

# The Huntercombe Hospital - Roehampton

## Quality Report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

The Huntercombe Hospital – Roehampton provides psychiatric intensive care (PICU) services for both male and female patients and an acute ward for male patients. However, at the time of the inspection the female PICU was closed.

Our overall rating of the service improved from **requires improvement** to **good**.

This was a focused inspection where we looked at the key questions, are services safe, effective and well led. At our previous inspection in November 2019 we had proposed to the registration of the service. The provider had appealed against this proposed cancellation and provided a detailed plan of how they would improve the service. At this inspection we found these improvements had been made.

A condition to restrict the number of patients to 28 patients at the hospital remains in place.

Our rating for the safe key question improved from inadequate to good. Our rating for the well led key question improved from requires improvement to good. Our rating for effective stayed the same and remains good. Our overall rating of this service changed to good as a result of this inspection.

We rated The Huntercombe Hospital - Roehampton as **good** because:

- The service had improved its approach to staffing the service. During our last inspection in November 2019, we found that up to 75% of support workers were employed by agencies. These staff did not receive supervision or appraisal. The hospital did not have systems for assessing the skills, experience and competency of these staff. Since that inspection, the hospital had stopped using agency staff and had recruited permanent staff to provide safe care and treatment. Staff said this had led to significant improvements in the culture of the hospital and the quality of care provided to patients.
- Safety had improved. During the last inspection we found that there were frequent disturbances on the wards. Patients said they found the hospital noisy and scary. Since then, the hospital had introduced clear

criteria for admission. The service accepted patients who had never been in a PICU providing they met the criteria for admission and that any presenting risks could be managed safely within a PICU setting. Staff reported that the wards were safer.

- The service had introduced a restrictive interventions reduction programme. Staff said there was a greater focus on understanding patients concerns, de-escalation and using restraint in a way that was safe. Staff were committed to only using restrictive interventions as a last resort. Staff received effective training on this and were skilled and experienced. Enhanced observations were used for the least amount of time and reviewed daily by the clinical team.
- The service model and environment had been re-designed since the last inspection. The number of PICU beds had been reduced and the service had introduced a 10 bed acute ward. This was to create a smaller recovery focussed environment and provide a pathway for patients to be cared for in a less restrictive environment.
- When serious incidents occurred, managers carried out thorough investigations and shared the learning from these investigations with the staff. When members of staff raised whistleblowing concerns with the CQC, the manager investigated these concerns promptly, provided thorough responses and acknowledged problems when appropriate.
- All staff spoke positively said they felt supported by the registered manager.
- Staff said that managers communicated well. They said they had opportunities to raise concerns and that managers listened and took action in response.
- The hospital managed matters relating to the COVID-19 pandemic effectively. The hospital had introduced appropriate arrangements for enhanced infection prevention and control. At the time of our inspection, no patients or staff at the hospital had acquired COVID-19.

# Summary of findings

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff felt respected, supported and valued. Since the last inspection there were improvements to the culture of the hospital. Staff were provided with opportunities for development and career progression. They could raise any concerns without fear. Staff reported they were positive and proud to work for the provider.
- Governance processes operated effectively, and performance and risk were managed well.

# Summary of findings

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Good



# The Huntercombe Hospital - Roehampton

**Services we looked at:**

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

# Summary of this inspection

## Background to The Huntercombe Hospital - Roehampton

The Huntercombe Hospital – Roehampton is provided by Huntercombe (No 13) Limited. It is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Accommodation for persons who require nursing or personal care
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service provides 28 psychiatric intensive care (PICU) beds. Kingston ward provided care and treatment for up to nine male patients. Upper Richmond provided care and treatment for up to nine female patients, although this ward was closed at the start of June 2020 due to a lack of demand for female PICU beds. A third ward on the hospital site, Lower Richmond, was now an acute admission ward but as part of the COVID -19 infection prevention and control arrangements was being used to nurse patients admitted whilst waiting the result of a test for COVID-19. This is a ten bed ward.

At the time of our inspection Kingston ward was closed due to a fire in August 2020. All patients from the ward were moved to Upper Richmond ward.

We have inspected Huntercombe Hospital – Roehampton ten times since 2010. Reports for these inspections were published between March 2012 and August 2018. Since the CQC began rating services in 2015, the service has been rated as either requires improvement or inadequate. The service was placed in special measures between May 2018 and January 2019.

We have previously inspected the service in January 2019. At this inspection we rated the service overall as requires improvement. We rated the key questions safe and well-led as requires improvement. We rated the key questions effective, caring and responsive as good. We found the following two breaches of regulation. These were in relation to:

Regulation 12 (safe care and treatment) – staff were not familiar with ligature risks and risk mitigation on the wards.

Regulation 17 (good governance) – the governance systems within the hospital were not robust and embedded in assessing the quality and safety of the service.

The last inspection of this service was in November 2019. This was a focused inspection in response to anonymous whistleblowing concerns raised with the Care Quality Commission. We rated the service overall as requires improvement. We rated the key question safe as inadequate and the key question well - led as requires improvement.

At this inspection we found the following four breaches of regulation:

Regulation 9 (person centred care) – patients did not receive care in a therapeutic environment. There was a high use of enhanced observations.

Regulation 12 (safe care and treatment) – staff did not use approved restraint techniques.

