

Mersey Care NHS Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RW404	Ashworth Hospital	Arnold, Blake, Carlyle, Dickens, Forster, Gibbon, Johnson, Keats, Lawrence, Macaulay, Ruskin, Shelley, Tennyson wards	L31 1HW
RW493	Scott Clinic	Ivy, Poplar, Myrtle, Olive, Hawthorn wards, Reed Lodge	WA9 5BD
RW401	Rathbone Hospital	Allerton and Childwall wards	L13 4AW

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Overall we rated the service as good this was because:

There was a good culture of safety; staff had implemented the no force first initiative to good effect. There was good reporting of serious untoward incidents and staff learned lessons from these. There was a trust wide incident reporting process, with a clear expectation of 72 hour review and lessons learned exercises. Staff had a clear understanding of safeguarding and knew when to report abuse.

Staffing levels had been difficult for the trust but they were working to resolve this and had an active recruitment plan in place.

There was a trust mandatory induction programme and staff in the secure division had additional specially tailored training. The majority of staff felt that they received a good level of professional development and that training was actively encouraged. Staff were up to date with mandatory training, although in some places supervision was sometimes cancelled and staff had not had their annual appraisal.

Care plans were up to date and completed with patients' involvement, where patients had refused to participate, this was noted in the file. This was with the exception of the Scott Clinic, which did not always demonstrate patient involvement.

There were effective multi-disciplinary meetings in place and clear care pathways for individuals.

Patients reported positively on staff engagement. Overall patients felt that staff were kind and respectful and they spoke highly of the Positive Intervention Programme. This was valued for the work they did on engagement and advocacy.

The trust's visions and values were clearly articulated and staff were positive about the trusts vision. They were also positive about their managers and felt supported and valued. Communication was good and staff felt they could raise issues of concern and that they would be listened to.

However:

We found concerning issues following which the trust undertook an immediate review into the use of seclusions rooms and closed two rooms one at the Scott Clinic and one at Ashworth Hospital.

We were concerned that activities were often cancelled and that there were long waits for psychological intervention.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- Ward layouts enabled staff to observe most parts of the ward. Where observation was restricted, staff were strategically placed to carry out observation and minimise risks.
- Each ward had an infection control lead. Emergency equipment was in place. Staff managed medicines well.
- Ashworth hospital had implemented the no force first programme, with the aim of eliminating restrictive interventions on inpatient services. This included the use of face down restraint and rapid tranquilisation.
- Staff we spoke with on all the wards knew how to recognise and report incidents. We saw information relating to improvements, which had occurred following investigations into serious incidents.
- Staff demonstrated a thorough understanding of relational security and this was embedded in their practice.

However;

- We found concerning issues following which the trust undertook an immediate review into the use of seclusions rooms and closed two rooms one at the Scott Clinic and one at Ashworth Hospital.
- There were blanket restrictions in place on some wards for example Carlyle, Ruskin and Shelley, patients' rooms were locked at certain times of the day and patients therefore had to share a single toilet.

Good



Are services effective?

We rated effective as **good** because:

- Patients' needs were assessed and care was delivered in line with their individual care plans. NICE guidance was followed when prescribing medication.
- Care plans were up to date and were recovery focussed. There was clear patient participation in the care plans at Rathbone and Ashworth. Not all care plans were signed. However those without signatures had notes to state that the patient had not wished to sign the care plan.
- Patients in seclusion or long term segregation were supported by the hospital's Positive Intervention Programme to participate and engage with their care plan objectives.
- New staff spoke very positively about their induction.

Good



Summary of findings

- Patients were provided with excellent access to the local independent mental health advocacy service.

However;

- There were long waiting lists for patients to access psychological therapy.
- Unqualified staff were not receiving supervision.

Are services caring?

We rated caring as **good** because:

- We observed staff interacting with patients in a polite and caring way.
- The atmosphere on all the wards was calm and friendly.
- Patients had opportunities to be involved in decisions regarding their care. Families and carers were encouraged to attend their relative's annual care programme approach review.
- Staff were observed knocking on patients' doors prior to entering the room; patients told us that staff respected their privacy.
- Staff at all levels were able to demonstrate a good knowledge of the needs of individual patients

However;

- Care plans within Scott clinic did not consistently evidence patient involvement.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- Wards had a range of rooms and equipment including space for therapeutic activities and treatment.
- All the wards had activity programmes displayed.
- Discharge and transfer planning was in line with Mental Health Act and NHS standard contract policies for high secure forensic services.
- There were advanced decisions in place for all patients at Ashworth which described how they would like to be managed if they became distressed.
- Patients' individual needs were met including, language, faith and cultural needs. At Rathbone there was a multi-faith room available for patients to use, shared between both wards. There

Good



Summary of findings

was information and resources for different religions including Christianity, Islam, Hinduism, Sikhism, Buddhism and Judaism. There were stickers on the ceiling of the room pointing towards Mecca.

