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?	Requires Improvement
Are services well-led?	Good

Summary of findings

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 carried out this unannounced focused inspection, following on two serious incidents which had raised concerns about staff adherence to patients' observations, record keeping and appropriately responding to patients. At this inspection we assessed if the remaining patients were safe and reviewed the quality of service. We did not inspect all key questions in all domains because this inspection was undertaken specifically to assess Safe and Well led. The key questions inspected were in relation to the areas of concern. Effective, Caring and Responsive were not inspected. • The service provided safe care. The ward environments were safe, clean and well maintained. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • Substantive staff, regular agency and bank staff had received patient observation competency training. Temporary staff new to the service were provided with training before they commenced their shift or were not allowed to undertake patient observation until they had received the training. • We saw staff undertook took daily close circuit television system checks. A ward manager would sample footage of patients who had high levels observation to check staff were observing the patient in line with the service observation policy. • Patient risk assessments were comprehensive and included risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation. • The psychology team provided patients a range of therapy for example compassion focused therapy, trauma model of *cognitive behavioural therapy*, *eye movement* desensitization and *reprocessing* therapy and 1:1 work with patients. An art therapist worked across wards. • Staff feel valued and empowered. Staff told us they felt supported by their managers and the registered

Summary of findings

manager. Staff morale was good despite the recent serious incidents, it was still "raw" for some staff. Staff and patients told us there had been offered and continued to be offered strong support and wellbeing checks following on the recent incidents.

However:

- Healthcare vacancies rates across the hospital were high; with a high use of bank and agency staff to cover patients' observations and core staffing.
- The layout of Aster ward were cramped. Patients did not have access to a range of therapeutic rooms and quite areas.

Forensic inpatient or secure wards

Good 

We carried out this unannounced focused inspection, following on two serious incidents which had raised concerns about staff adherence to patients' observations, record keeping and appropriately responding to patients. At this inspection we assessed if the remaining patients were safe and reviewed the quality of service.
We did not inspect all key questions in all domains because this inspection was undertaken specifically to assess Safe and Well led. The key questions inspected were in relation to the areas of concern. Effective, Caring and Responsive were not inspected.
Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe, clean and well maintained. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Substantive staff, regular agency and bank staff had received patient observation competency training. Temporary staff new to the service were provided with training before they commenced their shift or were not allowed to undertake patient observation until they had received the training.
- We saw staff undertook took daily close circuit television system checks. A ward manager would sample footage of patients who had high levels observation to check staff were observing the patient in line with the service observation policy.

Summary of findings

- Patient risk assessments were comprehensive and included risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation.
- The psychology team provided patients a range of therapy for example compassion focused therapy, trauma model of *cognitive behavioural therapy*, *eye movement* desensitization and *reprocessing* therapy and 1:1 work with patients. An art therapist worked across wards.
- Staff feel valued and empowered. Staff told us they felt supported by their managers and the registered manager. Staff morale was good despite the recent serious incidents, it was still "raw" for some staff. Staff and patients told us there had been offered and continued to be offered strong support and wellbeing checks following on the recent incidents.

However:

- Healthcare vacancies rates across the hospital were high; with a high use of bank and agency staff to cover patients' observations and core staffing.

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 35 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, Courtland, Darcy, Ruby Frost and Aster. The Farndon Unit consist of two core services. All the 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 or secure wards:

Ruby Frost ward a 12-bed low secure rehabilitation/recovery ward

Darcy ward a 6-bed low secure rehabilitation ward

Bolero ward a 10-bed low secure ward.

Cortland ward 10-bed low secure ward

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

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 last inspection was 11 January 2022. The service was rated as overall good with good ratings in all domains. There were no identified breaches.

The main service provided by this hospital was forensic inpatient or secure wards. Where our findings on acute wards for adults of working age and psychiatric intensive care units - for example management arrangements - also apply to other services, we do not repeat the information but cross-refer to the forensic inpatient or secure wards service.

Summary of this inspection

Outstanding practice

We carried out this focused inspection to follow up two recent unexpected patient deaths. These concerns were in relation to two of the key questions of Safe and Well led. Therefore, our report does not include all the information usually found in a comprehensive report. We have only re-rated the Safe and Well led key questions for two services.

The team that inspected the service comprised of three CQC inspectors on site, supported by a remote inspection manager.

During the inspection we:

- visited the hospital site and looked at the quality of the ward environment;
- observed how staff cared for patients;
- observed a manager review closed-circuit television footage of patient observations;
- spoke with 13 patients who were using the service;
- spoke with the registered manager;
- spoke with the regional director, medical director, one doctor, five ward managers
- spoke with 16 other staff members including lead occupational therapist, lead psychologist, lead social worker, nurses, healthcare support workers, activity coordinator, one student nurse and an independent advocate;
- observed a virtual morning meeting;
- observed a ward round meeting;
- reviewed 15 patients risk assessments;
- sampled medication management on the ward and looked at seven treatment cards;
- reviewed documents remotely;
- reviewed a range of policies, procedures and other documents relating 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 MUST take to improve:

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

- The provider must ensure that patients on Aster ward have access to a range of rooms to support their treatment. (Regulation 12. Safe care and treatment (2) (d))

Action the service MUST take to improve:

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

Forensic inpatient or secure wards.