Regulation 17 (good governance) – governance systems did not ensure the safe and effective running of the hospital. Lessons learnt from incidents and safeguarding concerns were not shared with relevant staff. The restrictive interventions programme had not been implemented. Agency staff did not have access to the electronic records system, team meetings did not take place, systems to receive feedback on agency staff were not in place and the culture on the wards did not reflect the vision and values of the provider.

Regulation 18 (staffing) – high use of agency staff which impacted on safe and consistent care.

The CQC began enforcement action to close the hospital. This action ended after the provider submitted sufficient evidence to demonstrate significant improvements in the service.

# Summary of this inspection

## Our inspection team

The team that inspected the service comprised three CQC inspectors and one specialist advisor with a background in nursing and experience working in acute wards and PICU services.

## Why we carried out this inspection

We undertook this inspection to follow up on whether the provider had made the required improvements that we told it were required following our inspection in November 2019 and to review the progress made by the provider in line with their action plan.

## How we carried out this inspection

We conducted this inspection on site and remotely to minimise risks in relation to COVID-19. As this inspection took place during the COVID-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent on the wards to prevent cross infection. Two inspectors and a CQC specialist advisor visited the wards on 24 September 2020 for three hours to complete essential checks. Whilst on site we wore the appropriate personal protective equipment and followed local infection control procedures. The remainder of our activity was carried off-site. This included staff interviews over the telephone and analysis of evidence and documents. Our final staff telephone interview was completed on 6 October 2020.

We also carried out a period of enhanced monitoring from April 2020 to August 2020. This involved regular contact with the provider, contact with the CCG, speaking with patients and staff remotely.

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 the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited two wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with one patient who were using the service
- spoke with the registered manager, ward manager, medical director, head of therapies and head of quality and nursing
- spoke with eleven other staff members; including consultant psychiatrists, ward doctors, nurses and support workers
- received feedback about the service from one carer
- spoke with an independent advocate
- looked at four care and treatment records of patients
- carried out a specific check of the medication management on Upper Richmond ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

During our enhanced monitoring of the service, we:

- held three engagement meetings with the registered manager. The Director of Nursing for the Huntercombe Group attended one of these meetings

# Summary of this inspection

- reviewed the records of engagement meetings held by the CQC and directors of the Huntercombe Group
- carried out a Mental Health Act review using remote review methodology
- interviewed seven staff. We interviewed five staff by telephone and two using video-conferencing facilities
- interviewed two patients using video-conferencing facilities
- reviewed all 12 statutory notifications submitted by the provider under the Care Quality Commission (Registration) Regulations 2009 between April and August 2020
- reviewed two whistleblowing reports that staff had been sent to the CQC
- reviewed documents relating to the providers response to the COVID -19 pandemic
- reviewed all other communication between the registered manager and CQC between April and August 2020.

## What people who use the service say

We spoke with one patient during the inspection and with two patients during our enhanced monitoring of the service. We also spoke with one carer of a patient.

Overall, two patients were positive about their experience. They said that they felt safe on the ward. One

patient commented that the staff were nice, well trained and able to diffuse difficult situations. They reported that the service was therapeutic and did not feel like a PICU service.

The carer reported that staff were professional and kind. They raised concerns about the main hospital telephone not being answered in a timely manner. We shared this feedback with the manager.



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as **good** because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm. Since the last inspection the service no longer used agency staff.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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 had easy access to clinical information, and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicine on each patient's physical health.
- The wards track record on safety had improved since our last inspection. 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.

Good



### Are services effective?

We rated effective as **good** because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Good



# Summary of this inspection

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Whilst staff received regular supervision, records of supervision sessions were general and did not detail specific discussions.

## Are services well-led?

We rated well-led as **good** because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Managers across the service promoted a positive culture that respected, supported and valued staff. Staff reported that the culture at the service had improved and the team worked well together.

**Good**



# Summary of this inspection

- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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

All staff had received training in the Mental Health Act (MHA) and could access support with understanding and administering the MHA as needed. Policies and procedures relating to the use of the MHA were easily available to staff.

An independent mental health advocate visited the service.

Detained patients had their rights communicated with them appropriately on a regular basis.

Audits of detention paperwork including Section 17 leave forms and audits of detained patients' rights under Section 132 were completed regularly.

## Mental Capacity Act and Deprivation of Liberty Safeguards




Staff supported patients to make decisions and always assumed they had capacity to make decisions in the first instance. When patients lacked capacity, staff made decisions in their best interests, which recognised the importance of the person's wishes, feelings, culture and history.

Staff understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Policies and procedures relating to the use of the MCA were readily available to staff.

All staff had received training in the Mental Capacity Act (MCA) and had a good understanding of the MCA.

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

Good 

Safe	Good 
Effective	Good 
Well-led	Good 

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

Good 

### Safe and clean environment

#### Safety of the ward layout

- Staff completed regular risk assessments of the care environment. Daily checks of the environment were carried out by the designated security nurse. The operational risk register included risks in relation to the environment, for example following a fire on Kingston Ward. The initial investigation into the fire identified insufficient external lighting to the external fire escape route. In response to the findings lighting was repaired and additional lighting installed. This has been included on the risk register.
- Ward layout allowed staff to observe all parts of the ward. Staff sitting in the nurses' office had a clear view of the communal areas and could see clearly along both bedroom corridors. There was one blind spot along a short corridor that led from the door to the ward to the nurses' office. This was mitigated by staff being present in the communal area at all times.
- The service had installed closed-circuit television (CCTV) in all communal areas. CCTV was recorded and used to review incidents on the ward.
- Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The service had completed a ligature audit. The last update was on 22 December 2019. The assessment was comprehensive, covering all areas of the ward. Each entry on the register was assigned a risk score and details were provided of mitigating actions. Door hinges

were given the highest risk score of 12. These hinges had all been replaced with piano hinges. There were anti-ligature fittings in the bathrooms. Bedroom windows had anti-ligature fittings.

