

Kneesworth House

Quality Report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

Overall summary

We rated Kneesworth House as requires improvement because:

- Some seclusion rooms were not fit for purpose. Urinals and bedpans were used at times during seclusion episodes on Orwell and Nightingale wards. There was an unpleasant smell in the seclusion area on Bourn ward. Mattresses used in seclusion rooms looked like gym mats. They were thin and laid directly on the floor and not on a bed base as recommended by the revised Mental Health Act code of practice (2015). For a patient in seclusion this would be both cold and uncomfortable. CCTV in Nightingale's seclusion area was not operational. This was repaired once reported to senior managers during the inspection. However, the room was used before this had been addressed.
- Most wards had ligature points and not all of these had been identified by the hospital or the associated risks mitigated.
- Some wards had 'blind spots', in particular near bathrooms on Bourn and poor lines of sight on landing areas on Swift and Nightingale, which were not mitigated by the use of mirrors.
- There was evidence of routine prescribing of 'as required' medication on Bourn ward. Many of these prescriptions were unused.
- Throughout the hospital, infection control concerns were identified. For example, there were carpets in many communal areas floors on Bourn ward. Wimpole ward had beanbags in side-rooms, which were not clean. Water from the shower area in Bungalow 67 had been flooding under the door causing damage in the hallway. Patients on Bungalow 67 were using the shower on 69 on a temporary basis. Some of the bedrooms on Wortham and Nightingale wards smelt.
- Progress with reducing blanket restrictive practices across the hospital remained slow. For example, open bedroom access for most was not individually risk assessed.
- There was limited evidence of patient involvement in some care plans across the hospital.
- Regular ward team meetings were not held. This did not ensure good communication between staff.
- Some patients reported there were not enough ward-based activities.
- Staff did not have a working knowledge of safeguarding practices on the rehabilitation wards as the social work team dealt with referrals.
- Some staff identified a need for further training in the Mental Capacity Act, particularly across the rehabilitation services and reported that they felt unclear of their role and responsibilities within the capacity assessment process.
- Patients had access to psychologists but due to recent difficulties in recruiting, patients were on waiting lists for several months.
- Some patients reported not feeling safe on Wimpole ward.
- There had been a lack of governance in identifying and managing concerns about the hospital's environment.
- Management systems had not addressed identified safety and infection control issues. Contingency arrangements to mitigate these risks were not in place.

However:




- The hospital and the corporate provider changed senior operational management teams on the final day of our inspection.
- A staff recruitment and retention action plan dated October 2016 was in place and this covered areas such as recruitment open days, staff mentorship programmes and flexible working patterns.
- Wards had identified nursing staff levels. Ward managers were able to increase staffing in response to patient increased observation levels.
- A hospital refurbishment programme had started.
- There was good medication management in place around patients' self-medicating.
- Environmental risk assessments were completed daily.
- Documented ligature risk assessments and some mitigating actions were in place throughout the hospital.
- Staff knew how to report incidents; there were lessons learnt from these, and action plans in place.
- Physical health care monitoring was taking place. Well person clinics were in place on most wards to monitor this.
- Senior managers held a daily morning meeting to discuss recent incidents, staffing concerns and work issues.

Summary of findings

- Staff were respectful and caring of patients and there was good interaction.
- Daily planning and weekly community meetings were in place.
- Patients were able to give feedback on the service they received via community meetings and surveys.
- The provider had introduced a restrictive intervention reduction plan based on a Commissioning for Quality and Innovation (CQUIN) agreement with commissioners. This included an active least restrictive working party in place consisting of staff and patients.
- Most staff said senior managers were approachable and visited the wards on a regular basis.
- Clopton, Ermine, Icknield, Wimpole and Orwell wards were part of the external accreditation scheme from the Royal College of Psychiatrists' quality network for forensic mental health services. The provider had an action plan to address any identified concerns.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Requires improvement 

Kneesworth House

Services we looked at

Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to Kneesworth House

Partnerships in Care Limited provide inpatient mental health and learning disability services at this location.

Kneesworth House provides medium secure, low secure wards, an acute admission ward and locked and open rehabilitation wards.

The Care Quality Commission last inspected this hospital between 21 and 24 July 2015. There were breaches identified of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that time.

Requirement notices were issued under:

Regulation 12 Safe Care and Treatment

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

Staff needed to be consistently supported through regular supervision and appraisal.

Regulation 15; Premises and Equipment;

All premises and equipment used by the provider must be suitable for the purpose for which they are being used.

The provider submitted an action plan and regular updates were supplied. There were delays in starting the hospital refurbishment work. This meant that our previous concerns were not addressed at the time of this inspection.

The hospital had a registered manager and a separate controlled drugs accountable officer.

The service is registered to provide the following regulated activities:

- treatment for disease, disorder and injury;
- diagnostic and screening procedures
- assessment or medical treatment for persons detained under the Mental Health Act

The hospital had 155 registered beds. During the inspection, there were 137 patients receiving care and treatment.

There were 83 beds in the secure services, 60 beds in the long stay/rehabilitation service and 12 beds in the acute service

The following core services were inspected;

Forensic inpatient/secure wards.

- Clopton - 15 bed medium secure service for men with a personality disorder.
- Ermine - 19 bed medium secure service for men with a mental illness.
- Icknield - 16 bed medium secure service for men with a learning disability.
- Orwell - 18 bed low secure service for men with a mental illness.
- Wimpole - 15 bed low secure service for women with a mental illness/personality disorder.

At the time of our visit there were 78 beds occupied.

Long stay/rehabilitation wards for working age adults.

The open rehabilitation settings consisted of bungalows and one ward:

- Bungalow 63 - four bed service for men with a mental illness.
- Bungalow 65 - four bed service for women with a mental illness.
- Bungalow 67 - four bed service for men with a mental illness.
- Bungalow 69 - four bed service for men with a mental illness/ learning disability.
- Swift - four bed service for men with a mental illness.

The locked rehabilitation setting consisted of wards:

- Nightingale ward - 17 beds each for men with a mental illness.
- Wortham ward - 17 beds each for men with a mental illness.
- Fairview - six bed service for women with a mental illness.

At the time of our visit there were 55 beds occupied.

Acute wards for adults of working age:

Summary of this inspection

- Bourn - 12 bed service for women.

At the time of our visit there were seven beds occupied

Our inspection team

Peter Johnson CQC Inspection Manager – mental health hospitals, led the inspection team.

The team consisted one inspection manager, five inspectors, one Mental Health Act reviewer, one specialist professional advisor, and one expert by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

Why we carried out this inspection

We inspected this location as part of our on-going comprehensive mental health hospital inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and requested pre-inspection information from the provider.

During the inspection visit, the inspection team:

- visited all 14 wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients,
- spoke with 59 patients who were using the service,
- spoke with four carers of patients who use the service,
- interviewed the registered manager and managers or acting managers for each of the wards,

- interviewed 57 other staff members; including doctors, nurses, occupational therapist, psychologists and social workers,
- spoke with an independent advocate,
- attended and observed two multi-disciplinary meetings,
- held two focus groups; with nine frontline clinical staff and six support staff,
- attended and observed one senior management team morning meeting,
- collected feedback from 24 patients using comment cards,
- reviewed in detail the care and treatment records of 61 patients,
- examined 90 medication charts and carried out a specific check of the medication management on all wards,
- In addition, reviewed a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Patients said most staff were caring and helpful and supported them on the ward.
- Several patients felt it was not safe on Wimpole ward due to the behaviours of other patients.

Summary of this inspection

- Some patients told us that they did not always have regular 1:1 time with their named nurse but that other ward staff were available to raise concerns if required.
- Patients told us that Section 17 leave was cancelled if staffing levels were low or the wards were unsettled due to risk behaviours of other patients. At weekends, this appeared to be more frequent. However, ward based dashboards seen showed that cancelled leave was rescheduled.
- They reported that the food was good and met their needs. Some patients reported that there were not enough activities held on the wards.
- We spoke to four carers. They told us staff had been supportive. Some carers felt communication with them was not always timely.

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 inadequate for Kneesworth House Hospital because:

- The seclusion room on Orwell ward was not fit for purpose. We saw loose wooden boxing covering pipes in the seclusion room; this could have been used as a weapon. CCTV in Nightingale's seclusion area was not operational. This was repaired once reported to senior managers during the inspection. However, the room was used before this had been addressed. There was an unpleasant smell in the seclusion area on Bourn ward. The mattresses used in seclusion rooms looked like gym mats. They were thin and laid directly on the floor and not on a bed base as recommended by the revised Mental Health Act code of practice (2015). For a patient in seclusion this would be both cold and uncomfortable.
- There were blind spots in the alcove areas to the bathrooms on Bourn ward. Mirrors were not in place to mitigate these risks.
- Wards were clean but some were not in good decorative order. Infection control concerns were identified throughout the hospital. For example, there were carpets in many communal areas floors on Bourn ward. Wimpole ward had beanbags in side-rooms, which were not clean and presented an infection control risk. The floor of the seclusion room on Nightingale was dirty. The communal toilet floor and disability equipment positioned on the toilet in bungalow 67 were dirty. Water from the shower area in Bungalow 67 had been flooding under the door causing damage in the hallway. This shower was under repair. Patients on Bungalow 67 were using the shower on 69 on a temporary basis. Some of the bedrooms on Wortham and Nightingale wards smelt.
- The provider identified vacancy levels for qualified nurses for the whole of Kneesworth House at 48 – 50%. This meant that the hospital relied on agency supplied qualified nurses.
- Staff turnover in a 12-month period varied from 39% to 11% across the hospital. This affected the continuity of care provided.
- There was evidence of routine prescribing of 'as required' medication on Bourn ward. Many of these prescriptions were unused.

Inadequate



Summary of this inspection

- Some patients reported escorted leave was cancelled due to staffing shortages and did not happen at weekends. Ward based dashboards seen showed that cancelled leave was rescheduled when possible.
- Some staff felt that they needed further safeguarding training.
- Progress with reducing blanket restrictive practices across the hospital remained slow. For example, open bedroom access for most was not individually risk assessed.

However:

- A staff recruitment and retention action plan dated October 2016 was in place and this covered areas such as recruitment open days, staff mentorship programmes and flexible working patterns.
- Wards had identified nursing staff levels. Ward managers were able to increase staffing in response to patient increased observation levels.
- Each ward had a ward manager and two deputy ward managers. There was a vacancy on Wimpole ward; interviews had already been completed and the successful applicant was due to commence employment on December 1st.
- Ward managers monitored staff mandatory training compliance, and sent reminders to staff when renewal dates were due.
- Daily environmental risk assessments were completed.
- The provider had introduced a restrictive intervention reduction plan based on a Commissioning for Quality and Innovation (CQUIN) agreement with commissioners. This included an active least restrictive working party in place consisting of staff and patients.
- There were good medicine management practices in place around patients' self- medicating. Staff prescribed medication in line with National Institute for Health and Care Excellence (NICE) guidelines for physical healthcare monitoring.
- Staff knew how to report incidents, there were lessons learnt, and action plans in place.

Are services effective?

We rated effective as good for Kneesworth House Hospital because:

- Staff completed comprehensive assessments for all patients in a timely manner. Most care plans were personalised, holistic and recovery orientated. The majority of patients had copies of their care plans. Care plans included positive behavioural support plans where appropriate.