- The provider must ensure sufficient numbers of healthcare assistants are deployed. (Regulation 18. Staffing (1))

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	Requires Improvement	Not inspected	Not inspected	Not inspected	Requires Improvement	Good
Forensic inpatient or secure wards	Requires Improvement	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Requires Improvement	Not inspected	Not inspected	Not inspected	Good	Good

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

Good

Safe	Requires Improvement
Well-led	Requires Improvement

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

Requires Improvement

Safe and clean care environments

All wards were safe, clean well equipped, well-furnished and well maintained. The layout of the ward did not meet patient's needs.

Safety of the ward layout

Staff could not observe patients in all parts of the wards due to the layout of the building. However, patients were supported with daily observations. The closed-circuit television camera monitoring was present on all wards with an overview of the communal and corridor areas. On Aster ward staff told us there were no closed-circuit television camera in the garden area. The mitigation staff remained with patients in the garden, and all staff held security radios.

We observed a ward manager undertake the weekly random checks of closed-circuit television camera footage on Aster ward. The manager choose one hour at random during the day and night to check against written observation records. The manager found one patient had extra observations; staff had over-checked the required observations. The ward manager said this was because staff were so focused on ensuring patients observations. This aspect would be followed up with the staff on the ward.

Aster a nine bedded acute ward had a smaller ward environment compared to other wards. The dining area doubled as an activity area and there were no quiet areas for patients to go to. Upon entering Aster ward the first area is a large room was also a thoroughfare used for staff to access another ward. A large piece of gym equipment were present in this area for Aster patients to use. Whilst managers kept patients' numbers low on this ward there was no formal plan in place to ensure that this continued. Therefore, we were concerned that numbers on the ward could increase in an environment that does not meet patient's needs.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We saw on Aster ward in the de-escalation room minor cracks on the settee, it was unclear if staff had identified these for repair.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. Staff told us during the COVID-19 pandemic they had good access to personal protective equipment and followed infection control procedures. We saw staff still followed these procedures.

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

Good

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. We saw clinic rooms were tidy and well organised. Medicines required in an emergency were available. Staff recorded weekly safety checks on medical gases, emergency medicines and equipment to ensure they were safe to use if needed in an emergency. We reviewed three prescription charts that showed staff managed medicines correctly.

There were not always enough healthcare assistants to meet patient needs. The staff turnover was high. The service had enough medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

Across the service the establishment levels for registered nurses were 33 with 32.9 staff in post and 0.1 registered nurse vacancies. Three nurses were currently working a notice period. Managers told us they were overrecruiting nurses. Two nurses were recruited from overseas, and one due to start in August 2022 and the second nurse in October 2022. In September after the inspection, the provider confirmed three nurses were in the process of joining the service.

There was not always enough healthcare assistants on duty to meet patient needs. The service had low substantive healthcare assistants in post and high vacancy rates. The establishment levels for healthcare assistants were 70 with 40 FTE staff in post and 30 healthcare assistants' vacancies. Nine permanent healthcare assistants were in the process of joining the service.

Across the service staff vacancy rates from February 2022 to August 2022 for nurses were 10%. The provider had worked to reduce nurse vacancy rates.

The service had high rates of bank and agency use for healthcare assistants. Agency healthcare assistants were needed to cover patients' observations and increase the core staffing numbers. Staff told us the highest use of bank and agency staff were at evenings and weekends.

The acute core service regularly used temporary staff. We reviewed staffing data 1st August 2021 to 1st August 2022 and found temporary staff rates were high for agency staff 28%, locum staff 21% and 8% for bank staff.

Managers used bank and agency staff familiar with the service. Managers told us many agency staff had been working over a year at the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Regular bank and agency staff also received mandatory training and supervision.

Staff data 01 August 2021 to 01 August 2022 across the service showed that 69% (3472 shifts) had the required number of staff to meet patient's needs. On Aster ward 0.14% (5 shifts) were not staffed with the correct number of staff; and 9% (329 shifts) did not meet the planned shifts requirements.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. However, there were not always enough healthcare assistants to meet patient needs. We saw records of action taken by senior managers for example during out of hours, the on-call manager would attend on site. Other times ward managers, activity coordinators and therapy staff moved across site to support wards. One staff member on Aster ward told us there were not enough staff and some days they worked "back to back on patients' observations" which were difficult. They did not always get a full break.