- The hospital complied with guidance on eliminating mixed-sex accommodation. At the last inspection in November 2019, the service provided treatment to male patients on Kingston Ward and female patients on Upper Richmond Ward. In June 2020, the hospital discharged all female patients. The hospital placed staff assigned to Upper Richmond Ward on furlough due to a lack of demand for PICU places for female patients. Since then, the service has only accepted referrals for male patients. The hospital is continuing to review this arrangement and may admit female patients again if demand increases.
- Staff had easy access to alarms and patients had easy access to nurse call systems. Staff alarms were tested and issued at the beginning of each shift.

#### Maintenance, cleanliness and infection control

- Upper and Lower Richmond wards were clean, well maintained, well-furnished and fit for purpose. Kingston Ward was closed following a fire in August 2020. Work was in progress to address the fire damage.
- Staff made sure cleaning records were up-to-date and the premises were clean.
- Staff followed infection control principles including appropriate handwashing techniques, use of equipment including aprons and gloves, and hand sanitiser was readily available. The hospital has implemented guidance on infection prevention and control produced in response to the COVID -19 pandemic. The service carried out an infection control audit in June 2020, which provided assurance that staff were following the Department of Health and Social Care infection, prevention and control guidance. The overall audit rating was 'good'. The provider's COVID -19 Response

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

Good 

Team reviewed a dashboard of data each day. This included information on staff absence, staff required to self-isolate, and the number of patients who had tested positive.

- The service installed hand-washing facilities outside the entrance to the hospital. Staff said the situation was managed very well from the beginning and any shortages in PPE were addressed quickly with commissioners. All staff completed infection control training which was mandatory.

## Seclusion Room

- The service had two seclusion rooms. The rooms allowed clear observation and two-way communication, had toilet facilities and clocks. The two seclusion rooms met the requirements outlined in the Mental Health Act Code of Practice.

## Clinic Rooms and equipment

- Staff had access to a clinic room on the ward. The clinic room was fully equipped with accessible resuscitation and emergency drugs that were all in date and checked frequently. All equipment was clean, in working order and calibrated in June 2020. The blood glucose monitor was calibrated weekly.
- The clinic room was clean. All items were cleaned before and after use. Cleaning records were maintained and up to date.

## Safe staffing

### Nursing staff

- The provider was working to recruit to two registered nurse vacancies at the hospital. Whilst recruitment was taking place these posts were covered by in house bank staff or staff completing overtime. Non registered nurse (healthcare support worker) posts were over-recruited to at the time of the inspection.
- Managers had calculated the number and grade of nurses and healthcare assistants required. During our last inspection in November 2019, we found that the model of care relied heavily on the use of flexible staff. This resulted in the high use of support workers employed by agencies. At this inspection this has

improved. The service had calculated the number of staff required and recruited permanent staff to these posts. The hospital had not used agency staff since May 2020.

- All staff we spoke with confirmed that the use of permanent staff meant the ward was calmer, felt safe and patients received consistent care that met their needs. Staff felt confident that there were sufficient nurses and support workers to meet patients' needs.
- The number of nurses and healthcare assistants matched this number on all shifts. Staff stated that there were sufficient staff on the ward. Difficulties caused by agency staff not attending the hospital for agreed shifts had been resolved by the hospital using only permanent staff. As a result of the COVID -19 pandemic, the hospital closed the ward for female patients due to a lack of demand for this service. Ten staff remained on furlough leave at the time of inspection.
- The ward manager could adjust staffing levels daily to take account of case mix. For example, the manager would allocate an additional member of staff to the ward to carry out enhanced observations when a patient was admitted.
- Staffing levels were discussed at the daily morning meeting which was attended by the hospital director and members of the multidisciplinary team. Staff discussed the current staffing levels and patient need and could adjust staffing levels to ensure the ward was safely staffed.
- A staff member was allocated to observe communal areas of the ward at all times, which mitigated the blind spot along the short corridor that led to the nurses' office.
- Staffing levels allowed patients to have a regular one-to-one time with staff throughout the day. This included taking time to respond to their individual needs and support in participating in activities.
- All staff received an induction and were familiar with the ward. Staff new to the service confirmed they undertook a comprehensive induction over a three-week period before commencing work on the wards. During our last inspection, we noted that on some occasions the hospital employed agency staff who had no experience of working in psychiatric intensive care units. This meant

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

Good 

that permanent staff had to spend a lot of time supporting these staff to understand the routines of the ward and the needs of patients. During this inspection, staff explained this was no longer necessary as all staff were permanent.

- Staff shortages rarely resulted in staff cancelling escorted leave or ward activities. Whilst activities and leave for patients were more limited during the COVID period, this was not due to a lack of staff. One patient said they had still been able to go to the gym regularly and go on leave whenever they wanted to.
- There were enough staff to carry out physical interventions (for example, observations, restraint and seclusion) safely and staff had been trained to do so. All staff had received training in the use of physical intervention. None of the staff we spoke with said there had been insufficient staff to carry out physical interventions when required.