Good



Summary of this inspection

- Staff followed National Institute for Health and Care Excellence best practice guidance in the monitoring of physical health care of patients with mental health needs. This included regular reviews, electrocardiograms, and blood tests. Well person clinics were in place on most wards to monitor this.
- Patients had access to psychological therapies including Cognitive Behavioural Therapy (CBT) and talking based therapies.
- Care plans included positive behavioural support plans where appropriate and were holistic with outcomes measures such as the health of the nation outcome scales (HONOS) completed.
- Patients had access to a full range of mental health disciplines to provide specialist care and treatment. These included occupational therapists, psychologists and social workers, who worked alongside the doctors and nurses.
- A police link officer was in place and close liaison with the local police service was reported when needed. A system was in place for the nomination of an appropriate adult for interviews of alleged perpetrators when needed.

However:

- There was evidence of routine prescribing of 'as required' medication on Bourn ward. Many of these prescriptions were unused.
- While access to the provider's care and treatment planning system was limited during the inspection due to technical issues. All the rehabilitation care plans reviewed were not recovery focussed or contained long-term goals. This was reflected in the feedback received from some patients on those wards. It was unclear if these patients knew the content of their plans in relation to rehabilitation goals and progression.
- Some patients reported difficulties in accessing a GP of the same gender as them.
- Patients had access to psychologists but due to recent difficulties in recruiting, patients were on waiting lists for several months.
- Some staff identified a need for further training in the Mental Capacity Act, particularly across the rehabilitation services and reported that they felt unclear of their role and responsibilities within the capacity assessment process.

Are services caring?

We rated caring as good for Kneesworth House Hospital because:

- Staff interacted with patients in a caring and respectful manner.
- Daily planning and weekly community meetings for patients were taking place.

Good



Summary of this inspection

- Staff ensured the admission process informed and orientated patients to the hospital.
- The use of the provider's electronic recording system offered patients an opportunity to contribute to their care plans and documentation for discussion at Care Programme Approach (CPA) reviews and multi-disciplinary team meetings.
- Patients were able to give feedback on the service they received via community meetings and surveys.
- Patients with authorised leave spent time with families off site, including planned home visits, and overnight stays. Staff offered support to families when required.
- There was a proactive patient representative forum.
- Where patients needed to speak to staff alone, arrangements were made to ensure privacy, utilising quiet rooms and meeting spaces away from other patients.
- Staff appeared familiar with the needs of individual patients being able to discuss their care and support requirements without referring to notes. This included knowledge of personal histories and external support networks, as well as mental and physical health conditions.

However:

- Patients on Wimpole ward reported some agency and bank staff were not helpful. These individual concerns were reported to senior ward based staff.

Are services responsive?

We rated responsive as good for Kneesworth House Hospital because:

- There was a care pathway from secure to rehabilitation wards in line with patients risk assessments and progress.
- Staff knew how to handle complaints in line with the hospital policy.
- Patient council meetings minutes were detailed with actions and timeframes for completion
- Patients reported that the food was of good quality. Meal choices included options for vegan, halal diets and patients with allergies

However:

- Between February and July 2016, the provider reported six delayed discharges across the hospital. This was due to funding arrangements with commissioners over which the provider had no control.
- No activity programmes were displayed in the bungalows, Swift or Fairview.

Good



Summary of this inspection

- Paved areas between the bungalows consisted of uneven surfaces, with poor lighting at night. This could affect ease of moving round the site in a wheelchair or using a walking aid.
- Three patients felt staff had not investigated their complaints properly and had not been given feedback in a satisfactory timescale.

Are services well-led?

We rated well-led as requires improvement for Kneesworth House Hospital because:

- There had been a lack of governance in identifying and managing concerns about the hospital's environment. This had resulted in delays in addressing these issues including the implementation of the hospital's refurbishment and redecoration programme. This had implications for patient safety.
- Management systems had not addressed identified safety and infection control issues.
- Senior managers had not implemented contingency arrangements to mitigate these risks.
- Ward staff meetings were not held regularly which meant some of the governance information was not reaching team members and not all staff were aware of the governance arrangements.
- Some staff raised concerns about the quality and frequency of supervision given, and the value placed on it by senior staff.

However:

- The hospital and the corporate provider changed senior operational management teams on the final day of our inspection.
- Most staff said senior managers were approachable and visited the wards on a regular basis.
- Managers monitored their teams' compliance with mandatory training.
- Staff received an annual appraisal of their work performance.
- A new registered manager was in place since the last inspection and had made a number of changes to strengthen the governance arrangements throughout the hospital.
- Managers had access to ward based dashboards, which tracked incidents and other relevant data for their ward and hospital. Other governance meetings such as the recovery and outcomes group and fortnightly workforce meeting took place.
- Managers had the ability to submit items to the hospital risk register.

Requires improvement



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.

- Overall, 94% of staff had received training in the Mental Health Act.(MHA)
- Staff we spoke with had a good understanding of the MHA, the Code of Practice and the guiding principles.
- Staff adhered to consent to treatment and capacity requirements, copies of consent to treatment forms were present with medication charts where applicable.
- Doctors assessed patients' capacity prior to the treatment commencing.

- Staff read patients their section 132 rights on admission to the secure and rehabilitation services and three monthly thereafter. Staff recorded this in patient care records.
- Administrative support and legal advice on implementation of the MHA and code of practice was provided to staff when required.
- The MHA administrator did not participate in any audits of the MHA. The governance support team carried out these audits.

Mental Capacity Act and Deprivation of Liberty Safeguards

We do not rate responsibilities under the Mental Capacity Act 2005. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Overall, 89% of staff completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs.) Staff we spoke with had some understanding of the MCA, in particular the five statutory principles. However,

some staff identified a need for further training in the Act, particularly across the rehabilitation services and reported to feel unclear of their role and responsibilities within the capacity assessment process.

- The provider had a policy on MCA, which included DoLs that staff were aware of and had access to.
- Staff recorded capacity assessments in patients' care records for patients who had impaired capacity. Staff completed the assessments on a decision-specific basis.






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	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
Forensic inpatient/secure wards	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
Long stay/ rehabilitation mental health wards for working age adults	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
Overall	Inadequate	Good	Good	Good	Requires improvement	Requires improvement

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

Requires improvement 

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

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

Inadequate 

Safe and clean environment

- The clinic room on Bourn ward was equipped with accessible resuscitation equipment. Staff did not keep the emergency adrenaline, which was an epi-pen, in the emergency bag. This was kept in a locked medication cupboard. This may cause a delay in accessing this in an emergency.
- The seclusion room did not have an en-suite toilet. There was a toilet in the observation area, which patients could use if risk assessed as safe to do so. The only other option was to provide the patient with a bedpan if the risk was too high to access the toilet. There was an unpleasant smell in this area. The mattress looked like a gym mat. It was thin and directly on the floor and not on a bed base as recommended by the revised Mental Health Act code of practice (2015). For a patient in seclusion this would be both cold and uncomfortable. We were informed that the mattress size and thickness was designed to prevent risk of use to barricade the door.
- There were blind spots in the alcove areas to the bathrooms. Mirrors were not in place to mitigate these risks although all other area had mirrors, CCTV or good lines of sight.

- Ligature points were risk assessed and plans were in place on how to manage the risks. Staff carried out monthly environment audits. However, the noted blind spots had not been identified or addressed.
- The ward areas were clean and tidy. However, the soft furnishings were made of fabric and were old and shabby. The ward manager advised she had ordered new furniture.
- The ward environment required refurbishment. There were stains on the ceiling. There were carpets on many communal area floors. There was a separate room with toys for when children visit. There was no system in place for ensuring the housekeeper cleaned the toys regularly. This presented as an infection control risk.
- All staff wore alarms to summon help when needed.
- There were no call alarms in bedrooms for patients to call for assistance.

Safe staffing

- Wards had identified nursing staff levels. Ward managers were able to increase staffing in response to patient increased observation levels.
- The ward had two registered nurses and three unregistered nurses planned for the day shift, which was one more than usual. At night, there was one registered nurse and two unregistered nurses on duty.
- The ward displayed staffing figures on the ward each day so staff and patients could see the staffing levels and skill mix.
- There were two registered nurse vacancies at the time of the inspection and no unregistered nurse vacancies. There was also one person on long-term sick and some maternity leave posts. A regular agency nurse covered one of the vacancies.

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

Requires improvement 

- Two staff raised concerns that staffing levels were not sufficient to support patients to access some section 17 leave or activities. Patient's comments also reflected lack of ward based activities as a concern. Ward based dashboards seen showed that cancelled leave was rescheduled.
- The ward manager attended a staffing meeting each morning to ensure that all wards had appropriate staffing levels and the collective team ensured that any shortfalls were addressed.
- The ward used bank and agency nurses regularly. The bank and agency staff received training, and had access to the hospital's IT systems.
- The ward had a locum consultant psychiatrist who had been in post for three weeks on the day of inspection. He also covered another ward and had a caseload of up to 25 patients. He worked four days per week. The fifth day, staff and patients relied on on-call cover for support. The provider confirmed that plans were in place to recruit a permanent psychiatrist.
- Provider figures show that 89% of staff had completed mandatory training. Registered nurses had received immediate life support training. The ward manager had a system to address non-attendance at training opportunities.
- Staff received information from the referring service regarding assessed risk on admission. Staff did not routinely update this after every incident.
- The inspection team reviewed six patient care records. The risk assessments were paper based and not scanned onto the electronic system. This meant staff had to look in different places to review patient information, which may cause confusion. One patients risk assessment did not include the reason for the current admission.
- There was signage on the ward explaining the rights of informal patients wanting to leave the ward.
- Staff explained that the care delivered was based on least restrictive practice and could demonstrate what this meant.
- There had not been any use of rapid tranquilisation for any of the patients during their current admission.
- Records seen showed that staff used the seclusion room infrequently.
- Staff received safeguarding training and staff were able demonstrate knowledge of safeguarding and how to raise an alert. The social worker for the ward took the lead in investigating any identified safeguarding concerns.
- Staff stored all medication safely and medication was in date. An external pharmacist visited the ward every two weeks and an onsite pharmacy assistant visited at least weekly. Annual audits had been carried out by the visiting pharmacist service. Checks were in place to monitor the temperature of the clinic room, drug storage fridge and equipment were calibrated. Staff had signed all medication charts and there were no gaps. There was no medication disposal bin to dispose of unused or wasted medication. Staff informed that these were disposed of at the central pharmacy facility.
- There was a separate visitors' room to enable children to visit relatives without entering the ward area.

Assessing and managing risk to patients and staff

- There were 12 incidents of seclusion in the 12 months up to September 2016. There were no patients secluded at the time of inspection.
- There were 72 incidents of restraint in the 12 months between 1 February 2016 and 31 July 2016 with 20 different patients. Six of those restraints resulted in the use of prone restraint. There was one use of rapid tranquilisation.
- Hospital wide, the provider reported 41 episodes of rapid tranquilisation between July and September 2016. 39 were reported between October and the inspection dates. Each episode was reviewed in the hospital's electronic incident recording system.
- Senior managers confirmed that the use of prone restraint was actively discouraged. Evidence was provided by the external training agency that alternative models of training were being accessed.

Track record on safety

- There were no serious incidents recorded on Bourn ward for the 12-month period up to September 2016.