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

Good

Managers told us from 27 July 2022, one housekeeper and night receptionists would join the service in August and September 2022. In June 2022 the service organised a Elysium recruitment road show with a small team and a double decker bus in Newark market square to attract new staff. The provider offered new staff a welcome bonus and annual retention bonus.

The service provided staff turnover data across the service from July 2021 to July 2022. The provider told us the staff turnover rate target "would be at or less than 25%." This is a high staff turnover rate target. The service had a high turnover of staff with the highest rate was in January 2022 at 35%. The staff turnover rate decreased by July 2022 to 25%. Whilst we acknowledge the turnover rates were reducing, they still but remained high. When we spoke to managers, they said they were facing challenges across the whole labour market.

The overall staff sickness levels from 1 August 2021 to 1 August 2022 was 3.3%. The service staff sickness target rate were 3%.

Medical staff

See the forensic inpatients or secure wards section for more information.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The provider supplied data across wards. Data showed for 12 August 2022 108 (88%) permanent staff had completed mandatory training with training compliance rates at 89%. Mandatory training was risk rated at amber which meant a compliance rate of 75 to 89.9 %. All substantive staff and regular temporary staff had received the face to face observation competency assessments. The mandatory training programme was comprehensive and met the needs of patients and staff and included: professional boundaries, management of violence and aggression, equality and diversity, breakaway training, infection prevention and control level 1 and level 2, and intermediate life support training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training rates were monitored in monthly health and safety meetings and clinical governance meetings, and quarterly corporate governance meetings.

Assessing and managing risk to patients and staff

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

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed two risk assessments and they included risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation. Risk assessments were up to date, comprehensive and of a high standard.

Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.

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

Good

Management of patient risk

See the forensic inpatients or secure wards section for more information.

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.

Data from the provider showed the number of incidents with one or more physical interventions from 1 August 2021 to 1 August 2022 were 1024. The highest incidents were on Aster ward. The majority of these required low level holds and verbal de-escalation. In order to achieve improvement, the provider had made changes in the training of staff which included a focus on trauma informed care.

There were no incidents of prone restraint. Prone restraint means the patient were lying down on their front. There were five incidents of supine restraint four on Aster ward. Supine restraint means the patient were lying on their back. Staff had used supine restraint on two occasions to administer rapid tranquilisation. For the same period there were 193 incidents with use of rapid tranquilisation with 23 patients. The highest use was on Aster ward with 77 incidents for two patients.

We looked at some medication charts 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.

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

Systems were in place to monitor the use of restrictive practices at morning meetings, community meetings, staff engagements meetings, reducing restrictive practice audits, regional and local organisational clinical governance meetings and feedback from advocacy.

Immediately following on one recent serious incident, the occupational therapy team provided patients with increased opportunities for therapeutic activities. The psychology team were present on wards to support patients so they could talk through their thoughts and feelings. The psychology team provide patients a range of therapy for example compassion focused therapy, trauma model of *cognitive behavioural therapy*, *eye movement* desensitization and *reprocessing* therapy and 1:1 work with patients. An Art therapist worked across wards.

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. Safeguarding training was broken down for different staff groups with each course including completion of between one to three safeguarding adults and children modules. The staff training records showed staff were up to date with safeguarding training. Safeguarding training compliance rates for safeguarding adults and children completed yearly were 76%. Ten staff had booked for safeguarding adults and children training on 29 September 2022.

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

Good

The safeguarding lead provided training for level 3 safeguarding (every 3 years). At the end of the training session staff must pass an exam, minimum 70% pass rate which provides assurance that staff understand the content of the course. Staff were offered safeguarding supervision with a nurse, ward manager; or safeguarding lead who is also the lead social worker.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. One ward manager told us the provider had previously arranged for Spanish, Portuguese and Italian interpreters to visit and support patients on the ward. The local police had recently visited to talk to patients about the impact of racism on individuals and Hate Crime.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. There were clear easy to read flow charts for safeguarding displayed around the hospital and in non-clinical areas highlighting the safeguarding processes.

Staff followed clear procedures to keep children visiting the ward safe. There was a dedicated room for visitors. The service were able to safely facilitate child visits whenever appropriate, coordinated by the social worker team and supported by the multidisciplinary team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. On Aster ward between 1 July 2021 and 1 July 2022 there were 13 safeguarding referrals. Six were directed towards staff, four were patient to patient and three were from family carers and outside the service. Since the last inspection in January 2022 there were five safeguarding referrals between January to June 2022.

The Independent advocate told us staff were open about any safeguarding and would receive any updates, if requested.

Managers took part in serious case reviews and made changes based on the outcomes. Safeguarding Information is shared at local and regional meetings with internal and external providers, police, adult's multi-agency safeguarding hubs, and local mental health safeguarding teams. Staff carried out quarterly and annual safeguarding assurance audits

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.