- Rathbone had a psychologist led friends and family group. This group invited the important people in the patient's life to come and participate, to enable the recovery process. This was available at weekends, for those family and friends who could not attend on weekdays

However;

- Patients and staff we spoke with told us that access to psychological therapeutic sessions was limited and activities were sometimes cancelled.
- The wards at Scott Clinic had very limited space and all communal areas had to be utilised for a variety of functions

Are services well-led?

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

- Staff were aware of the trust's wider vision and values. They were able to discuss the positive impact initiatives such as no force first and zero suicide strategy had on the wards.
- Staff told us that they knew who the senior management team was and that the senior management team had visited the wards. We were told of a recent meeting for night staff where the chief executive came in at 05:30 to meet and discuss issues including plans for the reprovision of the Scott Clinic
- There was evidence of wide range of audits being completed. When required the audits had accompanying action plans with evidence of review and escalation as required.
- Staff spoke positively of the level of mutual support available, and of a positive desire at the Scott Clinic to make the best use of existing resources within the limited space available to them. They also told us they appreciated the opportunity to discuss patient care within the "joint thinking spaces" sessions, which occurred each week.
- Ward managers told us they felt communication within the trust was very open. Ward managers were visible on all the wards during the day, were accessible to staff and patients and appeared proactive in providing support.
- Ashworth Hospital has a research facility that is engaged in a large number of projects with a wide variety of aims that include the impact and effectiveness of various interventions on patients, staff experiences and medical research.

Good



Summary of findings

- We saw examples of ward based innovation for example the approaches being adopted to improve physical health.

However:

- Staff at the Scott Clinic were receiving supervision but not consistently within the Trust's own time frame of four to six weeks. Staff were not receiving annual appraisals due to the implementation of a new system.

Summary of findings

Information about the service

The forensic /secure wards provided by Mersey Care NHS Trust are part of the trust's secure mental health division and provide the following high, medium and low secure mental health services:

High secure services

Ashworth Hospital provides high secure services covering the North West of England, the

West Midlands and Wales. It provides care and treatment for men who suffer from mental illness and personality disorder and require conditions of high secure care.

There are 13 high secure wards for adult men. This includes six admission and high dependency wards; Arnold and Blake with 12 beds, Johnson and Lawrence with 13 beds, Tennyson with ten beds and Keats with 14 beds. The remaining seven wards are medium dependency wards.

Medium secure services

The Scott Clinic in St Helens provides medium secure services for Merseyside and Cheshire. There are 56 inpatient assessment, treatment and rehabilitation beds for men and women suffering from enduring mental health problems. The five male wards are; Ivy admission ward, Hawthorn, Myrtle and Olive rehabilitation ward.

There is also a 10 bedded a step down facility -Reed Lodge for patients working towards discharge. Poplar Ward provides assessment and treatment for female patients.

Low secure services

Rathbone low secure unit is on the Rathbone Hospital site in the Old Swan area of Liverpool, it provides mental health rehabilitation for men with severe and enduring mental health problems who are preparing to return to life in the community.

The unit has two wards, Allerton and Childwall, each with 16 en-suite bedrooms. 'Wavertree Street' is central to the unit and provides structured leisure activities and joins the two wards together, it is decorated to simulate a street, with a café and telephone box.

We have inspected the services provided by Mersey Care NHS Trust 14 times between October 2011 and November 2014. We last inspected Ashworth Hospital in 2013 and the service was found to be meeting the essential standards.

The Scott Clinic had not previously been inspected by the CQC, but each ward had a MHA monitoring visit in 2014.

The last inspection of Rathbone Low Secure Unit was 18th July 2013. Rathbone Low secure unit was found to be compliant with the essential standards.

Our inspection team

Co-Chairs: Dr Paul Gilluley and Professor Jonathan Warren

Head of Inspection: Natasha Sloman

Team Leader: Serena Allen

The team which inspected forensic secure services included two inspection managers, four inspectors, four

consultant forensic psychiatrists, an independent mental health advocate, three Mental Health Act reviewers, eight mental health nurses with experience of forensic services and an expert by experience. We were also joined by the lead second opinion appointed doctor (SOAD) who carried out a specific check of medication and consent to treatment documentation.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at two focus groups.