Reporting incidents and learning from when things go wrong

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

Requires improvement 

- There was an effective system to capture incidents, near misses and never events. Staff reported incidents via an electronic reporting form. Staff demonstrated knowledge and understanding of the use of the system in place.
- The provider had established a governance framework that demonstrated incidents were being reviewed, and lessons learned and shared with the senior team. There was also a monthly bulletin sent to staff. However, team meetings were not held regularly on Bourn ward, which meant there was a risk of information not being shared.
- Staff reported receiving a de-brief after incidents.

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

- There was evidence of the comprehensive collection of patient information prior to admission that staff updated on admission.
- We reviewed six patient care records. All patients had a physical examination on admission. Not all assessed needs were translated into an action plan.
- Care records were up to date. Five of the six care plans showed that the 72-hour care plans were generic and did not demonstrate patient involvement. Staff reported that this was due to patients being particularly unwell. Evidence was seen that discussions took place between patients and staff regarding their specific needs.
- Records were paper based and electronic. Staff had to refer to both sets of records to ensure accurate information was gathered.

Best practice in treatment and care

- Informal patients understood they could leave the ward any time. They showed us their admission paperwork, which explained this

- There was evidence of routine prescribing of 'as required' medication. The medical staff prescribed each patient an anxiolytic on admission whether clinically indicated or not. Many of these prescriptions were unused.
- There was no psychology service and the provider had no plans to develop this service, as most patients' admission was brief. Information was provided that provision could be offered on an as required basis where this had been pre agreed with the funding authority.
- There was GP access and arrangements were in place for twice-weekly visits. Patients reported difficulties in accessing a GP of the same gender as them.
- Staff completed physical health screening with patients on admission, which included baseline ECG screening, and blood tests.
- Out of the six patients records reviewed, none had an outcome measurement. This may have been due to the short duration of admission.
- Staff followed the National Institute for Health and Care Excellence (NICE) guidance regarding physical healthcare monitoring. This included regular reviews and electrocardiograms and blood tests for the side effects of medication.

Skilled staff to deliver care

- There was a range of staff, including nurses, healthcare assistants, occupational therapists, pharmacists, doctors and a social worker.
- New healthcare assistants received training in line with the Care Certificate standards.
- The ward manager ensured there was regular supervision and staff received annual appraisals.
- Each member of staff received six hours training every six weeks, which included peer supervision in addition to the monthly supervision.

Multi-disciplinary and inter-agency team work

- The provider held a morning meeting, attended by the ward manager, every morning to discuss any incidents, staffing difficulties, maintenance issues and any other concerns. There were handovers held twice a day.
- Patients were referred from commissioners across the country. Staff documented details of the contact

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

Requires improvement 

organisation along with details of the patients care co-ordinator, crisis and home treatment teams and social workers. There was limited evidence of ongoing communication with these agencies.

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

- The provider submitted figures, which said that 94% of staff had completed Mental Health Act training.
- There was a mix of informal patients and detained patients on the ward at the time of inspection. Staff displayed information on the ward explaining informal patient's rights to leave.
- Detained patients had their rights under the Mental Health Act read to them on admission and then following a renewal of section or after being placed on a new section. For example, staff recorded a patient's renewal as requiring completion one month after the Section 2 expired.
- Staff documented one patient as understanding their rights, which contradicted another entry that said the patient lacked insight and had refused the leaflet.
- Staff completed section 17 paperwork correctly. However, there was limited information following leave on patient views or staff review of how the leave went.
- There was an effective system in place for checking MHA documentation.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) training was part of mandatory training. Figures provided showed that 89% of staff had completed training.
- No patients were subject to (DoLS) during our visit. Staff demonstrated knowledge of the five principles of the Mental Capacity Act.
- We reviewed two informal patient records. Staff did not record capacity or consent to admission or treatment in either record.
- One patient record identified one patient did not have insight; however, staff did not document a plan to consider this in more detail.

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

Good 

Kindness, dignity, respect and support

- We observed how staff cared for patients. Patients told us staff were kind and compassionate. Patients called staff wonderful, respectful, warm and friendly in the majority of cases.
- We received two positive comment cards from patients.
- We noticed 25 thank you cards in the staff office from former patients. The comments described the patients' individual experience on the ward and all were thankful for the care received and support shown by staff.
- We saw staff respond to individual patient needs, show discretion and respect. Patients told us that staff knocked before entering their rooms.
- Staff were passionate and enthusiastic about providing care to patients. We observed positive and meaningful interactions between staff and patients.

The involvement of people in the care they receive

- There was limited evidence of patient involvement in their care. Patients interviewed said they did not have a copy of their care plan nor were involved in creating the care plan.
- There was evidence of patients attending their reviews and the consultant, nursing staff and patient all discussing care and treatment.
- We saw limited information on involving families and carers. Staff reported this was due to the short length of stay on this ward.
- An independent advocate visited the ward regularly and attended community meetings.
- Community meetings were held weekly and we saw evidence of actions being responded to when a patient highlighted a concern.

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

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

Requires improvement 

(for example, to feedback?)

Good 

Access and discharge

- Figures supplied by the provider for between 1 August 2015 and 31 July 2016 show the average length of stay was 11 days.
- Bed occupancy was 85%, which was in line with the Departments of Health recommended occupancy levels. There were five vacant beds during the inspection. There was access to a bed upon return from leave
- There was no direct access to a psychiatric intensive care bed if a patient's illness required that level of care. The ward would have to liaise with the patient's NHS commissioner to arrange this if needed. The ward manager reported this was a rare event and if required the patient would transfer within 24 hours of the need being identified.
- The provider did not submit information regarding delayed discharges. The ward manager stated that delays were rare and due to suitable placements not being available in the patient's local area.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had free access to their bedroom at any time. There were some activity rooms available for use.
- There was a visitor's room with some toys for when children visit. This was located off the ward. There was a garden accessible to patients. As the ward was located upstairs, there were some restrictions in place for patients detained under the Mental Health Act, who were unable to have free access. Informal patients accessed the garden.

Meeting the needs of all people who use the service

- There were no lifts installed, therefore people with a physical disability were not admitted to this service.
- There were information leaflets available to patients relating to patients' rights, how to complain, information on local services and treatment plans. Leaflets on conditions were limited but patients were seen to ask staff for information.

- Staff were able to access an interpreter service for when there were language barriers. We did not see any leaflets in other languages.
- Patients were able to access food based on cultural, religious and ethnic requirements. There were opportunities to meet patients' cultural, language and religious needs across the hospital. There was a multi-faith room based on the hospital site, which patients could access. Staff and patients contacted local faith representatives to visit the wards as required.

Listening to and learning from concerns and complaints

- Information on complaints was provided by the hospital. There were five complaints in the last 12 months. None of these had been upheld.
- Patients were aware of how to complain and there was complaint information displayed. Staff understood the complaints process and supported patients to raise complaints.
- There was a clear governance structure in place for staff to receive information on complaints and lessons learned.
- Staff offered patients questionnaires on discharge to give feedback on the ward. The provider carried out annual surveys to gain feedback from patients and family/friends with action plans to respond to any identified issues.

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

Requires improvement 

Vision and values

- Staff spoken to were not able to quote the vision and values of the organisation; however staff were able to clearly state strong person centred views on how to deliver care.
- Staff said that senior managers were approachable and visible on the wards. Staff said that in particular they saw senior managers at the weekends.

Good governance

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

Requires improvement 

- There had been a lack of governance in identifying and managing concerns about the hospital's environment. This had resulted in delays in addressing these issues including the implementation of the hospital's refurbishment and redecoration programme. This had implications for patient safety.
- The hospital and the corporate provider changed senior operational management teams on the final day of our inspection.
- Overall, 89% of staff completed mandatory training and the ward manager had a clear system of monitoring attendance and ensuring compliance.
- There was a morning meeting each day to ensure staff were addressing any significant issues appropriately and that support was in place.
- Managers had access to dashboards that tracked incidents and other service data for the ward. Ward managers were able to add information to the dashboard.
- Ward staff meetings were not held regularly which meant some of the governance information was not reaching team members and not all staff were aware of the governance arrangements.

- The provider had introduced a new bulletin to inform staff of serious incident learning. We saw examples of a recent incident that staff had learned from and had consequently amended their practice to prevent any harm.
- Ward managers could add to the hospital's risk register.






Leadership, morale and staff engagement

- A new registered manager was in place since the last inspection and had made a number of changes to strengthen the governance arrangements throughout the hospital.
- Provider data showed that for the period 1 August 2015 and 31 July 2016 staff sickness was 3.2%. This was below the national NHS average of 5%.
- Staff reported they knew the process for whistleblowing and felt comfortable raising concerns. There were no reported instances of management bullying or harassment.
- Team morale was positive and staff felt well supported by the ward manager. Staff were open and honest and explained to patients when things went wrong.

Commitment to quality improvement and innovation

- Bourn ward was not currently pursuing national quality improvement programmes, nor was the ward involved in any national research.

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Inadequate 

Safe and clean environment

- Each ward had blind spots and did not allow staff to observe all parts of the environment. Where there were blind spots, staff managed these with nursing observation, individual patient risk assessments and mirrors in corners to increase staff visibility in communal areas. The service complied with guidance on same sex accommodation across all wards.
- Staff completed annual ligature risk assessments of ward areas and monthly health and safety audits to ensure actions were reviewed and implemented. We noted ligature points (places to which patients intent on self-harm could tie something to strangle themselves) were across wards. For example, Icknield, Orwell and Wimpole wards had ligature points on toilet handles and taps. We saw an action plan in place to address these risks on Orwell ward as part of the refurbishment programme. There were ligature cutters in clinic room and office areas.
- All wards had a seclusion room. The one on Icknield was out of use at time of inspection due to it being refurbished. The seclusion rooms on Ermine, Wimpole and Clopton wards had been refurbished since the last inspection. However, we noted the mattresses were close to the floor, cold and thin in these areas and not on a bed base as recommended by the revised Mental Health Act code of practice (2015). We were informed that the mattress size and thickness was designed to prevent risk of use to barricade the door. CCTV was present in these areas. The seclusion room on Orwell

was not fit for purpose. Despite this, Orwell seclusion room was in use during the inspection. Completion work to update this room had been delayed. The room was situated off the communal area. There was no two-way communication panel, a small window for natural light and no integrated toilet. If patients were assessed as safe to use the toilet next to the seclusion room; the door would be opened. If not urinals and bedpans were used. We saw loose wooden boxing covering pipes in the seclusion room; this could be removed and used as a weapon.

- Wards were clean but some were not in good decorative order. For example, Icknield and Orwell wards. Icknield was undergoing refurbishment during the inspection. Flooring and furniture was being replaced on the ground floor. Wimpole ward had beanbags in side-rooms, which were not clean and presented an infection control risk.
- Each ward had hand cleansing gel and hand washing facilities for staff. Personal protective equipment such as aprons and gloves were present in clinical areas. Overall, 89% of staff had received mandatory training in infection control. Cleaning records were in place. We viewed these and saw staff checked and cleaned clinical areas regularly.
- Staff completed daily environmental risk assessments on each ward.
- Staff had access to personal alarms, walkie-talkies and ward mobiles. Reception staff issued personal alarms to both staff and visitors.