See the forensic inpatients or secure wards section for more information.

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.

See the forensic inpatients or secure wards section for more information.

Track record on safety

The service had a good track record on safety.

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

Good

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Across the service there were 3077 serious incidents from 1 August 2021 to 1 August 2022. Incidents were rated with low level 1 to high level 5. There were 1944 (63%) low level incidents and three high level 5 incidents (0.10%).

There were 31 serious incidents requiring investigation across this core service. There were 19 serious incidents for Aster ward, seven for the same patient. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Incidents were reviewed by the multidisciplinary team and broken down into types of incidents, categories and date and times occurred for example self-harm, aggression and violence, and abuse.

Managers debriefed and supported staff after any serious incident. Staff told us after two recent serious incidents they had received support from line managers and individual and ongoing support from the psychology team. A staff engagement meeting was held for staff on 4 August 2022 on the agenda was staff support following high level serious incidents. They also received support briefings from members of the multidisciplinary team and senior managers. The Elysium staff liaison worker familiar with staff, contacted staff involved in the serious incidents to offer support. The staff liaison worker attended staff engagements meetings every two month. Senior managers met with ward managers affected to offer support and are ongoing.

Following recent serious incidents immediate improvements were put in place with patients' observations reviewed; an analysis of patient observation records by the psychology team across sites for patients on higher observation levels; spot checks on the close circuit television footage against written observation records; and additional qualified staff provided on some wards. Staff met to discuss the feedback and look at improvements to patient care.

Staff received feedback from investigation of incidents, both internal and external to the service. For example, staff had identified that the month of March was a high-risk month for a patient and last year they were involved in a serious incident. In order to minimise the risk of this reoccurring this March, the multidisciplinary team reviewed the patients care plans and risk assessments with a focus on March and considered other dates of uncertainty.

A lesson learnt folder with outcomes of serious incidents and updates were available to staff on wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had policies and procedures in place to support a culture of openness and transparency, and ensured all staff followed them. The provider held a duty of candour register with records of incidents and steps taken, including an apology. There were three incidents in 2022 where the provider responded to the patient, family and carers.

The senior management team and complaints officer had completed duty of candour training which were part of the Mental Health Code of Practice module with compliance rates at 90%.

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 well-led?

Requires Improvement

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. The leadership team for this service was responsible and accountable for both the forensic and acute wards.

On Aster ward we spoke with four staff. They told us the ward was constantly busy. One staff member said there were not enough staff across site, and they felt burn out. Staff and patients told us there had been offered and continued to be offered strong support and wellbeing checks following recent serious incidents.

Staff were able to make suggestions about the service with the ward managers and via the staff forum.

There were opportunities for leadership development and staff said that there was a leadership training course available. We saw evidence of promotion within teams.

Vision and strategy

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

The providers vision and values were on display in reception and waiting areas across site. The vison was kindness, integrity, teamwork and excellence.

Culture

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

Staff felt respected, supported and valued by ward managers and senior managers. There appeared to be a good culture developed within teams; and staff had a good understanding of the service they provided. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff knew where to access the whistleblowing policy and told us that they would have no hesitation in using it if they needed to. They could raise any concerns without fear. The provider's regional Speak up Guardian contact details were displayed across site.

Managers carried out annual closed cultures- self assessments. The last closed cultures assessment were 11 August 2022 scored the service- low risk for closed culture. Patients and staff consistently told us bullying and harassment were not tolerated.

Some staff told us following recent serious incidents had bought staff closer, made the team stronger and improved relationships.

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

Good

Staff knew who the most senior managers were and could email senior managers directly to raise issues and felt they were responsive. The registered manager had a presence across site.

We saw patients were respected and valued as individuals.

Governance

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

Whilst we found the service did not have enough healthcare assistants' senior managers had a recruitment plan in place. The plan included advertisements on local radio, recruitment open days, the Elysium recruitment bus stop-off in the local community, a range of bonuses available for new starters, refer a friend and yearly. However, this had not increased the level of healthcare assistants within the service.

There was a high staff turnover rate. In order to address the staffing issues managers used temporary staff. Managers used bank and agency staff familiar with the service and they received mandatory training and supervision.

Although managers were aware of the environmental issues on Aster ward and had reduced patients' numbers to mitigate these issues, we were not assured that managers had done all they could do to promote a positive patient experience. Patients still did not have access to a range of activity areas and quite areas. Managers had not considered how they could adapt or re-purpose the rooms that were not in use.

Management of risk, issues and performance

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

Managers used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Effective multidisciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe.

Managers notified and shared information with external organisations. Staff were open and transparent and explained to patients when something went wrong. We saw staff had good rapport with patients.

Managers ensured that staff were offered the opportunity to give feedback and input into service development. Staff did this through regular team meetings, staff engagement meetings.