## Medical staff

- The wards had adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. Each ward employed a consultant psychiatrist and ward doctor. On call out-of-hours cover was provided by the ward doctors and consultants. This was through a seven day on call rota.

## Mandatory training

- Staff had received and were up to date with appropriate mandatory training to ensure they had the appropriate knowledge and skills to carry out their roles safely. At the time of the inspection 91% of staff across the hospital had undertaken the required mandatory training. Mandatory training included equality and diversity, food safety, infection control, fire safety, safeguarding individuals at risk and information governance.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- Risks to patients who use service are assessed, monitored and managed on a day-to-day basis. These include signs of deteriorating health, medical emergencies or behaviour that challenges.
- Staff completed a risk assessment of every patient on admission and updated it regularly, including after any

incident. Staff from the hospital assessed the risks presented by patients at the point of admission, prior to their admission. In March 2020, the hospital reported that it was accepting only 40% of the patients that had been referred to the service in order to manage risks and maintain a safe environment. The service usually only accepted patients who had been in psychiatric intensive care units for some time or who were well known to mental health teams. This meant that the risks presented by these patients were well known. The service no longer accepted referrals for patients with a singular diagnosis of emotionally unstable personality disorder or patients requiring admission to medium secure units as these patients presented a higher level of risk. Debriefing involving staff and patients took place after serious incidents. After incidents occurred, staff updated the care plans of patients involved.

- The multidisciplinary team reviewed each patient's risks daily at the morning operational site meeting, incident review meeting and at a weekly ward round. This enabled staff to focus on the current risks and review how effective management and mitigation plans were working. Changes to the risk management plan were made at this meeting.

### Management of patient risk

- Staff identified and responded to changing risks to, or posed by, patients. Staff did this through regular one-to-one sessions with patients, clear reporting of incidents involving patients, and daily handover meetings which updated staff on the changing risk profile of patients. Risk management strategies were clearly recorded in individual care plans.
- Where patients were able to and their representatives were involved in managing risks. For example, staff spoke about involving a relative for a patient so that they could take their medicines. Risk management processes were person centred, proportionate and regularly reviewed to minimise potential harm to patients using the service.
- Staff confirmed that understanding patients' needs and developing positive relationships with individuals and their families was important in providing safe care and support.
- In November 2019, we required the service to take action to offer an improved quality of relational security



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

Good 

and move away from a reliance on high levels of enhanced observations. At this inspection we found improvements. The service had introduced a programme of service specific training with the aim of increasing the skills of the staff to provide a recovery focussed therapeutic environment. Since January 2020 staff attended positive culture training days, the training included a range of topics such as positive behaviour support, the Safewards model, relational security, restrictive practice and supportive and therapeutic engagement.

- All staff we spoke with confirmed that there had been a reduction in the use of enhanced observations. When patients were placed on enhanced observations this was for the least amount of time possible in line with the individual patient risk. Bespoke training had also been undertaken by staff in managing boundaries, enhanced communication and ward dynamics.
- Staff followed policies and procedures for use of observation and for searching patients or their bedrooms. Following a fire incident in August 2020, patients were searched when they left and returned to the wards.
- Staff usually applied blanket restrictions on patients' freedom only when justified. These restrictions had increased due to COVID-19. This included restrictions on patients being allowed to leave the hospital and not allowing patients to have visitors. These restrictions were imposed in accordance with national guidance. The hospital took steps to mitigate the impact on patients. For example, the hospital provided tablet computers to enable patients to have video calls with their families and friends. The service lifted some of the restrictions on visitors as soon as it was possible to do so, by facilitating visits to patients in the garden.
- Staff adhered to best practice in implementing a smoke-free policy.

## Use of restrictive interventions

- The wards in this service participated in the provider's restrictive interventions reduction programme. In November 2019, we required the service to take further action to reduce the number of incidents involving the use of restrictive interventions. At this inspection we found improvements. In February 2020, the hospital introduced a new system and training programme for

reducing restrictive interventions. The training programme focused more on conflict management and de-escalation whereas the previous system, known as Preventing and Managing Violence and Aggression (PMVA) involved more physical restraint, including prone restraint. Staff confirmed the training focused on using positive behaviour support principles and relational security.

- The service had also introduced elements of the 'Safewards' programme. This involved the use of a 'calm box' with objects to help patients calm down and encouraging staff to use 'soft words' when speaking to patients.
- All staff we spoke with reported they felt the new approach was positive. The approach had contributed to a reduction in the number of restraints as they were more able to de-escalate situations at an early stage. Staff said that previously their first response had been to physically restrain patients. Now, their first response was to talk to patients and understand what they are concerned about. The service had also introduced Positive Culture training days. This training covered a range of topics such as Positive Behaviour Support, Safewards, Restrictive Practice and Supportive and Therapeutic Engagement. This enabled staff to increase the skills and awareness needed to work with the patient group.
- During the last inspection in November 2019, staff did not always use the correct technique for restraining patients. At this inspection we found improvements. Staff used restraint only after verbal de-escalation had failed and used correct techniques, for example restraint records we viewed detailed the type of restraint used, staff involved and the duration of the restraint. All staff confirmed they no longer used prone restraint. Staff reported they would only use restraint and rapid tranquilisation as a last resort if other techniques such as verbal de-escalation had failed. Staff were trained to use 'Safety Pods' where a patient required intramuscular rapid tranquilisation. These pods are specially designed bean bags that allow physical restraint to be carried out in a safer way during challenging situations.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid



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

Good 

tranquillisation. Staff recorded physical observations following rapid tranquillisation. If the patient refused observations, staff recorded other observations such as respirations and levels of consciousness.