During the inspection visit, the inspection team:

- Visited all 13 wards at Ashworth Hospital site, spoke with 49 patients and 73 staff ; including ward managers, doctors, a modern matron, nurses, pharmacist and social workers.
- Visited all six wards at the Scott Clinic, spoke with 36 patients using the service, spoke with 56 staff members including ward managers, doctors, nurses, therapists, modern matrons, healthcare support workers, social workers, administrative staff.
- Visited the two wards at Rathbone Hospital low secure unit, spoke with three patients and 21 staff including ward managers, doctors, nurses, healthcare assistants, psychologists, domestic assistants, gym instructor and modern matron.

- Looked at the quality of the ward environments and observed how staff were caring for patients.
- Carried out a specific check of the medication management, looked at all prescription charts and accompanying consent to treatment documentation.
- Met with the healthcare and positive intervention programme teams.
- Interviewed the heads of security, safeguarding and psychiatry as well as the divisional director with responsibility for these services.
- Attended and observed six hand-over meetings, one community meeting, one recovery champions meeting, a clinical improvement group, a patient care programme approach review, seven multi-disciplinary team meetings, a referrals meeting, a risk management group and a multi-agency review meeting.
- Looked at 108 care records of patients.
- Looked at 13 activity plans.
- Looked at 61 mental capacity assessments.
- Looked at 26 Mental Health Act detention records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- We also carried out an unannounced follow up visit at Ashworth Hospital on 17 June 2015.

What people who use the provider's services say

We spoke with 88 patients across the three hospital sites. All the patients we spoke with told us that staff treated them with dignity and respect. Patients told us that they felt supported by staff and that they were genuinely interested in their progress. They told us that they had

opportunities to be involved in decisions regarding their care. They also told us that they are regularly asked for feedback regarding the services they received. Patients spoke very highly of their access to physical health support

Good practice

- Ashworth Hospital's Positive Intervention Programme specifically supports patients in seclusion or long term segregation to participate and engage with their care plan objectives.

Summary of findings

- The implementation of no force first – an initiative which aims to reduce the number of restraint episodes on patients - has seen a marked reduction in the number of restraint episodes, including medication led restraint on patients
- Ashworth Research Centre (ARC) is the only dedicated research centre in the UK based within a high-secure psychiatric facility. The centre seeks to develop research that enriches the quality of patient care in forensic mental health by informing and enhancing clinical practice.
- There were advanced decisions in place for all patients at Ashworth Hospital regarding how they would like to be managed if they became distressed.
- On Poplar ward at the Scott Clinic there was evidence of patients' wishes and feelings being considered in the 'know your patient' files. These included individual validation and soothing environment plans designed to support people appropriately, following their psychology sessions.
- There were reflective practice meetings, called joint thinking space, held twice a month for all staff at the Scott Clinic and which were facilitated by a psychologist.
- The Rathbone low secure unit had a psychologist led friends and family group. Important people in the patients' lives were invited to participate to assist in their recovery process. This was available at weekends to enable those family and friends who could not attend on weekdays.
- Rathbone had recruited a gym and fitness instructor to support patients to develop healthy active lifestyles. There was a gym programme that included swimming, jogging, indoor climbing, table tennis and walking.
- The modified early warning system charts reviewed demonstrated good practice and this was embedded into health monitoring for patients.
- Rathbone had a well man clinic and patients were encouraged to attend for physical health checks and advice and guidance to maintain a healthy lifestyle on discharge.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure that all seclusion rooms comply with the Code of Practice.
- The trust should ensure that staff, including unqualified staff, are supervised regularly and that appraisals are completed.
- The trust should ensure that at the Scott Clinic, all care plans show how patients have been involved in their care planning.
- The trust should review the availability of psychological input.
- The trust should consider how it might ensure that activities are not cancelled.
- The trust should review the provision of bathroom facilities.
- Environmental risk should be reviewed in seclusion rooms.

Mersey Care NHS Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

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

Name of CQC registered location

Mental Health Act responsibilities

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

There was evidence patients were given information in accordance with Section 132. This included information about the independent mental health advocate.

Patients' rights under the Mental Health Act were explained to patients by social workers employed directly by the trust. Staff we spoke with were aware of the Code of Practice requirements of when to give rights and patient records demonstrated that these had been given.