Managers used the providers governance systems and processes to measure key performance indicators and to gauge the performance of teams. Managers had information that supported them. Ward managers reported service risks to senior managers who would include this on the risk register.

Information management

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

Staff used electronic patient record systems. Information governance systems included policy on confidentiality of patient records.

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

Good

Managers had access to dashboards with information that supported them. However, some staffing data 01 July 2021 to 01 July 2022 showed some inconsistencies and anomalies.

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.

Managers and staff actively and openly engaged with patients, carers and relatives to plan and manage services. Carers and relatives were invited to a Network carers event 22 July 2022. Patients and staff were consulted if the event should take place due to recent serious incidents. Patients led and agreed the event should go ahead. We saw that teams held regular team meetings and engagement meetings we reviewed the minutes of these. This meant there were opportunities for staff to meet formally to discuss issues relevant to the running and development of the service.

Good

Forensic inpatient or secure wards

Safe	Requires Improvement
Well-led	Good

Are Forensic inpatient or secure wards safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

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

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We reviewed the annual service ligature audit for wards which included a risk score coupled with a green and amber rating risk score and description of the actions taken as mitigation. There were no potential ligature anchor points in the service. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

Staff could not observe patients in all parts of the wards due to the layout of the building. However, patients were supported with daily observations. The closed-circuit television camera monitoring was present on wards with an overview of the communal and corridor areas.

All wards had curved mirrors placed around the ward to assist staff with patient observations. We saw one curved mirror on Ruby Frost ward, however there was another blind spot where no mirror was in place to support observations. Following on the inspection the provider told us the maintenance lead and security nurse undertook a blind spot check on Ruby Frost. One additional curved mirror had been ordered and due to arrive 31 August 2022, which would mitigate this risk. A security company were on site 24 August 2022 to undertake a review the coverage of the close circuit television system.

There were large number of patients that required observations to help keep them safe. Staff completed patient observations on paper which were later reviewed and signed off by managers. Following the recent serious incidents all staff were requested to retake their observation compliance competency training. Agency and bank staff who were new to the service were not allowed to undertake patient observations until they had completed the observation compliance competency training. Senior staff and coordinators on wards would ensure new staff received this training and this was now part of staff induction.

Following the two recent serious incidents managers had undertaken out of hours focused checks for patient's on enhanced levels of observations on closed-circuit television camera footage, against the written observation records. This was to check staff had completed patient observations and records correctly. Managers found patients observations and written observations could be improved. Initially managers carried out daily checks of close circuit television footage, then changed to weekly random checks including other levels of observations against written observation records.

Good

Forensic inpatient or secure wards

We observed a ward manager undertake the weekly random checks of closed-circuit television camera footage on Darcy and Ruby Frost wards. The manager choose one hour at random during the day and night to check against written observation records. The manager found one patient had extra observations; staff had over-checked the required observations. The ward manager said this was because staff were so focused on ensuring patients observations. This aspect would be followed up with the staff on the ward.

The Farndon Unit is a specialist low secure service for females only.

Staff completed risk assessments and patients that were at low risk of risk harming themselves in their bedrooms were given bedroom keys so they could move freely between their bedroom and communal areas.

Staff had easy access to alarms and patients had easy access to nurse call systems. Visitors were provided with alarms when visiting their relative.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We saw on Ruby Frost ward cracks on the lounge furniture, it was unclear if staff had identified these for repair.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. Staff told us during the COVID-19 pandemic they had good access to personal protective equipment and followed infection control procedures. We saw staff still followed these procedures.

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. We saw clinic rooms were tidy and well organised. Medicines required in an emergency were available. Staff recorded weekly safety checks on medical gases, emergency medicines and equipment to ensure they were safe to use if needed in an emergency. We reviewed four prescription charts that showed staff managed medicines correctly.

Safe staffing

There were not always enough healthcare assistants to meet patient needs. The staff turnover was high. The service had enough medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

Across the service the establishment levels for registered nurses were 33 with 32.9 staff in post and 0.1 registered nurse vacancies. Three nurses were currently working a notice period. Managers told us they were overrecruiting nurses. Two nurses were recruited from overseas, and one due to start in August 2022 and the second nurse in October 2022. In September after the inspection, the provider confirmed three nurses were in the process of joining the service.

There was not always enough healthcare assistants on duty to meet patient needs. The service had low substantive healthcare assistants in post and high vacancy rates. The establishment levels for healthcare assistants were 70 with 40 FTE staff in post and 30 healthcare assistants' vacancies. Nine permanent healthcare assistants were in the process of joining the service.

Across the service staff vacancy rates from February 2022 to August 2022 for nurses were 10%. The provider had worked to reduce nurse vacancy rates.