Safe staffing

Forensic inpatient/secure wards

- Each ward had a ward manager and two deputy ward managers. There was a vacancy on Wimpole ward, with interviews had already been completed and the successful applicant was due to commence employment on December 1st.
- A staff recruitment and retention action plan dated October 2016 was in place. The provider had an ongoing recruitment campaign to attract registered nurses to the service that included recruitment open days, relocation packages and visiting universities.
- Wards had a total establishment of 59 registered nurses. There were 29 registered nurse vacancies. The highest was on Clopton at eight and the lowest was on Ermine at two. Recruitment of qualified staff was on the providers' risk register.
- Wards had a total establishment of 87 health care workers. There were 14 vacancies. Proportionally most were on Ermine and Orwell wards.
- The provider used bureau (directly employed staff) and agency staff to fill vacant shifts across all wards. Overall, 242 shifts were filled by bureau between 22 June and 20 September 2016 and 437 were filled by agency. The highest reported use of agency was on Orwell at 115 shifts. Staff told us if shifts were vacant, staff were moved between wards or the ward manager of the ward would fill any registered nurse gap. Where agency or bank nurses were used, most told us that they were familiar with the ward. Many agency nurses were on three month contracts to ensure consistency in patient care.
- The provider supplied data that showed staff sickness over a 12-month period from 1 August 2015 to 31 July 2016. The highest reported level of sickness was on Clopton at 5%. The lowest was on Wimpole at 2%. Staff turnover data in a 12-month period demonstrated that the highest number of substantive staff leavers was on Wimpole at 39%. The lowest was on Icknield at 11%.
- Ward Managers confirmed that they received extra staffing to meet the needs of the patients on their wards. For example, when individual patients required enhanced levels of observation.
- Registered nurses were visible in communal areas of the ward and responded promptly to the needs of patients.
- Staff were trained in the management of violence and aggression (MVA) to safely carry out physical interventions. Staff received annual updates.
- Medical cover was available day and night. There was an on call consultant and duty doctor who attended the wards in an emergency.
- Compliance with mandatory training for the service was 89% across the service.

Assessing and managing risk to patients and staff

- The provider supplied data on the number of incidents of seclusion in a six-month period. There were 139 incidents of seclusion from February to July 2016. The highest incidents were on Icknield at 74 and the lowest was Orwell who reported no seclusions in this period.
- There were 274 incidents of restraint, which involved 37 different patients from February to July 2016. Six of these incidents resulted in staff administering rapid tranquilisation to the patient. Records showed low level prescribing and administration of rapid tranquillisation on prescription charts. The highest number of restraints was on Wimpole, they had 167 restraints on 14 different patients.
- Staff used prone restraint 15 times from February to July 2016. Prone restraint means staff held patients in a facedown position. Six prone restraints were on Wimpole.
- There were three incidents of long-term segregation from February until July 2016. One each on Clopton, Icknield and Ermine.
- We reviewed care and treatment records of 32 patients. Current risk assessments were in place, completed on admission and reviewed at regular intervals.
- Staff used various risk assessment tools including the short-term assessment of risk and treatability (START) and the historical clinical risk management-20(HCR-20) as part of their initial and ongoing assessment of risk. Staff discussed patients' risks with them during ward round as part of a multidisciplinary team approach.
- All wards had clinic rooms for the storage and administration of medication to patients. Staff had access to emergency drugs and checked these regularly.

Forensic inpatient/secure wards

However, not all wards had their own emergency grab bags containing emergency equipment and a defibrillator. Staff advised they shared these bags with other wards.

- We saw the use of blanket restrictions across the service. This was mainly around bedroom access and was not in relation to assessment and management of patients' risk. We saw an action plan to reduce restrictive practices for both Orwell and Wimpole. Both plans stated this was due for completion by the end of December 2016. This included an active least restrictive working party in place consisting of staff and patients.
- The provider had a policy for the use of nursing observations. Staff observed patients according to individual risk assessments and patient need. Staff reviewed these regularly, during the daily handover and during multidisciplinary review meetings.
- The provider had identified and allocated hospital security staff and physical security checks took place. Procedural security included search policies for patients. We saw a randomiser installed at the entrance to wards. This required a patient returning from unescorted leave to press a button that randomly determined whether a search was required. This was only if their completed risk assessment deemed this appropriate.
- Staff completed mandatory training in safeguarding. 89% of staff were compliant with Safeguarding level 1 for adults. Safeguarding level 1 compliance for children was 63%. The provider told us that safeguarding children was a newly implemented mandatory subject in March 2016 and compliance due by March 2017. Staff we spoke with showed a good understanding of their responsibilities to report safeguarding concerns and gave examples.
- 92% of staff had received 'Prevent' training. This training was about supporting people susceptible to being radicalised or groomed into terrorism. Registered nurses had received immediate life support training.
- On Clopton and Ermine ward we saw anti-bullying posters, bullying was an agenda item for the weekly community meeting.
- Staff stored all medication safely and medication was in date. We found some good medicine management practice. For example on Orwell and Ermine, several

patients were on various stages of self-administration of medication programmes. Staff undertook regular controlled drug checks. We saw evidence of daily room and fridge checks. Clinic rooms were clean and tidy.

- We reviewed all patient prescription charts. Medical staff had prescribed medication in line with the National Institute for Health and Care Excellence (NICE) guidelines. These were available to medical staff. The hospital had weekly support from an external pharmacy.
- The provider had arrangements for children to visit. Children could not visit the ward environments. However, there was a visitors' room away from the clinical areas where children could visit.

Track record on safety

- There were three serious incidents requiring investigation between November 2015 and June 2016. These included a wrong intramuscular injection given to a patient, allegation of sexual assault and the attempted escape of two patients. Serious incidents were investigated thoroughly and these produced actions and outcomes to address concerns.

Reporting incidents and learning from when things go wrong

- Each ward manager had received root cause analysis training to enable the effective investigation of incidents.
- Staff knew how to report incidents. Incidents were reported using electronic forms. On Ermine and Clopton, senior staff showed us how to access the form and what was reported.
- Senior managers reviewed the information before incidents were closed. Managers had an overview of incidents, ensured staff were aware of lessons learnt, and action plans to reduce the risk of repeated incidents to maintain patient safety.
- Staff were open and transparent and explained to patients when things went wrong.
- Staff confirmed that updates and actions from incidents were received via group email and support and de-briefs were offered following incidents.

Forensic inpatient/secure wards

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

Good 

Assessment of needs and planning of care

- Staff completed comprehensive assessments for all patients in a timely manner. We reviewed 36 care plans. Most care plans were personalised, holistic and recovery orientated. The majority of patients had copies of their care plans. Care plans included positive behavioural support plans where appropriate.
- Staff undertook physical examinations of patients upon admission. Staff recorded physical observations such as blood pressure, temperature, pulse and weight on a weekly basis or as required, which ensured ongoing monitoring of physical health.
- The information needed to deliver care and treatment effectively was stored securely within computer-based records.

Best practice in treatment and care

- Patients had access to psychologists but due to recent difficulties in recruiting, patients were on waiting lists for several months. Psychologists delivered a variety of therapies, which included dialectical behaviour therapy (DBT), cognitive analytical therapy (CAT), 'stop and think' substance misuse, and sex offender treatment programmes.
- Staff used recognised rating scales to assess and record severity and outcomes. For example, the health of nation outcome scales (HONOS).
- Staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. This included regular reviews and physical health monitoring such as electrocardiograms and blood tests.

Skilled staff to deliver care

- Each member of staff received six hours training every six weeks, which included peer supervision in addition

to the monthly supervision. Ward teams included nurses, support workers, consultants, doctors, a psychologist and therapy staff, occupational therapists and social workers.

- Staff received regular clinical supervision. The hospital target was 85%. At the time of inspection, the hospital was 88% compliant. Staff received annual appraisals. Compliance with this was 88%. Staff received the necessary specialist training for their role.
- Ward managers did not hold regular team meetings. Managers told us this was difficult to arrange because of the set shift patterns. This did not ensure effective communication across the wards.
- Ward managers addressed poor staff performance promptly with the support of the human resources team.

Multi-disciplinary and inter-agency team work

- A police link officer was in place and close liaison with the local police service reported when needed. A system was in place for the nomination of an appropriate adult for interviews of alleged perpetrators when needed.
- Weekly multidisciplinary meetings took place to discuss patient care and treatment. Each patient had the opportunity to discuss their care and treatment with the MDT on a monthly basis. We observed a meeting on Orwell ward and saw there were effective discussions with the patient and they were fully involved. Enhanced care programme approach meetings took place.
- Staff reported that most handovers between shifts were effective. Some staff reported the exception being from the night staff to the day staff.
- Referral of patients was from commissioners across the country. Details of the contact organisation with details of the patients care coordinator, crisis and home treatment teams and social workers were recorded.
- Staff worked with external agencies. This included liaison with multi-agency public protection arrangements (MAPPA) where patients had committed a criminal offence. This ensured a proactive approach to risk management.

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

- Staff we spoke with had a good understanding of the MHA, the code of practice and the guiding principles.

Forensic inpatient/secure wards

- Staff adhered to consent to treatment and capacity requirements, copies of consent to treatment forms were present with medication charts where applicable. We saw evidence to show doctors assessed patients' capacity prior to treatment starting.
- Staff read patients their section 132 rights on admission and three monthly thereafter. We saw evidence of this in patients care records.
- Staff received administrative support and legal advice on implementation of the MHA and code of practice when required.
- Detention paperwork was completed, up to date and stored appropriately.

Good practice in applying the Mental Capacity Act

- Staff had some understanding of the MCA, in particular the five statutory principles.
- Some staff identified a need for further training in the Mental Capacity Act, and reported to feel unclear of their role and responsibilities within the capacity assessment process. However, the provider had a policy on MCA and DoLS that staff were aware of and could access as need.
- Staff recorded capacity assessments in patients' care records for patients who might have impaired capacity. Staff completed the assessments on a decision-specific basis.
- Patients had access to independent mental health advocacy services.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- The provider's patient satisfaction survey showed that 97% of patients knew how to make a complaint and 69% of patients stated that staff listen to what we say in meetings. However, 34% did not have enough time to discuss their care pathway with staff. 56% did not receive the weekly primary nurse sessions.
- Staff interacted with patients in a caring and respectful manner and remained interested when engaging patients in meaningful activities. Staff were responsive to patients' needs, discreet and respectful.

- We spoke to 24 patients and received 17 comment cards. Three patients on Wimpole reported they did not feel safe on the ward due to the behaviour of other patients and three reported permanent staff were good but some agency and bank staff were not polite and were unhelpful. However, on Orwell and Clopton patients reported most staff were supportive of them and their individual needs.
- Some patients told us that they did not always have regular 1:1 time with their named nurse but other ward staff were available to raise concerns if required.
- Patients told us that the behaviours of other patients affected staff capacity to provide escorted leave. At weekends, this appeared to be more frequent. Ward based dashboards seen showed that cancelled leave was rescheduled.

The involvement of people in the care they receive

- Staff ensured the admission process informed and orientated patients to the ward and the service. The hospital had a buddy system in place to support patients on admission to the service.
- Staff offered patients their care plans. However, patients across all wards told us they were not involved in writing these. It was not clear if patients' families and carers were involved in their care. This was not documented in patients' notes. However, some patients told us their families and support networks were consulted regarding their care and treatment with their consent. Families could visit patients on site
- The use of the provider's electronic recording system offered patients an opportunity to contribute to their care plans and documentation for discussion at Care Programme Approach (CPA) reviews and multi-disciplinary team meetings.
- Advocacy visited the wards on a weekly basis. If patients wanted to speak to an advocate outside these times, staff contacted the service on the patients' behalf. Most patients across the wards spoke highly of the advocate.
- Patients had daily planning meetings and weekly community meetings. Patients requested to use their Section 17 leave. Some patients held representative roles for their wards. These patients attended managerial meetings to escalate issues and advocate on behalf of other patients. They valued this opportunity

Forensic inpatient/secure wards

to be involved in service related decisions and have a voice. They attended national conferences and participated in the provider presentation for this inspection.