The seclusion monitoring group monitored the adherence of seclusion to the Code of Practice and any departures from the Code of Practice. This group also analysed data relating to seclusion and monitored overall trends in the use of seclusion. We saw minutes of these meetings which showed discussion of and plans to address issues regarding the seclusion rooms, cleaning & painting hatches, general maintenance and ligature risks.

The trust mental health law governance group met monthly. The group included a number of representatives from the secure division. In addition the secure division had recently formed a quarterly secure division MHA governance group which included a representative from the hospital managers.

To ensure renewals of detention were completed within the legal timescales, there was an electronic alert/reminder system in place in the main patient electronic clinical information system.

The trust's policy and procedure for the use of seclusion and long-term segregation had not yet been updated to reflect the recent changes in the Mental Health Act Code of Practice 2015. Providers have until October 2015 to make these changes. The trust acknowledged that they were currently in the process of reviewing and updating their policy, in order to bring it in line with the amendments and expected this to be completed by the end of August. In the interim period they had developed flow charts to support staff in familiarising themselves with the Code's requirements.

Detailed findings

We found Section 17 leave was authorised by the responsible clinician on standardised forms with conditions clearly stated. There was evidence patients were given copies of their leave forms.

The trust had developed a pre and post leave governance system. The pre-leave checklist was designed to assess risks including self-harm. The process also sought to ensure a patient on leave was aware of their obligations

under the conditions granted by the responsible clinician. On return from leave, the ward had also devised a set of questions to help the staff and patients evaluate the success or otherwise of the period of leave.

Consent to treatment was well documented. We noted an example where the psychiatrist had indicated information given to patients about potential side effects, including weight gain. This was in order to ensure they were giving informed consent.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust had a policy for the implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had completed mandatory training on MCA and DoLS. The staff we spoke with had an understanding of some of the fundamental aspects of the

Act, such as best interest and acting in the least restrictive way. Staff had less understanding of when a DoLS should be applied. There were no patients subject to DoLS at the time of our inspection.

The implementation of the MCA and DoLS was monitored through the Mental Health Act office.

Are services safe?

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

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

Summary of findings

Our findings

Safe and clean environment

- Ward layouts enabled staff to observe most parts of the ward. Where observation was restricted, staff were strategically placed to mitigate the risk.
- Seclusion rooms had emergency call buttons, access to TV/radio, fresh air vents and blinds for the windows. All seclusion rooms at Ashworth had en-suite sinks and toilets however showers and bathrooms had to be accessed on the main ward except for Arnold ward. The inspection team raised concerns about privacy and dignity in respect to the seclusion room on Myrtle ward at the Scott Clinic. The trust undertook an immediate review into the use of seclusions rooms, following this review the trust closed two seclusion rooms, one on Myrtle ward and one on Forster ward at Ashworth Hospital during the inspection. There was a potential for the three remaining seclusion rooms at the Scott Clinic to have compromised patients' privacy and dignity as they were located in corridors adjacent to staff offices. Observation windows were inside the nursing office, not outside or in the corridor. There was no facility for the patient to communicate with staff that were in the nursing office unless staff came to the door of the seclusion room. Mirrors were used to help with observations in segregation and seclusion areas. However at Ashworth Hospital on Arnold ward, blind spots in the seclusion rooms were not mitigated with the use of a mirror. The seclusion room on Gibbon ward had no concave viewing mirror or clock. Blake and Carlyle seclusion rooms also had no clock. All rooms had observation windows however on Gibbon and Macaulay wards, this was high and made observation difficult.
- Temperatures could not be adjusted within the patient bedrooms. On Olive ward at Scott Clinic, patients told us they were not allowed to leave the door ajar to maintain a cooler atmosphere. We checked with the ward manager who informed us he would review the practice.
- All bedrooms had en-suite sink and toilet facilities. Bathrooms/showers were shared; however access to these was sometimes limited. For example, Arnold ward had only one bathroom/shower room for 12 patients, Carlyle and Macaulay wards had one bathroom for 20 patients. On some wards, for example Carlyle, Ruskin and Shelley, patients' rooms were locked at certain times of the day and patients therefore had to share a single toilet. There is no established standard for the minimum number of bathrooms on a ward, however we feel the bathroom provision and the blanket restriction should be reviewed in light of the potential impact on patients' dignity.
- The trust had completed assessments of ligature risks on all the wards between January and May 2015. All the wards had identified a number of ligature risks and had action plans to address and mitigate the risk. Each ward risk assessment took into account the acuity of mental illness of the patient group. Where individual risk was identified, patients were placed on increased observations and any further mitigation recorded in their care plans.
- At Ashworth Hospital, we saw that Ruskin and Shelley wards had been completely refurbished. Other wards were generally well maintained though some appeared less well maintained than others. For example, on Macaulay and Blake wards paint was peeling, woodwork badly scratched, and carpets were stained. Ashworth hospital had a refurbishment plan in place with approximately one ward being completed per year. All ward corridors were clear and clutter free. The wards including clinic and activity rooms were clean and patients told us that standards of cleanliness were good. Each ward shared a member of domestic staff with another ward. We saw cleaning schedules for all wards and each ward had a monthly deep clean with all rooms being deep cleaned after a patient had left.
- Each ward had an infection control lead, infection control audits had been completed on a yearly basis by the trust Infection Control Team, who also held weekly meetings on different wards. Compliance for staff training infection control was 95.3%. All clinical rooms had appropriate waste disposal bins in place and instructions on infection control were clearly displayed.