The service had high rates of bank and agency use for healthcare assistants. Agency healthcare assistants were needed to cover patients' observations and increase the core staffing numbers. Staff told us the highest use of bank and agency staff were at evenings and weekends. The forensic service regularly used temporary staff. We reviewed staffing data 1st August 2021 to 1st August 2022 and found temporary staffing rates for agency staff were 23%, locums 21% and bank staff 5%.

Managers used bank and agency staff familiar with the service. Managers told us many agency staff had been working over a year at the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Regular bank and agency staff also received mandatory training and supervision.

Staff data 01 August 2021 to 01 August 2022 showed that 69% (2411 shifts) had the required number of staff to meet patient's needs. However, on Bolero ward 0.12% (4 shifts) were not staffed with the correct number of staff. On Cortland, Darcy and Ruby Frost wards 20.82% (723 shifts) did not meet planned requirements.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. However, there were not always enough healthcare assistants to meet patient needs. We saw records of action taken by senior managers for example during out of hours, the on-call manager would attend on site. Other times ward managers, activity coordinators and therapy staff moved across site to support wards.

Managers told us from 27 July 2022, one housekeeper and night receptionists would join the service in August and September 2022. In June 2022 the service organised a Elysium recruitment road show with a small team and a double decker bus in Newark market square to attract new staff. The provider offered new staff a welcome bonus and annual retention bonus.

The service provided staff turnover data across the service from July 2021 to July 2022. The provider told us the staff turnover rate target "would be at or less than 25%." This is a high staff turnover rate target. The service had a high turnover of staff with the highest rate was in January 2022 at 35%. The staff turnover rate decreased by July 2022 to 25%. Whilst we acknowledge the turnover rates were reducing, they still but remained high. When we spoke to managers, they said they were facing challenges across the whole labour market.

Overall staff sickness levels from 1 August 2021 to 1 August 2022 was 3.3%. The service staff sickness target rate were 3%.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. A seven day a week rota included a nominated doctor and senior manager on call.

Managers could call locums when they needed additional medical cover.

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

Mandatory training

Staff had completed and kept up to date with their mandatory training. The provider supplied data across wards. Data showed for 12 August 2022 108 (88%) permanent staff had completed mandatory training with training compliance rates at 89%. Mandatory training was risk rated at amber which meant a compliance rate of 75 to 89.9 %. All substantive

staff and regular temporary staff had received the face to face observation competency assessments. The mandatory training programme was comprehensive and met the needs of patients and staff and included: professional boundaries, management of violence and aggression, equality and diversity, breakaway training, infection prevention and control level 1 and level 2, and intermediate life support training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training rates were monitored in monthly health and safety meetings and clinical governance meetings, and quarterly corporate governance meetings.

Assessing and managing risk to patients and staff

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

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 12 risk assessments and they included risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation. Risk assessments were up to date, comprehensive and of a high standard.

Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients. Staff followed procedures to minimise risks where they could not easily observe patients.

Throughout the inspection we found no evidence that staff used blanket restrictions in the management of patient risk.

Staff assessed risks during the daily morning meetings. We observed a virtual morning meeting where a staff member representative from each ward and members of the multi-disciplinary team attended to discuss the night before, and the day ahead. Patients were discussed from each ward and any associated risks were reviewed, and action agreed to support the patient. We heard staff discuss patient's observation levels and whether these needed to be escalated or reduced for individual patients, staffing levels for the next 24 hours, cleaning update, Covid -19, potential safeguarding, police referrals, patients' activities across site, staff training, updates from commissioners and professionals on site.

Staff assessed and managed risk well. We saw risks discussed in meeting minutes for monthly governance meetings and health and safety meetings; and in the service quality improvement plan, with staff delegated action points and timescales set.

Managers told us about multi-agency working in management of risk. Following on from two recent serious incidents commissioners visited and worked with service managers around patients' observations and the closed-circuit television systems.

Staff followed service policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The service provided lists of prohibited items to prospective patients their families and carers when they entered the service.

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.

Data from the provider showed the number of incidents with one or more physical interventions from 1 August 2021 to 1 August 2022 were 1024. The highest incidents were on Bolero ward 247 and the lowest were Ruby Frost ward with three. The majority of these required low level holds and verbal de-escalation. In order to achieve improvement, the provider had made changes in the training of staff which included a focus on trauma informed care.

There were no incidents of prone restraint. Prone restraint means the patient were lying down on their front. There were one incident of supine restraint on Darcy ward. Supine restraint means the patient were lying on their back. Staff had used supine restraint on two occasions to administer rapid tranquilisation. For the same period there were 33 incidents with use of rapid tranquilisation on Bolero ward for eight patients and Ruby Frost ward lowest with nil use of rapid tranquilisation.

We looked at some medication charts 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.

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

Systems were in place to monitor the use of restrictive practices at morning meetings, community meetings, staff engagements meetings, reducing restrictive practice audits, regional and local organisational clinical governance meetings and feedback from advocacy.