- Staff used seclusion appropriately and followed best practice when they did so. For example, seclusion records we viewed showed that nursing and medical reviews were carried out in accordance with the Mental Health Act Code of Practice.

## 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 felt confident that if they did raise concerns they would be listened to and action taken.
- Between April and August 2020, the hospital had sent seven statutory notification to CQC relating to abuse or allegations of abuse in relation to a service user. Statutory notifications submitted to the CQC show that safeguarding concerns had been reported to the local authority. The local authority held a statutory provider concerns meeting about the hospital in August 2020. The concerns related to matters raised in the CQC report of November 2019. The meeting was satisfied that sufficient improvements had been made at the hospital to close the matter and that no further meetings were required.

## Staff access to essential information

- At our last inspection in November 2019, agency staff did not have access to the electronic records systems. At this inspection this had improved. All new staff undertook care records training and were provided with a login. Arrangements were in place for ad-hoc and agency staff to have a temporary login whilst working at the service.
- All information needed to deliver patient care was available to all relevant staff when they needed it and was in an accessible form. Staff commented that the quality of written records had improved since the hospital had employed skilled support workers and ended the use of agency staff.
- At our last inspection in November 2019 we recommended that staff handover meetings were

arranged in a way that helped staff absorb the large amount of information presented. At this inspection this had improved. Staff confirmed that information was presented in a much clearer manner and easy to understand. Handovers were conducted using a red to green format. Staff were able to speak up if they required clarification about the care and treatment of any of the patients.

## Medicines management

- Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication) and did it in line with national guidance. Staff regularly reviewed the effects of medicines on each patient's mental and physical health in line with the NICE guidance. Medicines were stored at the correct temperature and staff completed medicines charts in line with best practice.

## Track record on safety

- There had been four serious incidents reported in the last 12 months.
- Three of the four incidents had been investigated. A formal investigation was underway with the fourth incident.

## Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. All staff knew what incidents to report and how to report them using the electronic incident reporting system. Staff told us that they would report any incident of harm, potential harm and/or risks to safety.
- 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. For example, the registered manager apologised to a patient following incorrect information being included in a Mental Health Act tribunal report. The service had also made contact with the tribunal office to inform them of the error.
- At our last inspection in November 2019, lessons learnt from incidents and safeguarding concerns were not shared with all relevant staff. Identified actions from investigation findings were not implemented in a timely

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

Good 

manner. At this inspection we found improvements. Staff told us that lessons learnt were shared at daily incident review meetings, daily handover using the red to green board, the weekly hospital manager update, weekly reflective practice and included in staff meetings. For example, the hospital completed a root-cause analysis investigation into an incident involving a patient assaulting another patient in February 2020. The investigation involved a review of records relating to the incident, a review of footage from the closed-circuit television and interviews with staff. The report of the investigation recommended that staff improve supervision of communal areas and that access to bedroom corridors is restricted to patients who have bedrooms there. These arrangements were discussed collectively at the ward based clinical improvement group and, individually, with nurses in supervision.

- There was evidence that changes had been made as a result of feedback. For example, in July 2020 a patient absconded whilst on leave to the garden and hid in the hospital kitchen. The hospital held a 'lessons learned' review, the kitchen window was repaired and an internal investigation was carried out to prevent a reoccurrence. Follow up actions from incident investigations were monitored through the monthly clinical governance process
- Staff were debriefed and received support after a serious incident. Staff said that thorough debriefing sessions after each incident had been introduced since the last inspection. The registered manager said that staff were keen to review incidents and learn from these situations. For example, staff asked to review CCTV to help with their de-briefing following an incident of restraint.

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

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- We reviewed four care and treatment records. Staff assessed the physical and mental health of all patients

on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs of the patient, were personalised and recovery orientated.

- Staff completed a comprehensive mental health assessment of each patient on admission or soon after. There was a holistic approach to assessing, planning and delivering care and treatment to support patients on the ward. All patients had detailed and timely assessments of their current mental state, previous history, physical healthcare needs and risk behaviours. Each patient was reviewed by the doctor on the day of admission who carried out a physical health assessment.
- All patients had their physical health assessed soon after admission and this was regularly reviewed during their time on the ward. Staff assessed and supported patients with their physical health needs and worked collaboratively with specialists when needed. Comprehensive physical assessments were completed and plans for on-going monitoring of health conditions and healthcare investigations were developed. This included regular monitoring of blood samples, heart rate, pulse, urine tests, temperature, height, weight monitoring and electrocardiogram (ECG). An ECG checks the hearts rhythm and electric activity and is important to ensure patients receive the right medicines.

## Best practice in treatment and care

- The multidisciplinary team provided care and treatment to meet patients' physical, psychological, social, mental health and spiritual care needs. These interventions were in line with National Institute for Health and Care Excellence (NICE) guidance on the care and treatment of patients with acute mental health needs and on the management of violence and aggression.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. For example, a dental appointment was arranged for a patient who required this.
- Staff supported patients to live healthier lives for example, staff supported patients to attend the gym and

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

Good 

the occupational therapists provided healthy eating advice. Staff supported patients with smoking cessation by providing e-cigarettes and nicotine replacement therapies.

