staff confirmed this was the case. However, they planned to start writing the care plans with the patient as they now had laptops.
- The records did not state if the patient had been given a copy of the care plan. However, we saw that in the Pathfinder records there was a plain English/easy read care plan that was person centred.

Are services responsive to people's needs?

Good

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

Our findings

Dorset forensic community team and Pathfinder

Access and discharge

- The waiting list for patients of both the inpatient forensic services and community service was managed by the Dorset forensic community team. The referrals went to the community team, and if suitable were admitted to the ward. Most patients were already in forensic mental health services. For example, they may have moved from a medium secure unit to a lower level of security, or may have been in the community and recalled to the unit by the Ministry of Justice for breaching their restrictions.
- The Dorset forensic community team remotely managed all forensic patients from the Dorset area. This included about 50 patients in different services outside the trust. A small number of patients were in male low secure beds, but most were in services not provided by the trust. This included specialist services such as learning disability and acquired brain injury, and some people who were in prison. The trust was not commission to provided female low secure, male or female medium or high secure services so patients who needed this level of care and security could only be placed outside the trust. Medium secure services were usually provided by an NHS trust in Hampshire.
- For patients out of area staff aimed to attend every care programme approach (CPA) and visit every three months. This included the consultants. Time constraints made this difficult, particularly as some patients were placed in the north of England. When patients returned to Dorset, if suitable, their care would be provided directly by the forensic community team.
- All community patients were reviewed at a weekly staff meeting. New referrals, and patients on the waiting or out of area, were discussed and actions, such as prioritising for return, were agreed. At the time of our inspection there was one patient on the waiting list, and a plan for when they would be accepted by the team. The service dealt with formal referrals, and informally provided advice and support. All referrals were reviewed at the weekly referrals meeting. Referrals were typically received through multi-agency public protection arrangements (MAPPA), general adult mental health services, or learning disability services.
- Staff within the service reported that the funding arrangements for women in out of area placements was complicated. Funding for inpatients and the Pathfinder service was provided by NHS England, but for community patients this was from the respective care commissioning groups (CCGs). However, the community team reviewed the care of out of area placements.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients did not visit the team office. Meetings took place in their own homes, at outpatients in the hospital, or at a community venue.

Meeting the needs of all people who use the service

- Staff told us that most of their patients were British and spoke English. However, if required interpretation services were available through language line, a phone translation service.
- Staff told us they provided information to patients about therapies and treatment, and how to raise concerns about the service.

Listening to and learning from concerns and complaints

- Patients and carers we spoke with were aware of how to make a complaint. They told us that they felt able to do this. The small number of interactions we observed showed that patients and their carers were able to raise their concerns and express their point of view to staff.
- There was information on the trust's public website about how to make a complaint. This included a leaflet explaining the complaint's process, and how to contact the patient advice and liaison service (PALS) who provided advice and support to patients if they were unhappy about their care.

Are services well-led?

Good

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

Our findings

Dorset forensic community team and Pathfinder

Vision and values

- Staff reflected the trust's purpose to support patients' recovery by providing compassionate care, and team objectives aimed for excellence and expertise.

Good governance

- The forensic service had reviewed how it monitored the quality of its service. This aimed to improve the service, and improve how the inpatient and community services worked together. It also aimed to improve the monitoring of forensic services that were provided for Dorset patients outside the trust. This included out of area low secure services for all women and some men, all medium secure services, and all high secure services.
- A monthly forensic service governance group had been established in May 2015, with an overview of the whole service. There were specific groups that fed into this for the inpatient service, the community team, and the Pathfinder service. A monthly forensic inpatient working group was due to start in July 2015, as a predecessor meeting had not taken place during the refurbishment, as the focus had been on the new ward. There was a fortnightly Pathfinder review meeting, which discussed business and governance issues and caseload management. There was a weekly allocations meeting that discussed the Dorset forensic team community caseloads and management, and referrals, allocations and other issues within the team.
- These groups fed into one another so that service developments and concerns, specific patient care and risks, and the usual incidents and complaints could be reviewed by the team, and managed effectively. Some of the groups were new, or had developed from previous meetings, but we saw that they included detailed identification of issues, discussion, and actions which were followed up on.
- All the groups included clinical and managerial staff. The inpatient group was attended by a peer representative, who was a patient on the ward.

Leadership, morale and staff engagement

- Staff were positive about their work within the team, and felt able to raise their concerns. As they were all based in the same building they told us it was easy to have a 'quick chat' with another member of staff if they had a concern about a patient. There was a weekly staff meeting where information was shared, and concerns were raised.
- There were positive relationships between managers and lead clinicians within the service. This included at open budget meetings where strategic decision were made. For example, about changes to clinical posts within the service.

Commitment to quality improvement and innovation

- Pathfinder was a national initiative provided to patients with a personality disorder and offending behaviour, who may otherwise have been in medium or high secure services. Its aim is to provide better outcomes for patients, and is significantly cheaper. It was commissioned by NHS England. The pan-Dorset Pathfinder service continued to develop, but had been audited and the findings were positive. All six patients had a six monthly CPA review, HCR-20 risk assessment and a psychologically-led formulation linked to risk, and a crisis contingency plan on RIO linked to the risk assessment. They had current care plans, wellness recovery action plans (WRAP), and were reviewed at the bi-weekly meeting where risk and changes were always discussed.
- The service provided an olanzapine depot injection clinic for a small number of patients. This could be difficult to provide in the community as patients must be monitored for three hours after the injection has been given but the team provided this service to five patients who attended a community facility.
- There were a number of research projects at the scoping or data collection stage, that were carried out by staff within the team. These included a study on the effects of parenting and families when women were detained under the Mental Health Act, particularly when they were placed at a distance from where they lived. The lead psychologist was working on a joint initiative with

Are services well-led?

Good

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

the multi-agency public protection arrangements (MAPPA) manager to identify the prevalence of mental illness or a personality disorder in people who are on probation.