Immediately following one recent serious incident, the occupational therapy team provided patients with increased opportunities for therapeutic activities. The psychology team were present on wards to support patients so they could talk through their thoughts and feelings. The psychology team provide patients a range of therapy for example compassion focused therapy, trauma model of *cognitive behavioural therapy*, *eye movement* desensitization and *reprocessing* therapy and 1:1 work with patients. An Art therapist worked across wards.

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. Safeguarding training was broken down for different staff groups with each course including completion of between one to three safeguarding adults and children modules. The staff training records showed staff were up to date with safeguarding training. Safeguarding training compliance rates for safeguarding adults and children completed yearly were 76%. Ten staff had booked for safeguarding adults and children training on 29 September 2022.

The safeguarding lead provided training for level 3 safeguarding (every 3 years). At the end of the training session staff must pass an exam, minimum 70% pass rate which provides assurance that staff understand the content of the course. Staff were offered safeguarding supervision with a nurse, ward manager; or safeguarding lead who is also the lead social worker.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. One ward manager told us the provider had previously arranged for Spanish, Portuguese and Italian interpreters to visit and support patients on the ward. The local police had recently visited to talk to patients about the impact of racism on individuals and Hate Crime.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. There were clear easy to read flow charts for safeguarding displayed around the hospital and in non-clinical areas highlighting the safeguarding processes.

Staff followed clear procedures to keep children visiting the ward safe. There was a dedicated room for visitors. The service were able to safely facilitate child visits whenever appropriate, coordinated by the social worker team and supported by the multidisciplinary team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. On forensic wards between 1 July 2021 and 1 July 2022 there were 61 safeguarding referrals. Forty-seven were related directly to patients. Since the last inspection in January 2022 there were twenty-two safeguarding referrals between January to June 2022.

The Independent advocate told us staff were open about any safeguarding and would receive any updates, if requested.

Managers took part in serious case reviews and made changes based on the outcomes. Safeguarding Information is shared at local and regional meetings with internal and external providers, police, adult's multi-agency safeguarding hubs, and local mental health safeguarding teams. Staff carried out quarterly and annual safeguarding assurance audits.

Staff access to essential information.

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

Patient notes were comprehensive and all staff including bank and agency staff could access them easily. Managers monitored patients care records to ensure they were up detailed and up to date. We saw this action point on the April to August 2022 quality assurance plan, were signed off.

Staff used a combination of electronic and paper records, staff made sure they were up-to-date and complete. For example, staff recorded patient observations on paper, a spreadsheet logged patient observations against staff observation competencies, with paper records later scanned into electronic records.

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

Records were stored securely. We saw areas where records were held were kept locked.

Good

Forensic inpatient or secure wards

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. We saw staff carried out robust checks of medicines; and regular discussions with the ward doctors and the patients GPs to ensure that all mental health professionals were aware of patient's medicines and any changes made.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We observed discussions during a ward round with one patient about the patient's medicines, side effects and regular reviews.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. An external pharmacist audited medicine management monthly and nurses audited weekly.

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

Staff learned from safety alerts and incidents to improve practice. During the ward doctor' meetings they discussed hydration during the recent hot weather and effects on medicines or actions from a medicine alert or medicine incident.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Systems were in place to monitor the use of medicines from feedback from patient's community meetings, morning meetings, ward rounds, multidisciplinary meetings, serious incidents and learning from medicine management audits.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Medical staff involved patients when making decisions about their health, care and treatment. We observed at morning meetings patients could ask to see the ward doctors and this would be arranged the same day.

Patients mental and physical health checks were carried out regularly, to ensure the medicines were safe and effective for them to take. The service had a physical health lead who was responsible for patient's physical care across site.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Across the service there were 3077 serious incidents from 1 August 2021 to 1 August 2022. Incidents were rated with low level 1 to high level 5. There were 1944 (63%) low level incidents and three high level 5 incidents (0.10%).

Good

Forensic inpatient or secure wards

There were 31 serious incidents requiring investigation across this core service. There were 12 serious incidents, four for the same patient. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Incidents were reviewed by the multidisciplinary team and broken down into types of incidents, categories and date and times occurred for example self-harm, aggression and violence, and abuse.

Managers debriefed and supported staff after any serious incident. Staff told us after two recent serious incidents they had received support from line managers and individual and ongoing support from the psychology team. A staff engagement meeting was held for staff on 4 August 2022 on the agenda was staff support following high level serious incidents. They also received support briefings from members of the multidisciplinary team and senior managers. The Elysium staff liaison worker familiar with staff, contacted staff involved in the serious incidents to offer support. The staff liaison worker attended staff engagements meetings every two month. Senior managers met with ward managers affected to offer support and are ongoing.