- A carers' day was held on 9 October 2016. Plans were in hand to set up a carers' forum with volunteers from this day

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

Good 

Access and discharge

- Average bed occupancy for the period from February to July 2016 ranged from 91% on Icknield to 96% on Ermine and Wimpole. This meant that wards were working at near full capacity during this period.
- Care pathways and admissions could be from high secure units, prison, courts or other inpatient units.
- There was a pathway from secure to rehabilitation wards depending on individual risk assessments and progress.
- Between February and July 2016, the provider reported six delayed discharges across the hospital. This was due to funding arrangements with commissioners over which the provider had no control. Senior staff on Orwell ward told us they had experienced delays in identifying suitable placements to meet their patients' specific needs.

The facilities promote recovery, comfort, dignity and confidentiality

- Some ward environments including Icknield and Orwell were not conducive to patient recovery and were part of the provider's action plan to improve the hospital environment. Ermine was refurbished downstairs with the addition of a search room and a new seclusion suite.
- Icknield ward was in phase 1 of updating. Carpets, flooring and the seclusion area were due replacement. However, the bedrooms upstairs were not part of the current refurbishment plan. Several patients raised the issue that bedrooms were not en-suite. There were three shower rooms upstairs, two were not being used due to the refurbishment

- Patients could personalise their bedrooms. They could put up pictures and bring in personal bedding.
- All wards had a range of rooms and equipment to support treatment and care. This included a clinic room, interview rooms, and lounges, activity rooms, meeting rooms and a sports area. Each ward had a communal lounge with TV. Secure courtyard areas included a smoking area.
- The hospital has extensive grounds with horticulture, animal husbandry and education areas, a social club and café.
- Ward drinks and snacks were available throughout the day. We saw tea and coffee making facilities on all wards. However, patients told us on Orwell and Icknield that only juice and water was available during the night as there was no access to the downstairs area after 9.30pm.
- Patients had opportunities to develop their daily living skills such as cooking, shopping, personal laundry and budgeting.
- Visitors were not allowed onto wards for safety and security considerations. However, there was a relatives' room outside of the clinical areas. Professional visitors could access rooms on the ward by prior arrangement.
- Most wards had phone booths for patients to make private calls. Mobile phones were not permitted for security reasons.
- Boards were present in communal areas with timetabled activities for the day. However, 10 patients across the hospital told us there were not enough activities. These included patients on Ermine and Clopton.
- There was a system in place for monitoring patients' escorted community leave. However, several patients and some staff across the wards reported this leave was cancelled due to shortages of escorting staff. Some staff and reported escorted leave did not happen at the weekends. Ward based dashboards seen showed that cancelled leave was rescheduled.
- Patients reported that the food was of good quality. Meal choices included options for vegan, halal diets and patients with allergies.

Meeting the needs of all people who use the service

- The service was accessible for patients requiring disabled access.

Forensic inpatient/secure wards

- A range of information was displayed on boards across the wards relating to treatment, local services, how to complain, safeguarding, patients' rights. Pictorial information was available. The information was in English but staff informed us this was available in languages spoken by people who use the service
- Staff provided access to interpreters or signers when required. There were opportunities to meet patients' cultural, language and religious needs across the hospital. There was a multi-faith room based on the hospital site, which patients could access. Staff and patients contacted local faith representatives to visit the wards as required.

Listening to and learning from concerns and complaints

- Information on how to complain was displayed on all wards.
- From July 2015 until August 2016, 36 complaints were received for this core service. Five were upheld. Icknield had the highest number with 12 complaints made. Complaints logs were seen for processing, monitoring and responding to complaints.
- Three patients felt staff had not investigated their complaints properly and had not been given feedback in a satisfactory timescale.
- Individual concerns were raised in ward community meetings and hospital wide patient council meetings. Patient council meetings minutes were detailed with actions and timeframes for completion.
- Staff knew how to handle complaints in line with the hospital policy.
- Staff received feedback on the outcome of investigations via the complaints department.

Are forensic inpatient/secure wards well-led?

Requires improvement 

Vision and values

- Most staff we spoke with knew the vision and values of the hospital. These were valuing people, caring safely, integrity, working together and quality. Team objectives reflected these values.

- Most staff said senior managers were approachable and visited the wards on a regular basis.

Good governance

- There had been delays in the implementation of the hospital's refurbishment and redecoration programme. This had implications for patient safety.
- Senior managers had not implemented contingency arrangements to mitigate these risks.
- Ward staff meetings were not held regularly which meant some of the governance information was not reaching team members and not all staff were aware of the governance arrangements.
- The hospital and the corporate provider changed senior operational management teams on the final day of our inspection.
- Managers monitored their teams' compliance with mandatory training.
- Frontline staff maximised shift –time on direct care activities as much as possible as opposed to administrative tasks.
- Staff actively participated in clinical audit to ensure patient care was being monitored and improved.
- Managers had access to ward based dashboards, which tracked incidents and other relevant data for their ward and hospital. A morning senior management team meeting reviewed the latest incidents and issues for the day ahead.
- Administrative support was shared between two wards.
- Managers had the ability to submit items to the hospital risk register
- Front line clinical staff participated in clinical audits. We saw evidence of monthly audits for medication, risk assessments, care plans and room searches across all wards.

Leadership, morale and staff engagement

- Staff sickness from August until July 2016 ranged from the lowest on Wimpole at 1.9% to the highest on Clopton at 5.4%. Managers completed return to work interviews when staff returned to work after a period of sickness. Staff were referred to occupational health for support where required.

Forensic inpatient/secure wards






- There were no reported instances of management bullying or harassment across the service.
- Staff were aware of external confidential support helplines and whistleblowing processes and felt they were able to raise concerns without fear of victimisation.
- The hospital had carried out a culture of care survey of staff. The results showed that 90% felt they were part of a well-managed team. However, 42% felt that they did not have time to do their job properly. 68% reported that they had experienced harassment from patients or their relatives over the past twelve months. An action plan involving occupational health was in place.
- Morale was good within teams and staff felt supported by managers. There was an 'open door policy' that allowed staff to approach their managers with any concerns or feedback.
- There were out of hours on call rotas for senior nurses, managers and doctors to support staff.
- Staff reported they worked well as a team although this was more challenging in the absence of permanent staff on the wards.
- Some staff identified that there were opportunities for leadership development.
- Staff were offered the opportunity to give feedback on services by completing staff surveys and questionnaires. These reviewed the five key principles and values and required action plans for staff to formulate for any areas of concern.

Commitment to quality improvement and innovation

- Clopton, Ermine, Icknield, Wimpole and Orwell wards were part of the external accreditation from the Royal College of Psychiatrists' quality network for forensic mental health services. The provider had an action plan to address any identified concerns.
- The wards displayed posters detailing continuous quality improvement network (CQUIN) projects and action plans.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

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

Inadequate 

Safe and clean environment

- Layout for all eight rehabilitation settings contained blind spots with corridors for bedrooms, bathrooms and communal areas not having clear lines of sight for staff. There were convex mirrors in place on Nightingale ward near the clinic room, and ground floor toilets that mitigated risks in these areas.
- Swift, Fairview, Nightingale and Wortham wards had bedrooms on the first floor, accessed by stairs. The layout of upstairs landings meant staff could not safely check all lines of sight when approaching the first floor. Bathrooms and toilets in most rehabilitation wards contained ligature risks such as soap dispensers and wall mounted grab rails. These risks were included on the wards', and bungalows' environmental ligature risk audits and mitigating actions documented.
- Beds on Wortham ward had space underneath the base where a patient could conceal items. The design of the beds on this ward differed from the other wards in this service.
- The ward manager for the bungalows confirmed that patients were individually risk assessed and if found to be at risk of self-harm, consideration was given to removal of wardrobe doors and alterations to the

environment as deemed appropriate. On the first floor of Nightingale ward there were ceiling hatches to access the loft. These were unlocked, and presented a potential risk to patients.

- All wards offered single sex accommodation. However, other patients walking around the site could see through bedroom windows in the bungalows. Obscured glass in the bathrooms of the bungalows offered a degree of privacy.
- The only seclusion room for long stay and rehabilitation wards was situated on Nightingale ward. This was used to seclude patients from Wortham ward. There was a low stimulation seating area outside the seclusion room. This would be utilised to de-escalate patients to prevent the need to use the seclusion room and used for meals and medication administration when patients were in seclusion. The door to the low stimulation area contained reinforced glass panels and was adjacent to a main corridor to access the garden area used for smoking, reducing patient privacy.
- Staff could not monitor patients using the seclusion en-suite bathroom with the door closed. The ward manager advised that refurbishment to the seclusion room was due to start in December 2016, and the plans included installation of a viewing window into the en-suite. Where assessed to be at risk of using the bathroom unsupervised, patients used urine bottles and bedpans as an alternative to the en-suite facilities.
- There was a thin mattress positioned on the floor, with anti-ligature bedding and pillow. This was not on a bed base as recommended by the revised Mental Health Act code of practice (2015). We were informed that the mattress size and thickness was designed to prevent risk of use to barricade the door. The floor of the seclusion

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

room was dirty and the walls had inscription marks on them, reported to have been longstanding. The room had ceiling vents to provide air conditioning or heating as required.

- There was closed circuit television (CCTV) in place with a viewing screen outside the seclusion room. The ward manager advised the CCTV had not been working for the last seven to fourteen days. From maintenance records seen, the issue was reported 11 days before the inspection. The CCTV was utilised to mitigate risks of blind spots within the seclusion room. The decision to continue to use the seclusion room with the CCTV being non-operational contradicted the risk management plan in place for safe use of this room.
- Records for the seclusion room did not detail how to monitor patients without use of the closed circuit television (CCTV) or identify contingency arrangements to mitigate the risks. The inspectors escalated this matter to senior management and maintenance visited the same day and resolved the issue to ensure the CCTV was operational.
- Patients living at the bungalows and on Swift and Fairview, completed cleaning tasks in their bedrooms and communal areas. The housekeeping team visited weekly to complete a deep clean. Staff supported patients with household tasks when required with the option to send clothing to the laundry on site. We found that the communal toilet floor and disability equipment positioned on the toilet in bungalow 67 were visibly unclean.
- Water from the shower area in Bungalow 67 had been flooding under the door causing damage in the hallway. This shower was under repair. Patients on Bungalow 67 were using the shower on 69 on a temporary basis.
- Staff risk assessed the level of support patients on Nightingale ward required with personal hygiene and cleaning their bedrooms. The housekeeping team had allocated times to clean the bedrooms and bathrooms. The housekeepers recorded issues on a weekly feedback sheet that the ward manager signed off. The housekeepers had the option to attend ward meetings to air any concerns.
- Some of the bedrooms on Wortham and Nightingale wards smelt, and were cluttered with personal effects.

Staff acknowledged that clutter affected their ability to complete room searches. Staff supported patients to manage accumulation of items when they had a known history of hoarding.