- Outcome measures were used to monitor patient outcomes and provide assurance that the treatments and interventions being used were having a positive effect on patients' recovery. For example, the Global Assessment of Functioning (GAF) was used at weekly intervals to measure the range and severity of mental illness and its features on daily living.
- Since our last inspection in November 2019, the hospital had undertaken a full review of the service and environment model. They had reduced the number of PICU beds to create two smaller nine-bedded wards and introduce a 10-bed acute ward. This enabled the service to have a clear pathway for patients. The PICU wards had been redeveloped in line with the recommendations from the Royal College of Psychiatry Quality Network PICU standards and the National Association of Psychiatric Intensive Care Units (NAPICU) standards. The service was aiming to ensure that they created a more recovery focused model of care and had engaged with patients in the re-design of the environment.
- Staff had started to implement the 'Safewards' model on the ward, which aims to minimise incidents of violence and aggression on mental health wards by employing various techniques such as positive behaviour support, getting to know patients, effective communication and therapeutic relationship building.
- Staff used technology to support patients effectively, for example patients were provided with electronic tablets and could access the internet, mobile telephones and social media dependent on their individual risk assessment.
- At our inspection in January 2019 we recommended that actions were identified following audits and that the audits should have sufficient breadth to assess the quality and safety of the service. At this inspection we found improvements. Staff members completed regular audits to help ensure the service operated to a consistent quality. The service had a comprehensive audit programme. This included care plan, risk management, safeguarding, health and safety,

medicines, clinical governance, infection control audits, restrictive practices and patient and family engagement audits. Where shortfalls were identified. Managers developed action plans to ensure improvements were made. Audits were discussed at ward clinical governance meetings and staff were able to access them on the shared drive.

- Staff used quality improvement initiatives to make changes to the service. For example, the staff told us the number of restrictive interventions had reduced through the implementation of the provider's reducing restrictive action plan.

## **Skilled staff to deliver care**

- The team included the full range of specialists required to meet the needs of patients on the wards. Patients had access to a range of professionals through multidisciplinary working, including medical, occupational therapy, assistant occupational therapists, art therapist, care and nursing staff. Domestic, catering and administrative staff supported the wards. At the time of our inspection the clinical psychologist had left. The hospital was in the process of recruiting into this post.
- Staff and patients worked collaboratively with a service user expert who had lived experience of mental health. The service user expert discussed their own experience of being a patient and aimed to support and inspire the patients with their recovery journey. They also provided training and workshops for patients and staff and worked with patients in the redesign of the ward environments.
- Staff were experienced and qualified and had the skills and knowledge to meet the needs of the patients. Senior nursing and medical staff had extensive experience of working in acute and PICU wards.
- The manager ensured that new staff were appropriately inducted to the wards. Each new member of staff received a comprehensive full induction to the service before they started work. The induction programme carried out over three weeks included face to face classroom-based sessions and e-learning which covered mandatory training.
- Managers made sure they had staff with the range of skills needed to provide high quality care. They

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

Good 

supported staff with appraisals, supervision and opportunities to update and further develop their skills. For example, the staff alongside their mandatory training were required to undertake personality disorder training. The manager had also engaged with an external company who developed a bespoke programme for on-ward training to support patient engagement and communications. All staff we spoke with confirmed they had undertaken mental health first aid training delivered by the service user expert. Ward managers were attending the National Leadership in Care Ward Manager programme.

- Staff confirmed that they received regular supervision sessions and an annual appraisal to discuss their learning and development, work performance and any issues they had about their role at the service. We reviewed three staff supervision records, the quality of the records varied, some were very specific and detailed whereas others very generalised and did not reflect the detail of supervision conversations.
- Ninety-seven per cent of staff had received an appraisal during the 12 months to August 2020.
- At our last inspection in November 2019, we found that staff on Upper Richmond ward did not have regular team meetings. At this inspection we found improvements. All staff confirmed regular team meetings were taking place where the ward manager shared information about the service. Team meeting minutes were available.
- Weekly reflective practice sessions were arranged for staff. This gave staff an opportunity to hold clinical discussions and ask for advice from colleagues about how to support patients with their care and treatment. Staff also reported that they used reflective practice sessions to learn from incidents.
- Managers dealt with poor staff performance promptly and effectively. The manager explained that poor performance was managed through one-to-one meetings and a performance plan. Where required new staff had their probation period extended to ensure that they had the right skills, knowledge and attitude for their role.

## Multidisciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit patients. Regular and effective multidisciplinary meetings (MDT) took place. This enabled the staff to review the patient's care and progress. All members of the MDT and staff worked together to understand and meet the range and complexity of people's needs and to make sure there were no gaps in their care.
- Handover meetings took place between shifts, where nursing staff shared relevant information to ensure staff were well prepared to meet the needs of patients. Staff used a comprehensive red to green handover tool which ensured that all staff were aware of current risk and safety concerns on the wards.
- The ward teams had effective working relationships with relevant services outside the organisation. Staff worked closely with patients' care coordinators in their local areas to facilitate effective discharge planning and follow-up care. Staff also worked in partnership with other agencies such as the local authority, independent care providers and the police as necessary.