Following recent serious incidents immediate improvements were put in place with patients' observations reviewed; an analysis of patient observation records by the psychology team across sites for patients on higher observation levels; spot checks on the close circuit television footage against written observation records; and additional qualified staff provided on some wards. Staff met to discuss the feedback and look at improvements to patient care.

Staff received feedback from investigation of incidents, both internal and external to the service. For example, staff had identified that the month of March was a high-risk month for a patient and last year they were involved in a serious incident. In order to minimise the risk of this reoccurring this March, the multidisciplinary team reviewed the patients care plans and risk assessments with a focus on March and considered other dates of uncertainty.

A lesson learnt folder with outcomes of serious incidents and updates were available to staff on wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had policies and procedures in place to support a culture of openness and transparency, and ensured all staff followed them. The provider held a duty of candour register with records of incidents and steps taken, including an apology. There were three incidents in 2022 where the provider responded to the patient, family and carers.

The senior management team and complaints officer had completed duty of candour training which were part of the Mental Health Code of Practice module with compliance rates at 90%.

Are Forensic inpatient or secure wards well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. The leadership team for this service was responsible and accountable for both the forensic and acute wards.

Good

Forensic inpatient or secure wards

Staff consistently told us that morale was good, teams were supportive of each other and they felt a high level of satisfaction within their roles. Staff and patients told us there had been offered and continued to be offered strong support and wellbeing checks following recent serious incidents.

Staff were able to make suggestions about the service with their ward managers and via the staff forum.

There were opportunities for leadership development and staff said that there was a leadership training course available. We saw evidence of promotion within teams.

Vision and strategy

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

The providers vision and values were on display in reception and waiting areas across site. The vison was kindness, integrity, teamwork and excellence.

Staff told us that they strived for the best care and quality of life for the patients and their families and carers and sought to place them at the heart of everything that they do.

Culture

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

Staff felt respected, supported and valued by ward managers and senior managers. There appeared to be a good culture developed within teams; and staff had a good understanding of the service they provided. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff knew where to access the whistleblowing policy and told us that they would have no hesitation in using it if they needed to. They could raise any concerns without fear. The provider's regional Speak up Guardian contact details were displayed across site.

Managers carried out annual closed cultures- self assessments. The last closed cultures assessment were 11 August 2022 scored the service- low risk for closed culture. Patients and staff consistently told us bullying and harassment were not tolerated.

Some staff told us following recent serious incidents had bought staff closer, made the team stronger and improved relationships.

Staff knew who the most senior managers were and could email senior managers directly to raise issues and felt they were responsive. The registered manager had a presence across site.

We saw patients were respected and valued as individuals.

Governance

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

Good

Forensic inpatient or secure wards

Whilst we found the service did not have enough healthcare assistants' senior managers had a recruitment plan in place. The plan included advertisements on local radio, recruitment open days, the Elysium recruitment bus stop-off in the local community, a range of bonuses available for new starters, refer a friend and yearly. However, this had not increased the level of healthcare assistants within the service.

There was a high staff turnover rate. In order to address the staffing issues managers used temporary staff. Managers used bank and agency staff familiar with the service and they received mandatory training and supervision.

Managers operated mostly effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers held regular clinical governance meetings, which enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. Managers told us that governance issues were cascaded down and were routinely discussed at team meetings.

There was a consistent approach to monitoring and auditing the quality of the service or outcome measures for patients in order to improve the quality of the service delivered.

Management of risk, issues and performance

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

Managers used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Effective multidisciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe.

Managers notified and shared information with external organisations. Staff were open and transparent and explained to patients when something went wrong. We saw staff had good rapport with patients.

Managers ensured that staff were offered the opportunity to give feedback and input into service development. Staff did this through regular team meetings, staff engagement meetings.

Managers used the providers governance systems and processes to measure key performance indicators and to gauge the performance of teams. Managers had information that supported them. Ward managers reported service risks to senior managers who would include this on the risk register.

Information management

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

Staff used electronic patient record systems. Information governance systems included policy on confidentiality of patient records.

Managers had access to dashboards with information that supported them. However, some staffing data 01 July 2021 to 01 July 2022 showed some inconsistencies and anomalies.

Good

Forensic inpatient or secure wards

Staff notified and shared information with external organisations when necessary, seeking patient consent when required to do so.

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.

Managers and staff actively and openly engaged with patients, carers and relatives to plan and manage services. Carers and relatives were invited to a Network carers event 22 July 2022. Patients and staff were consulted if the event should take place due to recent serious incidents. Patients led and agreed the event should go ahead. We saw that teams held regular team meetings and engagement meetings we reviewed the minutes of these. This meant there were opportunities for staff to meet formally to discuss issues relevant to the running and development of the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure they had sufficient numbers of healthcare assistants to meet the needs of the patients.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The provider did not ensure that patients on Aster ward have access to a range of rooms to support their treatment.