- Nightingale ward did not restrict the number of aerosol cans patients could have in their bedrooms (aerosol cans could potentially be misused). Staff secured razors, cigarette lighters and for some patients cigarettes in the office. Staff distributed cigarettes at smoking times and razors for shaving. Plastic rubbish bin liners in communal lounges did not have holes in the bottom so could pose a suffocation risk.
- Some seats on Wortham ward had splits in the fabric making them difficult to keep clean. Patients told us seats were due for replacement. There was a section of flooring missing in the entrance hall, near the bottom of the stairs. Staff confirmed damage to the flooring was due for repair. The condition of this section of floor would be difficult to clean as it was uneven and had exposed concrete.
- The housekeeping team cleaned the bedrooms on Wortham ward while patients remained on the ward. We observed that cleaning products were left unattended while the housekeepers worked in the bedrooms. The vacuum cleaner lead was trailing across the corridor floor, which posed a potential tripping hazard. It was unclear how staff safely managed these risks.
- Staff wore personal alarms as a means of sourcing support in an emergency.
- While, most bedrooms and bathrooms had nurse call buttons, the buttons were not always in accessible positions. For example on Nightingale ward, the button was not located near to the bath or toilet and would be difficult to reach from the floor. Bathrooms and bedrooms on the Bungalows did not have nurse call buttons.

Safe staffing

- Each unit manager was expected to display their safe staffing levels and update them daily. This form was not up to date on bungalows 63 and 65 or displayed on Wortham ward.
- The morning management meeting reviewed daily safe staffing levels across this service. Ward managers had the option to source agency staff or would complete

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Requires improvement 

tasks to support their teams. Staffing levels were adjusted to allow for daily activities such as escorted leave and attending medical appointments or where patients required enhanced levels of observation.

- Where possible, the same agency staff were used to offer consistency and familiarity for the patients. Some agency staff were offered contracts by the provider. Agency staff interviewed confirmed they were familiar with the ward environment and had received detailed handovers from the previous shift. Agency staff reported that they received supervision and appraisals through their employer rather than from Kneesworth House.
- Staffing levels for the Bungalows was one qualified nurse and two health care workers to cover two bungalows (shift split so teams covered bungalows 63 and 65, 67 and 69) during the day. At night, one qualified nurse and five health care workers covered all four bungalows. The bungalows accommodated 16 patients (there were five empty beds at the time of the inspection).
- Where gaps in staffing were identified, staff would be redeployed from the bungalows to other wards. Staff reported this to happen on a weekly basis. This resulted in staff working with unfamiliar patients. Staff felt this left their teams depleted and impacted on ability to cover breaks. Qualified nurses reported that health care workers covered nursing breaks or needed to seek additional support from the allocated nurse for the other Bungalows.
- On Swift, one qualified nurse and one unqualified nurse were on shift during the day. Night cover consisted of one unqualified nurse. If additional support was required, the unqualified nurse reportedly sourced assistance from surrounding wards. Swift unit accommodated four patients (there were two patients at the time of the inspection). Swift had one health care worker responsible for up to four patients at night. The provider lone working policy identified use of equipment such as personal radios as a means of gaining assistance, but timely responses from other wards remained an area of concern according to staff interviewed.
- Staffing levels at Fairview were one qualified nurse and three unqualified nurses during the day. At night, one qualified nurse and two unqualified nurses covered the shift. Fairview accommodated six patients. At the time of the inspection Fairview had no spare beds.
- Two qualified nurses and three unqualified nurses covered the day shift on Nightingale ward. The night shift consisted of one qualified nurse and two unqualified nurses. At the time of the inspection, the ward cared for some patients with a high acuity of need and was staffed accordingly. Nightingale ward accommodated 17 patients and was full at the time of the inspection.
- On Wortham, ward two qualified nurses and four unqualified nurses covered the day shift. The night shift consisted of one qualified nurse and three unqualified nurses. At the time of the inspection, one of the nursing staff on shift was from an agency but was familiar with the ward and patient group. Wortham ward accommodated 17 patients and had no vacant beds at the time of the inspection.
- The provider offered student nurse placements to encourage applicants to staffing vacancies.
- The provider supplied data that showed agency cover due to staff sickness and absence across the service between 22 June and 20 September 2016 was as follows: bungalows, 63 and 65, 31 shifts; bungalows 67 and 69, 39 shifts. Swift - one shift. Fairview - 85 shifts. Nightingale ward 36 shifts and Wortham ward 32 shifts.
- The provider supplied data that showed staff sickness over a 12-month period from 1 August 2015 to 31 July 2016. This was for bungalows, 63 and 65 - 5.9%. For bungalows 67 and 69, it was 4.3 and 4.9%. Swift was 2.8%. Fairview was 1.9%. Nightingale ward was 8.1% and for Wortham ward 2.7%.
- Mandatory staff training rates were provided. These included management of violence and aggression (MVA) (88% completion) and breakaway (86% completion), Mental Health Act codes of practice (95% completion), mental capacity act and deprivation of liberty safeguards (81% completion), safeguarding level one for children (64% completion) and adults (89% completion), equality, diversity and human rights

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Requires improvement 

training (96% completion). All registered nurses had received immediate life support training. Managers monitored staff training compliance, and sent reminders to staff when renewal dates were due.

- Staff accrued 15 minutes of additional paid time for each shift worked. This was combined into six hours, every six weeks when staff attended training and development sessions (TR6). This offered an opportunity for shared learning and lessons learnt from incidents.

Assessing and managing risk to patients and staff

- Staff on the Bungalows, Swift and Fairview reported no recent use of restraint or seclusion. The ward manager reported that patients moving onto the bungalows should be 'incident free' for six months prior to being accepted. For the six months prior to the inspection, bungalow 63 had no episodes of restraint, bungalow 65 had three, bungalow 67 had one and bungalow 69 had none. Swift and Fairview had no recorded episodes of restraint.
- Data received prior to the inspection indicated a high use of restraint on Wortham ward for the six months prior to inspection, with 90 episodes recorded. When discussed with staff, this related to a patient who did not meet the criteria for rehabilitation, instead needing a higher level of care and support. Without use of restraint, it was felt the patient's health and wellbeing would have been at significant risk. This patient had been transferred to another service. Staff were clear this was an isolated case, and there had been no recent use of restraint on the ward. Nightingale ward recorded 16 episodes of restraint for the six months prior to the inspection.
- Interviews with the doctor and ward manager for Nightingale ward identified a high level of restraint and use of seclusion in the weeks prior to the inspection. The doctor identified that the ward was supporting a number of patients in the acute phases of their mental illness. Their behaviours and approaches towards other patients and staff members required intervention. There had been recent incidents of physical assault on staff members and doctors. Discussion with the doctor identified that the multi-disciplinary team were arranging for one of these patients to transfer from Nightingale ward to an acute setting, as it was felt this would better meet their needs.
- Doctors were on site during the day and overnight, offering consistent levels of support to staff and patients. Staff could access timely intervention for patients in the event of a medical emergency or crisis. From the seclusion records reviewed on Nightingale ward, Doctors were reviewing patients within an hour (usually less) of admission to the seclusion room.
- Where appropriate, patients attended the local walk in acute NHS service, and there were nurses in place to oversee physical health checks for patients. The management team reported good working relationships with local acute hospitals.
- A GP visited twice a week and worked with the provider's practice nurse. Dentists, dieticians and opticians visited the site regularly. Patients living with diabetes accessed specialised nursing services through the local hospitals.
- Staff completed risk assessments with patients on admission. These incorporated historic risks and detailed criminal offences where applicable. Detail of previous attempts to abscond, medical needs and allergies were recorded. Staff advised these forms were updated after an incident of violence or aggression
- Use of the seclusion room was recorded in a paper book, with paper observation sheets that were uploaded onto the electronic system. Dates indicated delays in this material being recorded. This meant staff potentially needed to review up to three sets of records relating to an incident or use of the seclusion room. This could result in staff being unable to source required information particularly if needed quickly.
- The provider had introduced a restrictive interventions reduction plan, and staff discussed the need to keep this at the forefront of patient care and treatment. This included an active least restrictive working party in place consisting of staff and patients. However, on the bungalows, Swift and Fairview, approaches such as counting all cutlery in and out after each use and collecting patient mobile phones in at night remained standard practice and was not linked to individualised risk assessments.
- The bungalows and Swift did not have a clinic room. Instead, medication was stored in wall mounted, locked units in the nursing office. Medication was administered

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Requires improvement 

at the office door with the option to use a serving hatch. Most patients on the bungalows managed their own medication, storing prescriptions in locked, wall-mounted safes in their bedrooms.

- First aid equipment was stored in green grab bags and emergency resuscitation equipment in red. For the bungalows the green bags were shared between 63 and 65, 67 and 69 (stored in the nursing office). The red bag shared between the four bungalows was held on 67.
 - Fairview, Nightingale and Wortham wards had fully stocked clinic rooms and green first aid grab bags. We checked the fridge temperature records and found some gaps in checks on Nightingale ward. There was a red resuscitation grab bag on Nightingale ward and another located at South view (Kneesworth House main office building) to serve Fairview and Wortham wards.
 - There were no controlled drugs held on Wortham or Nightingale wards. All rehabilitation settings stored stock medication, rather than prescriptions named for individual patients. There was no stock list on Nightingale ward, so medication could be unaccounted. Random checks of medication on bungalow 65 and 67 were completed during the inspection. Medication for a discharged patient was found on bungalow 65, this matter was brought to the attention of the ward manager and they confirmed that this would be addressed.
 - Medication charts had an up to date printed photograph of the patient to prevent giving medication incorrectly. Some patients did not take medication, or were taking medication for physical healthcare needs only.
 - Patients received support with independent medication management, particularly those living in the bungalows. This process involved six stages including showing the patient how to manage medication, while administered by staff, through to having a daily or weekly supply of medication stored in a locked wall safe in their bedroom. This process was under continual review. If patients had not been compliant or there was a deterioration in ability to manage independently staff increased support.
 - Some patients were receiving antipsychotic medication above British National Formulary (BNF) guidelines;
- discussion of this approach and recording of consent was evidenced on T2 documentation. These patients were monitored closely by the doctors, to check for side effects and potential risks associated with high dosage.
- Where errors on medication charts were identified, for example missed doses or gaps in staff signatures, these concerns were immediately escalated to the medical team, and assurances sourced the issues would be investigated fully.
 - Staff completed hourly observations during the day and overnight for all patients unless on unescorted leave. Where a patient was assessed to be at increased risk, for example due to being acutely unwell or having physical health issues, timings of observations were increased or patients were assigned members of staff to provide one to one care.
 - With the exception of six bedrooms on Nightingale ward, no bedroom doors had viewing panels. Whilst this offered patients privacy and dignity, it resulted in their bedroom doors being opened hourly (or more frequently if assessed to be required) to complete nightly observations. This disturbed sleep and staff gave examples of how patients found new members of staff undertaking this unsettling, as they were unfamiliar faces looking in their bedrooms.
 - Good examples of staff using verbal de-escalation were observed as a means of supporting patients who had become agitated or frustrated, without the need to use restrictive intervention.
 - Staff confirmed they received mandatory training in management of violence and aggression (MVA) and breakaway techniques. They confirmed the training also covered use of restraint on the stairs. This was identified as particularly relevant on Nightingale ward as there were steps on one of the access routes to the seclusion room.
 - Seclusion records were reviewed on Nightingale ward jointly with patient care plans and risk assessments. Information was recorded in a paper seclusion book, on two electronic systems and additional forms were completed to log timed observations and care tasks such as provision of food and fluids. Staff unfamiliar with Nightingale ward would need to check multiple locations to source patient information, particularly

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Requires improvement 

relating to seclusion. There was a delay in uploading paper information onto the electronic system. Some records were documented on a different date to when the seclusion was taking place.