## Adherence to the MHA and the MHA Code of Practice

- Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected, and staff complied with the MHA code of practice.
- Ninety-eight per cent of staff had completed MHA training. This formed part of the provider's mandatory training.
- We carried out a remote Mental Health Act Review visit as part of our enhanced monitoring of the service in June 2020.
- The hospital has a Mental Health Act administrator who was available for guidance and support in relation to the MHA. Policies and procedures relating to the use of the MHA were readily available to staff.
- Patients had access to an independent mental health advocate (IMHA) to support them whilst they were detained. During the COVID -19 pandemic the IMHA had remote access to the patients. At the time of our inspection face to face visits to the hospital had recommenced.

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

Good 

- Staff explained to patients their rights under Section 132 of the MHA in a way they could understand on admission and thereafter at regular intervals.
- Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- The MHA administrator completed audits to ensure staff were applying the MHA appropriately. This included a check of MHA paperwork, that patients were informed of their rights regularly and that treatment authorisations had been completed appropriately.

## Good practice in applying the Mental Capacity Act

- Ninety-eight per cent of staff had had training in the Mental Capacity Act (MCA). This formed part of the provider's mandatory training.
- Staff demonstrated a good understanding of the principles of the MCA and when decision-specific capacity assessments would need to be completed, for example the clinical team made a
- Policies and procedures relating to the use of the MCA were readily available to staff.
- We saw detailed capacity assessments relating to consent to treatment.
- Staff supported patients to make decisions and always assumed they had capacity to make decisions in the first instance. When patients lacked capacity, staff made decisions in their best interests, which recognised the importance of the person's wishes, feelings, culture and history.
- Staff checked that patients had the mental capacity to consent to care and treatment at admission and at appropriate intervals.

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

Good 

### Leadership

- The registered manager had been in the post since October 2019, and had the relevant skills, knowledge and experience to undertake the role. This included facilitating improvements at other hospitals within the Huntercombe Group.
- Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Throughout our engagement meetings and during our inspection the registered manager demonstrated a good understanding of patients, the staff team and all matters relating to the provision of psychiatric intensive care services.
- Leaders were visible in the service and approachable for patients and staff. Since the last inspection in November 2019, the hospital had introduced a rota to ensure that a manager was on site seven days each week. Staff said that this was a positive development.
- Leadership development opportunities were available, including opportunities for staff below team manager level. The manager supported staff to develop their skills and take on more senior roles. For example, a support worker had been assigned the role of the 'Safewards' champion. Another support worker had been trained as a restrictive interventions trainer, this enabled them to deliver the training to staff.
- One member of staff commented that the registered manager sought to understand who the leaders were on the ward and give them more responsibility.

### Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. All the staff we spoke with said there had been a considerable change in vision, values and ethos of the hospital since the current registered manager began in



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

Good 

post in October 2019. Staff said they use restrictive practices far less and they focus more on spending time with patients. Staff said that previously the service was not as caring as it could have been. All staff spoke positively about the service no longer using agency staff. They said the culture of the hospital had improved because all the staff were able to get to know the patients. All staff we spoke with reported that the wards felt safe and that the experience for staff and patients was much happier.

- Staff told us they felt that the registered manager supported them to deliver high quality care and to work in partnership with patients.
- The senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. The registered manager provided a weekly email update for all staff and at the daily operational meetings. Staff reported that managers displayed letters in offices giving updates on developments and asking for suggestions.
- At our last inspection in November 2019, staff did not have regular team meetings where they could contribute to discussions about their service. At this inspection this had improved. All staff we spoke with confirmed that there were regular team meetings. Minutes of meetings we viewed confirmed that staff were able to contribute to discussions about the strategy for their service, especially where the service was changing. For example, staff were involved in discussions about the new clinical pathway. Staff also confirmed the manager held regular forums so that staff could feedback on changes to the hospital.

## Culture

- Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear of retribution.
- During the last inspection in November 2019, we found that the culture on the wards did not reflect the organisations vision and values. At this inspection we found improvements. The feedback from staff was overwhelmingly positive. All the staff we spoke with said there had been significant improvements in the culture of the service since our last inspection. Staff said they felt more supported by managers, were valued and

respected. They described the hospital as a happier place to work than at the last inspection. Without exception staff at the service described the registered manager as 'incredible', 'supportive', 'open', 'transparent' and 'fair'

- The registered manager considered the needs of the staff and how best to meet these. For example, all staff were provided with lunches and dinners so that they did not have to leave the hospital during the pandemic.
- Staff felt positive and proud about working for the provider and their team. Staff described how they felt listened to and that the patient's and all relevant team members' views were considered when it came to delivering care. For example, a support worker said they felt much more confident in their team. They were pleased that nurses and doctors now asked support workers for their views when making decisions and they now felt confident to speak to the doctor directly. Another support worker reported that they now attended ward rounds and provided updates on the patients they cared for.
- Staff felt able to raise concerns without fear of retribution. Staff said that managers were open and approachable and acted on concerns straight away. Staff reported that this was in contrast to their experience about the previous managers. The service has introduced a 'Just Culture' approach to mistakes and near misses, this enabled staff to learn from mistakes and create an environment where patient and staff safety was a priority. Staff reported they were confident to speak up when things went wrong, rather than fearing blame. Staff also said they valued having regular team meetings to discuss concerns. They said that, previously, team meetings were only held when things went wrong. Staff knew how to use the whistle-blowing process.
- Managers dealt with poor staff performance appropriately when needed. Performance issues were initially addressed during one-to-one supervision sessions and goals and objectives additional training were introduced for staff whose performance needed to be improved. The registered manager could seek additional support from the human resources business partner when required. Staff were able to raise concerns about other staff through the 'Just Culture' approach.