Are services safe?

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- Emergency equipment, including automated external defibrillators and oxygen was in place. It was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Some wards had one bag between two wards. These were easily accessible through adjoining doors. Medical devices and emergency medication were generally checked regularly however on Shelley ward we found five boxes of vacutainer needles with an expiry date of 2013. These were replaced immediately and checked on all other wards at the time of inspection.
- All wards had up to date fire risk assessments that included action plans where necessary. Fire alarm tests were completed on a weekly basis with full fire drills happening a minimum of twice a year. Each patient in seclusion or segregation had an individualised personal evacuation plan in their care records and each ward had a Fire Logbook. All staff were aware of the care plans. The plans were also discussed at the five annual fire evacuation drills (one drill for each nursing group, three days and two nights). All wards had up to date workplace assessments in place that included action plans as necessary. Staff training on health and safety and fire safety was up to date.
- All activity areas and patient bedrooms had disturbance bells that when used staff responded to quickly. All staff also carried personal alarms and could call for assistance if needed. Staff told us this system worked well.
- We spoke with the Head of Security who was able to demonstrate that the service had excellent security processes and procedures in place, which met the requirements of the high security national framework. The clinical security framework had been developed in conjunction with NHS England and the Department of Health. This included continuity planning and contingency management for unforeseen events. Staff we spoke with were aware of the security policies for the service, including relational, physical and procedural security. There is a secure key management system in place and all staff had keys in pouches firmly attached to a belt worn by all staff on duty.
- The hospital carried out regular perimeter checks for each ward, as well as for the wider location. It also carried out regular patient locker and room checks. Each patient had a property list, against which their

property is checked. Random rub down checks, 10% of the total, were also carried out on patients leaving the ward environment. The service had a full time police liaison officer on site.

Safe staffing

- Full ward staffing reviews were carried out on a bi-yearly basis, as well as daily staffing checks. Ward staffing levels were set for example on Admission/High dependency wards at four registered nurses, five nursing assistants and the ward manager on each ward during the day. At night there should be five nursing staff between 2 adjoining wards, 3 registered nurses and 2 nursing assistants. For stand alone wards there should be 3 nursing staff, 2 registered nurses and 1 nursing assistant. As recommended by the Francis Report – ward managers were supernumerary to this. Generally at nights there were three allocated staff, however on some nights staffing was only two people, for example Carlyle, Dickens, Gibbon and Arnold wards.
- Staff and patients told us that they had concerns about the high level of staff vacancies at Ashworth Hospital. In January 2015 these stood at 9.28 whole time equivalent (WTE) qualified nurse vacancies and 31.02 WTE nurse assistant vacancies. The trust had undertaken a significant recruitment drive earlier this year as a result of reviewing staffing levels across the secure service. The division had recruited 78 nursing staff to cover existing vacancies and support unplanned care. This was further to the Trust Board agreeing a recurrent investment of £1.6 million. 38 staff had an agreed start date between April and mid-May. The remaining 40 staff were still awaiting a start date however all were expected to be in post by mid-June. 22 of the above 78 posts were Qualified Nurses and the remainder were Band 3 Nursing Assistants.
- Ward managers and nurses acknowledged that the lack of staff had a variety of impacts both on patients and staff. Staff reported breaks, supervision and personal development being cancelled and student mentorship being affected. Staff also told us they felt frustrated as they had less time generally to spend on a one to one basis with patients or developing new initiatives. The secure division's surveillance group monitored the potential effect of reduced staffing on a weekly basis by considering staffing levels in association with complaints, incidents and sickness data. The trust also produced a safer staffing report, which clearly

Are services safe?