- Staff did not have a working knowledge of safeguarding practices as the social work team dealt with referrals. Some staff could not give examples of types of abuse, and did not appear updated on the outcomes of safeguarding investigations as a way of aiding their understanding of the process. It was therefore unclear how staff consistently recognised safeguarding concerns.
- Staff referred patients to the occupational therapy team for management of issues such as falls, and to obtain items of equipment to aid independence for example seating used in the shower to enable a patient to wash independently.

Track record on safety

- The ward managers for the bungalows and Nightingale ward identified the main cause of serious incidents related to patients absconding from unescorted leave on the grounds or in the community. A thematic review completed identified areas of practice and procedures that required changes. Senior managers confirmed that changes were implemented. These had included the review of the granting of unescorted leave and the updating of risk assessments for individual patients. These had been effective in addressing these concerns.
- Data from Nightingale ward identified five serious incidents between July and November 2016. Four related to patients failing to return from leave. One related to delayed discontinuation of seclusion.

Reporting incidents and learning from when things go wrong

- Daily management meetings included discussion and debriefing about incidents and findings from investigations. Ward managers advised this information was shared with ward staff during supervision and in handover meetings between shifts. Copies of handover sheets viewed during the inspection contained limited details and mainly had pre populated questions with circled yes or no answers.

- Staff confirmed receipt of debriefing sessions and support after involvement in serious incidents. Ward managers advised they would follow up with staff after incidents, and contacted staff at home to ensure they were coping.
- Community meetings were utilised as a means of sharing information and issues with patients, and trying to ensure transparency and openness when something happened or plans needed to be changed. Staff on bungalow 67 identified that community meetings were offered but not held consistently, due to a lack of engagement from patients. Senior staff gave assurances that this was under review.
- Staff were observed offering clear explanations to patients to alleviate frustrations for example if there were delays in accessing escorted leave.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Care and treatment records contained risk assessments with (HCR20) forms completed where appropriate to assess risk of violence or aggression. Most risk assessments were updated regularly and had been started when patients were admitted to the ward.
- Patients received physical health examinations with on going health concerns regularly reviewed. Staff had increased day and night time observations e.g. from hourly to every 15 minutes where risks associated with medical conditions such as respiratory health had been identified. Some records indicated repeated refusal of routine health checks by patients. Staff viewed this as patient choice, however, the reasons for refusal or contingency plans to ensure patient health remained in optimum condition were not always recorded.
- Care plans included positive behavioural support plans where appropriate and were holistic with outcomes measures such as the health of the nation outcome scales (HONOS) completed. While access to the provider's care and treatment planning system was limited during the inspection due to technical issues.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Some care plans were not recovery focussed or contained long-term goals. This was reflected in feedback received from some patients. Staff were unable to confirm whether all patients had been offered a copy of their care plan. It was unclear if patients knew the content of their plans in relation to rehabilitation goals and progression.

Best practice in treatment and care

- Doctors confirmed that where patients received treatment for mental and physical health needs, they worked collaboratively with the other professionals involved to offer consistent standards of treatment and care.
- Most patients reported to see their named nurse for one to one sessions weekly. The provider aimed for these sessions to be hourly, once a week. Staff reported that some patients were harder to engage, and other patients sourced one to one support on a daily basis. The teams worked hard to accommodate the individual support needs of each patient.
- Patients had access to psychological therapies including Cognitive Behavioural Therapy (CBT) and talking based therapies. Cooking activities and groups were offered on Wortham and Nightingale wards. Occupational Therapists supported patients to attend the onsite gym facility once signed off as medically fit by the doctor.
- A dentist visited the service every month. A Podiatrist visited monthly and an Optician visited six monthly. Patients could also access these services in the community.
- Senior staff were trying to increase the level of meaningful activity sessions being held, particularly on the bungalows and Nightingale ward. They were also keen to try to make off site leave more meaningful. Senior staff identified the need for staff education and confidence building in relation to discharge planning.
- A GP visited twice a week and worked collaboratively with the provider's practice nurse. Patients living with diabetes accessed specialist-nursing services through the local acute hospitals.

Skilled staff to deliver care

- Patients had access to a full range of mental health disciplines to provide specialist care and treatment in the rehabilitation settings. These included occupational therapists, psychologists and social workers, who worked alongside the doctors and nurses.
- Ward managers told us their teams consisted of experienced nurses and health care workers. Some of the nurses interviewed had been health care workers and trained to become nurses, and remained working for the provider. This meant most staff were familiar with the site and patient group.
- Staff identified that access to individual supervision varied across the settings, with some receiving contact by telephone and some face to face. Supervision rates and duration were inconsistent. Ward managers identified a particular issue with supervision compliance for night staff. Ward managers reported that staff should receive individual supervision on a monthly basis. Group supervision and support was provided every six weeks as part of the service TR6 programme.
- Ward managers held overall responsibility for monitoring completion of supervision within their team. There was a supervision structure in place, with ward managers supervising nurses and nurses supervising health care workers. Staff on the bungalows, Swift and Fairview came under the same ward manager, supervision rates were at 74 %, Nightingale ward supervision rates were at 58% and Wortham ward at 95%. This meant that two wards were below the provider's own supervision target of 85%.
- Staff appraisals were completed annually, with the date set from when employment commenced. For the bungalows, Swift and Fairview, appraisal rates were at 77%, Nightingale ward at 89% and for Wortham ward 63%. This meant that some services were below the provider's own target of 85%.
- Ward managers gave examples of how poor performance was investigated and actions taken to manage this. Ward managers reported to feel supported by the senior management team to handle this aspect of their role.

Multi-disciplinary and inter-agency team work

- Staff and patients confirmed that enhanced care programme approach (CPA) reviews were held regularly and that other professionals involved in their care including community teams attended. Staff cited the

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Requires improvement 

provider's electronic care recording system as a useful tool to aid multi-disciplinary working as minutes from meetings were generated at the end of the meeting rather than being sent out later. This ensured all present left with clear action plans to address in a timely way.

- Some patients expressed frustration at the amount of time it could take for funding to be agreed to facilitate discharge.
- Ward rounds were held weekly with attendance from all professionals involved in the patients care and treatment. Patients were given the opportunity to contribute through completion of forms on the provider's electronic care recording system as part of their one to one sessions with their named nurse.
- A form was used to complete handover between shifts. Copies of handover sheets viewed during the inspection contained limited details and mainly had pre populated questions. It was unclear how serious risks and areas of concern were monitored without a written record. Information was provided that all patients have a summary completed on the electronic care records system by staff following completion of each shift which highlighted any areas of concern. Examples of effective verbal handover meetings were observed.

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

- Evidence of Mental Health Act paper work being recorded and securely stored was seen.
- Patients with escorted and unescorted leave had this information recorded in their notes, alongside risk assessments relating specifically to leave arrangements. The records clearly indicated time periods leave was authorised for and included terms and conditions such as maximum distances a person could travel from the site and whether they could use public transport. Plans included risk factors to consider before patients were signed off the ward for example reviewing their mood on the day and in the hours leading up to the start of the leave. Staff supported patients to ensure their mobile telephones were charged before going off site. Ward based dashboards seen documented the amount of leave that patients received.
- Section 17 leave records viewed demonstrated that advice and contingency plans were given to families when patients had home leave.

- Staff recorded what clothes a patient was wearing before they went on leave. This information would be shared with the police in the event a patient did not return.
- Patient consent to treatment and assessment of their mental capacity including their ability to weigh up and understand implications were recorded. Where applicable, consent to treatment forms (T2 and T3) were stored with patient medication charts. From the patient records reviewed, detention paperwork was completed correctly, up to date and stored appropriately.
- Informal patients understood they could leave at any time if they wished to. Mental capacity to consent to treatment was assessed and documented. Patients confirmed they had access to solicitors and legal advice, and could make private telephone calls to enable them to speak with their legal representatives when required.
- Information on the rehabilitation settings included leaflets on advocacy and IMHA services. Most information seen was produced in English, and it was unclear how the needs of patients where English was not their first language were supported to access these services.

Good practice in applying the Mental Capacity Act

- Overall, 85% of staff had completed their mandatory training in the MCA. Doctors and social workers completed individual capacity assessments.
- Nursing staff did not appear to understand their role and responsibilities as decision makers under the Act. They requested further training in use of the MCA. Staff were unable to consistently demonstrate an understanding of the five statutory principles of the MCA.
- There had been no deprivation of liberty safeguards training (DoLS) applications made in the six months prior to the inspection.
- Patient records contained capacity assessments which were completed by the doctors in relation to consent to treatment (T2 and T3). Records for informal patients contained MCA assessments in relation to consent to treatment, acceptance of medication and their understanding of the terms of their admission.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

Good 

Kindness, dignity, respect and support

- Staff were observed to treat patients with kindness and respect. They maintained their professionalism when handling challenging situations and responded to the needs of the patient to ensure they felt well supported.
- Where patients needed to speak to staff alone, arrangements were made to ensure privacy, utilising quiet rooms and meeting spaces away from other patients.
- Staff were familiar with the needs of individual patients being able to discuss their care and support requirements without referring to notes. This included knowledge of personal histories and external support networks, as well as mental and physical health conditions.
- Most patients told us staff were caring and supportive, treating them with dignity. Patients gave examples of where staff had offered them support and assistance in dealing with challenges for example bereavement or addressing confrontation and attitudes of other patients.
- Some patients on Nightingale and Wortham wards reported that staff did not treat them respectfully. The inspection team escalated any concerns divulged by patients to the ward managers or an appropriate member of staff and sought assurances that these concerns would be investigated.

The involvement of people in the care they receive

- The hospital had a buddy system in place to support patients on admission to the rehabilitation settings, particularly the wards. Staff spent time getting to know new patients, and supporting them to become orientated. This was observed during our time on Nightingale ward with a patient who had been admitted the previous day.

- Patients met with their named nurse and other professionals involved in their care regularly. This offered an opportunity to discuss areas of concern such as medication side effects.
- The levels of information documented, relating to discharge planning varied. Some patients expressed frustration that their long-term plans were not incorporated into their care plans. Patients felt consideration was not routinely given to life skills needed to live independently. Records did not consistently indicate whether patients had received a copy of their care plan.
- The use of the provider's electronic recording system offered patients an opportunity to contribute to their care plans and documentation for discussion at Care Programme Approach (CPA) reviews and multi-disciplinary team meetings. The design of this system enabled patients and staff to place a measure and risk rating against key issues and decisions. This offered staff and patients a visual means of evaluating their rehabilitation and identifying areas for improvement.
- Information was displayed on notice boards with details of advocacy services and ways to make complaints.
- Patients told us their families and support networks were consulted regarding their care and treatment with their consent. Families could visit patients on site.
- Patients with authorised leave spent time with families off site, including planned home visits, and overnight stays. Staff offered support to families when required.
- All rehabilitation settings offered regular community meetings. Staff and patients took minutes and worked collaboratively to plan events and resolve issues and discuss areas of concern. Patients were encouraged to participate in the meetings, but staff reported engagement to vary, particularly on Wortham ward and Bungalow 67.
- Some patients held representative roles on Swift and Wortham wards. These patients attended managerial meetings to escalate issues and advocate on behalf of other patients.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

Good 

Access and discharge

- Average bed occupancy for the six months prior to the inspection for the Bungalows was between 144 and 744 days. Swift was 291 days. Fairview was 867 days. Nightingale ward was 510 days and Wortham ward 561 days. Ward managers identified patient complexity in relation to discharge planning and funding arrangements as the main reasons for length of stay. Some patients, due to their criminal offences required authorisation from the Ministry of Justice before plans for future discharge.
- The hospital accepted patients nationally, with some discharged to out of area placements. There could be terms attached to patient discharge linked to criminal offences prohibiting them from returning to certain locations.
- Patients moved from acute areas of the service onto the rehabilitation settings as part of their progression towards discharge (where appropriate). Some patients moved from wards such as Wortham to the bungalows to develop skills in independent living, as the bungalows housed a smaller number of patients, with the expectation of completing daily living tasks independently.