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

Good 

This has involved managers picking up on small concerns such as lateness and staff using their mobile phones on the ward, before these practices become routine.

- Teams worked well together and where there were difficulties managers dealt with them appropriately. For example, the team supported staff that were returning to work following injury. Staff reported that they felt positive about their jobs and since the last inspection morale, hospital leadership, team dynamics and communication between team members had improved.
- Staff supervision and appraisal sessions included conversations about career development and how managers could support staff to gain the skills needed to make their next career step.
- Staff had access to support for their own physical and emotional health needs. An employee assistance programme was available for all staff whereby staff could access confidential telephone counselling and legal information services. An occupational health service was also available to staff. Staff could also complete an online wellbeing assessment tool to support them with their mental health.
- The provider recognised staff success. The provider held an annual award ceremony. The hospital had implemented a monthly Huntercombe Heros recognition programme. This allowed colleagues to nominate team members for the award where it was felt that they had gone the 'the extra mile' for patients.

## Governance

- Governance and performance monitoring arrangements were in place to support the delivery of the service, identified risk and monitored the quality and safety of service provision. The registered manager and senior leadership team were aware of areas where improvements could be made and were committed to improving care and treatment for patients. They knew that improvements made since the last inspection needed to be embedded and sustained, especially when the number of patients increased.
- The provider had systems in place to ensure patients were cared for in a clean environment through ongoing monitoring.

- At our last inspection in November 2019, we found systems and procedures did not operate well to ensure the safe, effective running of the hospital. At this inspection we found improvements. The service had changed the model of care, reconfigured bed numbers, stopped the use of agency staff, implemented a reducing restrictive interventions strategy and enhanced observations were used for the least amount of time. All staff we spoke with confirmed that staff worked regular shifts, which enabled them to know the patients well. This meant that staff knew the risks patients presented and could engage with patients to prevent risks escalating at an early stage.
- The registered manager had also introduced a clear framework for communication so that staff knew about changes and developments at the hospital. This included regular team meetings where staff could discuss their concerns, daily incident review meetings with the MDT and reflective practice. The registered manager held open hospital manager forums on a monthly basis to provide update and share feedback on quality and safety issues in the hospital.
- Staff had implemented recommendations from reviews of incidents, complaints and safeguarding alerts at the service level. Any recommendations from an incident investigation were allocated to a clinical lead for implementation with the ward team. Actions to be implemented were tracked at the monthly hospital clinical governance meeting.
- Staff spoke about the extensive training they had undertaken to ensure they had the right skills and knowledge to support patients in a person-centred manner.
- Staff on the ward conducted clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The results of these audits were shared with staff during ward team meetings, clinical governance and supervision.

## Management of risk, issues and performance

- Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. The service had a risk register which the manager added to. Risks included financial performance, regulatory breaches and the COVID-19

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

Good 

pandemic. Risks were reviewed at the monthly ward and clinical governance meeting. Staff concerns matched those on the risk register. Any changes to the risk register were also communicated through the manager's weekly update.

- The service had plans for emergencies, for example, adverse weather. Planning during this period was dominated by addressing concerns raised by the COVID-19 pandemic. The service responded promptly to this and implemented appropriate arrangements to minimise the risk of infections.

## Information management

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The service had a dashboard that held key data about the service. This included key information such as incident reporting, staffing, complaints and training.
- Staff had access to the equipment and information technology needed to do their work. The information technology and telephone system worked well. Since our last inspection all staff including agency staff had access to the electronic records.
- Information governance systems included confidentiality of patient records. Records could only be accessed by staff that had been authorised to do so. Ninety-nine per cent of staff had completed the provider's annual information governance training.
- Staff knew when they needed to make notifications to external bodies including the Care Quality Commission.

## Engagement

- Staff received regular updates about the work of the provider through the wider organisation newsletters and the weekly manager update. The manager held a monthly open forum that staff could attend.
- The service engaged well with patients, carers and staff to help them plan and manage the way the service operated. Feedback was encouraged, and people were supported to provide feedback in a way that was best for them, for example the service had engaged with patients in the re-design of the de-escalation rooms. They sought the views of patients with support from a service user expert. From the feedback received the number of de-escalation rooms had increased with the ability for patients to listen to music and watch films.
- The service had developed a family carer pathway which would allow staff to work more collaboratively with family members.

## Learning, continuous improvement and innovation

- Staff were given time to support and consider opportunities for improvement and innovation. For example, staff and patients were consulted with about improvements to the reducing restrictive interventions strategy. The service had introduced the Safewards programme and had seen a positive impact on service delivery.
- Innovations were taking place. The service had commissioned a service user expert to undertake training with staff and patients on therapeutic boundaries, communication and mental health first aid. The service focused on co-production with patients on developing the service.
- All staff were committed to continually improving services and had a good understanding of quality improvement methods. Staff worked well together with implementing the reducing restrictive interventions project.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff supervision records clearly detail the content of supervision sessions.