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highlighted all risks associated with lower staffing levels. This allowed managers to clearly focus actions on areas that had been highlighted through the report and the surveillance process. Potential risks associated with safe staffing were also discussed at the daily morning meetings, weekly security meeting and daily staffing meetings.

- Training records showed that compliance with mandatory training was at 95%. This included training such as safeguarding children and adults, fire safety and the management of violence and aggression. Hospital policy required all staff to have completed this training as part of their induction prior to being issued security keys. We saw that the trust had also recently introduced new staff training opportunities in relation to areas such as the Mental Health Act and Mental Capacity Act, relationship boundaries and professional confidence.
- Ashworth hospital has been rolling out the no force first programme, with the aim of eliminating restrictive interventions on inpatient services. This included reducing the use of face down restraint and rapid tranquilisation, unless absolutely necessary. Staff and patients told us that Ashworth had adopted this approach to reducing restrictive practices almost seven years ago and spoke very positively about the programme.

Assessing and managing risk to patients and staff

- There were 158 episodes of seclusion in the six months up to 16 February 2015. These were highest in Poplar ward at Scott Clinic and Tennyson ward at Ashworth with 24 and 21 episodes respectively. 50 incidents of long term segregation were reported during the same time period with Tennyson and Lawrence wards having the highest with 13 and 10 episodes respectively. There were monthly meetings with high secure commissioners where all patients subject to long term segregation and seclusion were discussed.
- There were 375 episodes of restraint in the six months up to 16 February 2015. These were highest in Lawrence and Johnson wards at Ashworth with 207 and 59 episodes respectively and Poplar ward at Scott clinic with 60 episodes.
- There were 77 prone restraints in the same time period. These were highest in Lawrence ward with 58 incidents of prone restraint. There were only two restraints which led to rapid tranquilisation.
- Where risk had been identified, plans were in place to support the patient. Staff we spoke with were able to describe the individual needs of patients and how they were supported around the risks they presented with. Handover meetings we observed on Dickens, Arnold and Johnson ward provided an overview of each patient.
- Permanent and temporary staff we spoke with all knew where the ligature cutters were located and were able to describe how they would use them.
- We met the safeguarding leads for Scott clinic and Ashworth, who described the process in place for ensuring safeguarding referrals are sent and monitored to the local authority. Staff we spoke with on the wards demonstrated a good understanding of how to identify and escalate safeguarding concerns. We noted there were flow charts with the relevant information on each ward. There was a safeguarding ambassador, usually a social worker, allocated to each ward and we were told their role was to facilitate the greater awareness among staff of safeguarding issues. We spoke to one of these staff who told us they felt supported in the role, but thought further training and increased awareness of staff would be helpful. On our unannounced follow up visit we looked in detail at two sets of safeguarding review meeting minutes. We saw where actions had been taken and changes made to ward procedures to ensure patient safety, we also saw this was reflected in the patient notes with clear descriptions of interventions to support the patient. Relevant information was included in the ward handover and staff discussed at reflective practice.
- We looked at medication management on all 13 wards at Ashworth. Medicines were stored in a locked clinic room and all medicine cupboards and refrigerators were tidy and locked. Refrigerator temperatures had been regularly monitored and were within the guidelines for maintaining the effectiveness of medicines. Keys to the cupboards were kept by a nurse. Due to the absence of clinics in Scott clinic's male wards medication was stored and dispensed in the office area. We observed three medication rounds being undertaken in a safe manner. We saw the current work programme to build a clinic area in each of these wards. However, patients told us there had been a significant level of disruption whilst this work was progressing.

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- Storage and delivery of medicines had been audited on a yearly basis. Ward storage audits had been completed every three months. Controlled drugs were checked three times a day. Prescribing observatory for mental health audits had also been regularly completed.
- All medications were reconciled on admission by a doctor and checked by a pharmacist. Each ward had a dedicated pharmacist, who reviewed prescribing on a weekly basis. Consent to treatment forms were all in place and completed appropriately. Prescriptions were regularly reviewed. Medical alerts were checked via the computer. All medicine alerts and errors were discussed at the clinical improvement group on a monthly basis.

Track record on safety

- In the last year the trust reported that there had been a total of 1,267 incidents across the forensic secure service. Of these one was a death, three were severe incidents, 21 were moderate, and 298 were low and 944 no harm caused.
- There were a total of five serious incidents reported by Scott clinic within the last 12 months. We saw

information relating to improvements which had occurred following investigations into serious incidents. One example was improvements to multidisciplinary decision making to ensure all risks had been mitigated for patients prior to discharge within community settings.