The facilities promote recovery, comfort, dignity and confidentiality

- The bungalows and Swift did not have clinic rooms. Medical examinations were completed in patient bedrooms, which did not offer staff the same facilities as a clinic room such as an examination couch. All medication along with oxygen cylinders were stored in the nurses' office.
- Fairview, Nightingale and Wortham wards had fully equipped clinic rooms. Visual signs and floor markers had been introduced to encourage patients to stand away from the door to the clinic room to offer privacy to patients collecting their medication.

- The provider had introduced a restrictive interventions reduction plan, and staff discussed the need to keep this at the forefront of discussions regarding patient care and treatment. However, on the bungalows, Fairview and Swift; approaches such as counting all cutlery in and out after each use remained standard practice and was not related to individualised risk assessments.
- Wortham and Nightingale wards had kitchens that could be utilised for treatment sessions with the occupational therapists. Some patients on Wortham ward, the bungalows and Swift self-catered; receiving a weekly food budget from the service. Patients needed to complete their food hygiene certificate before cooking meals independently. Staff regularly reviewed the food in fridges to ensure all items stored were within date.
- Fairview, Wortham and Nightingale wards had multiple seating areas, with communal lounges containing televisions, and quiet rooms patients could use as required. Patients on Swift and the bungalows had a communal lounge with TV, so would need to utilise their bedrooms for privacy. Wortham and Nightingale wards had rooms for adult visitors such as meetings with solicitors. There was a designated visitor room on site for child and family visits. Where patients had authorised leave, they would spend time with family off site.
- All rehabilitation settings had facilities for patients to use telephones in private. The bungalows had portable phones patients could use in their bedroom as the pay phones were in public areas. Staff supported patients to contact services such as advocacy.
- Patients on the bungalows, Swift and Fairview had access to outdoor space until 11pm when the doors were locked for security reasons.
- Patients on Wortham and Nightingale wards had hourly-allocated smoking breaks throughout the day. Staff confirmed this decision was agreed in the ward community meetings, however, some patients on Wortham ward were unhappy with this approach, and it meant the garden was only open hourly while patients smoked. There was no closed circuit television (CCTV) in operation in the garden, but two members of staff

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Requires improvement 

supervised smoking times. One section of the fenced perimeter was low and could be climbed if a patient wished to leave the garden. The garden area was littered with cigarette butts.

- Nightingale ward had two garden areas. One designated for smoking. This was accessed hourly and two members of staff supervised patients while outside. Closed circuit television (CCTV) was in operation, but this did not enable staff to monitor all areas of the garden, with lines of sight obscured behind a covered seating area. At the time of the visit, supervisory staff were standing indoors watching patients through the window. They were asked to stand outside by the ward manager.
- Patients consistently reported the food to be of good quality, with choice and variety. Dietary requirements for religious or health needs were met. Menu choices for the week were on display for those patients who did not self-cater. Nightingale and Wortham wards had days where a cooked breakfast was offered, or a take away night which patients said they enjoyed.
- Patients on the bungalows, Swift, Fairview and Wortham ward had access to hot drinks 24 hours a day. Patients on Nightingale ward had access to a water cooler overnight but not hot drinks.
- Patients had the option to personalise their bedrooms. Staff encouraged patients to make their rooms feel homely and recognised the importance this had. Ward managers advised that offensive or illegal material could not be displayed, and steps would be taken to address this if identified.
- Patients had keys to their bedroom doors, with the option to lock their rooms to keep possessions safe. Some rooms had lockable cupboards. Patients on the bungalows had medication safes.
- Wortham and Nightingale wards had weekly activity programmes on display. Staff ran group activity sessions covering topics such as education on substance misuse. Smoking times were included on the programme. There was more free time at weekends, with fewer activities offered. Patients said this led to boredom and frustration. Therapy sessions ran alongside ward activities. No activity programmes were on display on the bungalows, Swift and Fairview.

Meeting the needs of all people who use the service

- All bedrooms on Nightingale ward, Swift and Fairview were located on the first floor, with access via stairs and no lifts. There were some ground floor bedrooms on Wortham ward. Bungalow 67 had ramped access to the main door, but there was a height difference between the ramp and hallway. This could affect ease of use in a wheelchair. The toilet in Bungalow 67 was located behind the kitchen, with a narrow corridor, which could affect ease of wheelchair access.
- Paved areas between buildings consisted of uneven surfaces, with poor lighting at night. This could affect ease of moving round the site in a wheelchair or using a walking aid.
- Where patients required equipment such as a seat to use in the shower, the occupational therapists would complete an assessment. Some wards had items of equipment in situ for patients to use.
- Each ward had notice boards with posters containing information on advocacy and Independent Mental Health Advocates (IMHA) services. Most information seen was produced in English. Staff confirmed arrangements were in place to access sign and language interpreters to assist working with patients, and liaising with families.
- Patients confirmed their spiritual needs were met. Staff arranged for patients to access guidance and attend places of worship. Where patients needed to remain on site, they received faith visits in the rehabilitation settings. Dietary requirements for religious or health needs were met.

Listening to and learning from concerns and complaints

- In the last 12 months, the bungalows had received no complaints. Swift had received one complaint. Fairview had received one complaint. Nightingale ward had received six complaints. Wortham ward had received four complaints. None of these were upheld or referred to the ombudsman.
- Patients, when asked understood how to make a complaint. Most reported to speak to staff or raise concerns in the community meetings.
- Senior staff on Nightingale ward discussed complaints and feedback received from patients in relation to searches on return from leave. Patients reported to feel they were being victimised. Taking on board the comments received, the ward installed the 'randomiser.'

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Patients pressed a button in the ward entrance hall on return from leave, this lit up to indicate if a search was to be completed or not, and worked by random selection. Staff confirmed that searches would be completed if concerns were identified but cited this as an example of where complaints had been listened.

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

Requires improvement 

Vision and values

- Staff were observed to implement the provider's values into their care and treatment of patients.
- Senior managers provided an on call system at night and weekends. They spent time in both the secure and the rehabilitation settings at weekends, meeting with staff and patients and reviewing issues. Staff confirmed they appreciated this level of support.
- Ward managers met with the senior team daily at morning management meetings.

Good governance

- There had been a lack of governance in identifying and managing concerns about the environment of this core service. This had resulted in delays in addressing these issues including the implementation of the refurbishment and redecoration programme. This had implications for patient safety.
- The hospital and the corporate provider changed senior operational management teams on the final day of our inspection.
- Some staff raised concerns about the quality and frequency of supervision given, and the value placed on it by senior staff.
- Senior managers had implemented a clinical governance bulletin to try to improve information

sharing from ward to board. Staff identified the TR6 training sessions as a means of sharing from incidents, dissemination of lessons learnt and a means of sharing good practice.

- The hospital had developed a dashboard, containing information relating to each rehabilitation setting, and staff member. Information included supervision and appraisal rates, mandatory training completion, risk assessments and incidents and other measures of service performance.
- The ward managers for the eight rehabilitation settings appeared to have sufficient support in place to meet the demands of their job. Ward managers took the lead in submitting concerns to the provider risk register; held on the main dashboard.

Leadership, morale and staff engagement

- Staff spoke positively about the support they received from the ward managers, and felt able to raise concerns without fear of reprisals. Staff reported morale was good within their teams and they offered each other support and worked well as a team. Staff felt ward managers had an open door policy to offer support when needed.
- Most staff reported to enjoy their job and experience satisfaction through seeing patients improve and progress. Staff gave examples of training and career development opportunities they accessed through the provider.
- Staff felt the TR6 training sessions offered the opportunity to give feedback on service issues and explore ways of improving service delivery.
- Staff were observed to explain to patients when things had not gone to plan for example with escorted leave or the need to change timings for allocating money. They were apologetic and clear with the patient. Staff explained what they would do to address problems

Commitment to quality improvement and innovation

- Whilst not a requirement of these services; the rehabilitation settings were also making use of CQUIN initiatives and use of resulting posters and actions plans to support in service development.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all seclusion rooms are fit for purpose.
- The provider must ensure that action is taken to address the identified infection control concerns.
- The provider must ensure that governance arrangements address the concerns about the hospital environment.
- The provider must ensure that governance arrangements address the concerns about the identified safety and infection control issues.
- The provider must ensure that the practice of routine prescribing of 'as required' medication on Bourn ward is stopped.
- The provider must ensure that every ligature point is risk assessed and the associated risks mitigated.
- The provider must ensure that the blind spots on Bourn wards and poor lines of sight on landing areas on Swift and Nightingale are risk assessed and mitigated.

Action the provider **SHOULD** take to improve

- The provider should review their staff recruitment and retention strategy and amend this as necessary.
- The provider should review progress with reducing blanket restrictive practices across the hospital.

- The provider should review their system for the recording of cancelled and rescheduled patient leave episodes.
- The provider should ensure that maintenance and cleaning arrangements are robust throughout the hospital.
- The provider should ensure that action is taken to address the waiting list for psychology input.
- The provider should ensure that every detained patients have their section 132 mental Health Act rights read to them.
- The provider should ensure that staff receive additional training on the Mental Capacity Act where required.
- The provider should ensure that staff receive additional safeguarding training where required.
- The provider should ensure that all staff receive monthly clinical supervision and annual appraisals.
- The provider should ensure that individual risk assessments are reviewed and updated as required.
- The provider should ensure that patients are involved in drawing up their own care plans and that the reasons for not doing so are recorded.
- The provider should ensure that regular ward based staff team meetings are held.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that patients received safe care and treatment This was because <ul style="list-style-type: none">• All of the ligature points throughout the hospital were not reviewed and mitigated• Actions had not been taken to address the identified 'blind spots', in particular near bathrooms on Bourn and poor lines of sight on landing areas on Swift and Nightingale.• Ward environments had not been updated for example on Swift Nightingale and Orwell wards as part of the wider plan to refurbish the hospital.• The seclusion rooms on Bourn Nightingale and Orwell wards were not fit for purpose.• Routine prescribing of 'as required' medication on Bourn ward took place for no clinical reason.• This was a breach of regulation 12 (1) (2) (a) (b) (d) (e) (f).
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider did not ensure that their premises were clean and well maintained.

This was because

- Infection control risks were not managed or mitigated effectively; for example, on Bourn, Wimpole wards and bungalow 67.

This was a breach of regulation 15 (1).

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not ensure that their governance systems were robust.

This was because

- There had been a lack of governance in identifying and managing concerns about the hospital's environment.
- Management systems had not addressed identified safety and infection control issues. Contingency arrangements to mitigate these risks were not in place.

This was a breach of regulation 17 (1) (2).