Reporting incidents and learning from when things go wrong

- Staff we spoke with on all the wards knew how to recognise and report incidents on the trust's electronic incident reporting system. All reported incidents were seen by the risk and incident managers. Each incident was reviewed by a post-incident review team; adverse incidents were reviewed within 72 hours and outcomes shared with the adverse incident lead. There was also a weekly security meeting to review all incidents.
- Monthly incident newsletters were sent to each ward by the incident manager. These looked at individual incidents and lessons learnt. We saw evidence in meeting minutes that these had been discussed in staff meetings.

Are services effective?

Good 

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

Summary of findings

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Patients had multi-disciplinary pre-admission assessments in place that were then followed up by comprehensive assessments on arrival at the hospital. Such as;
- Modified Early Warning Score (MEWS) assessments were carried out within six hours of admission.
- A full physical health check within 24 hours of admission. This included a full physical examination.
- Health of the Nation Outcome Scales (HoNOS) – which is a clinical outcome measures for severe mental illness;
- Risk assessments such as the HCR-20 - a violence risk assessment and management tool; Short term assessment of risk and treatability was also used to evaluate a range of client risks; they also used the malnutrition universal screening tool.
- There was also an assessment of slips, trips and falls carried out. Where issues had been identified, patients had plans in place to address and monitor the matter. The inspection team wished to highlight this as an example of best practice.
- Patient healthcare information was recorded on the VISION physical healthcare system by staff in the healthcare building. Twice each day this information automatically transferred over to the PACIS information system. Whilst we could see the completed physical health assessments on the system at the healthcare centre, we could not always see the same record in the patient's notes on the ward. When we asked staff about this they were not sure why this was happening. We interviewed the IT manager who told us that it was down to human error; if a patient's number had not been correctly inputted, the records would not share across the two data bases. This was rectified at the time of our inspection and when we made an unannounced follow up visit we were shown how this worked by the matron responsible for the healthcare centre. We tracked two patient entries over a two week period. We were satisfied that this information was evidenced in both systems.
- Scott Clinic's male wards did not have their own clinic room; medication was dispensed from the ward office. The male wards shared a clinic on the first floor. Poplar ward had its own clinic along with Reed lodge. The clinics were correctly equipped with accessible resuscitation equipment and emergency drugs which were checked regularly.
- Patients were offered physical health checks on a monthly basis and offered a full physical health assessment annually. We saw evidence that in December 2014 98.06% of forensic inpatients whose length of stay was over six months had had their physical health needs reassessed within the previous six months. The secure divisions were exceeding the 95% target for the percentage of long term inpatients that have had their physical health needs reassessed within the last six months.
- Staff were able to access patients' records via an electronic system as well as paper copies held securely on the wards. Patients had care plans that were comprehensive and up to date.

Best practice in treatment and care

- NICE guidance was followed when prescribing medication. Where this was not the case staff told us that this would be discussed by the patient care team, with decisions recorded in the patients notes. We saw examples of this in patient's records.
- Care plans included referral to psychological therapies as part of individual treatment plans. However, we found that there were long waiting lists and delays for patients to access the therapy. Some psychological therapy was available in the form of group work. This was run off the wards and was not suitable for everyone. Patients' told us that this left them feeling frustrated.
- Ashworth Hospital had a separate healthcare centre. This provided patients with access to a variety of health professionals including a GP, dieticians, optician, physiotherapists, dentists and a chiropodist. Patients also had access to specialist consultants, such as cardiologists, neurologists and gastroenterologists as required.

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- Monthly well men clinics were held on each ward and the hospital had recently developed an internal health promotion programme called 'Mr Feelwell'. This included a monthly newsletter that would focus on different health issues.
- Ashworth Hospital had access to an on-call doctor rota with local services based in Southport. They also had access to an on-call consultant rota with consultants based at home. Physical health emergencies were responded to via 999 emergency service access.
- Patients in long term seclusion or segregation were supported by the hospitals participation improvement programme team to participate and engage with their care plan objectives. This included ensuring these patients had access to outdoor space and the gym, agreed therapy and regular physical health care assessments.
- We saw that the health of the nation outcome measure was used for all patients. This provides a framework for staff to measure and monitor a wide range of health and social outcomes for people.
- The trust carried out a variety of audits. Modern matron audits were completed that looked at areas such as infection control, management of information, staff knowledge and annual physical health. Each completed audit had an accompanying action plan, which clearly identified who was responsible for the action and a target completion date. Outcomes had been reviewed and updated. The trust also carried out wider audits that looked at areas such as consent to treatment documentation, clinical and security risk assessments and 'malnutrition universal screening tool' assessments.

Skilled staff to deliver care

- The forensic secure service employed a wide variety of professionals to provide care and treatment to patients including nurses, healthcare assistants, psychologists, consultant forensic psychiatrists, occupational therapists and social workers, as well as the wide range of health professionals employed to support the healthcare centre.
- Staff had access to training and specialist training was available. There had been a rolling programme of training in the Mental Capacity Act and Mental Health Act.
- All qualified nursing staff received supervision every four to six weeks and yearly appraisals had been completed,

however at Scott Clinic, this was not provided consistently in line with trust policy and staff there had not received their annual appraisal, due to the implementation of a new system.

- Unqualified staff did not receive individual supervision however weekly reflective practice meetings, led by the ward psychologist, were held on the wards to support these staff. Appropriate supervision was also in place for other disciplines, employed by the trust, for example consultant clinical psychologist, provided supervision to all the hospital's psychologists and nurse therapists. Monthly good practice meetings also occurred for the social work team, who received supervision from the trust's senior social worker.
- New staff spoke very positively about their induction. This included a comprehensive induction training package specifically tailored for the secure division as well as an opportunity to shadow ward staff before being included in staff numbers. Staff also told us that they were supported to attend external training and development opportunities, such as paid study days. Staff told us that they felt well supported by their managers and peers.
- Ward managers had access to electronic staff records of training and supervision dates and themes. This allowed them to ensure that care was delivered safely by appropriately trained staff.

Multi-disciplinary and inter-agency team work

- We observed six handover meetings. We found that the agenda and content for these varied across the wards. Whilst all handovers provided staff with a brief overview of the patients on the ward, they did not always provide much detail. For example, one patient was described as being confused, restless and agitated; however, this was not further expanded on, for example, by discussing how the patient's care plan made provision to help manage this. Changes in risk were not always discussed, or the number of people in seclusion or segregation and their required levels of observation.
- Practitioners and clinicians from a wide range of disciplines were involved in the assessment, planning and delivery of patients' care and treatment. We observed a patient care programme approach (CPA) meeting. CPA is the national framework for providing care to people over the age of 16 with mental health problems and people with learning disabilities who also have mental health problems. These were attended by a

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multidisciplinary team of people involved in the patient's care including the responsible clinician, primary nurse, ward manager and psychologist. Patients and carers were also encouraged to attend. Independent mental health advocates could also attend to provide support and representation to patients. CPA meetings were well structured and included the following reports: medical, nursing, social work, psychology and security. However, CPA minutes we reviewed did not always reflect the multi-disciplinary nature of these meetings and there were delays in the meeting minutes being transferred to the patients' records. For example, one patient's CPA had occurred in March 2015 and the notes were still not in his records on the day of inspection.

- We observed positive internal multi-disciplinary work taking place, with staff from the Positive Intervention Programme and healthcare centre teams working well with ward staff to identify and support individual needs. Patients we spoke with also told us that they felt supported by these teams.
- Patients and staff we spoke with told us access to psychological therapeutic sessions was limited. Staff we spoke with told us that this was due to a recent cut in the number of psychologists employed by the trust to work at Ashworth. Records we looked at demonstrated waiting times varied from ten weeks to 38 weeks. Three patients were waiting to attend dialectical behaviour therapy with one person waiting 32 weeks. This was partly due to a specialist DBT trained psychologist leaving their post. In anticipation of this change in personnel, two staff had already been provided training in DBT. The patients who were waiting for DBT were actively supported by their ward psychologist both through face to face contact and through close case consultation and supervision of nursing staff that were supporting the patient.
- The number of patients waiting for individual cognitive behaviour therapy for psychosis had reduced from 12 to six in the three month period prior to inspection. This is a NICE recommended treatment standard and as such every patient with a diagnosis of schizophrenia or psychosis should receive this treatment. The service had an action plan in place to train more staff to deliver NICE approved treatment to ensure that patients were able to receive treatment as soon as their mental state settled sufficiently to allow them to engage in regular one to one psychological treatment.

- All patients who have been referred for specialist psychological treatments also saw their ward based psychologist for one to one assessments. The one to one work also included support to enhance their insight and acceptance of their illness and index offence. All patients waiting for specialist treatment underwent an assessment and had a psychological formulation.

Adherence to the MHA and the MHA Code of Practice

- There was evidence patients were given information in accordance with Section 132. This included information about their right to an independent mental health advocate (IMHA).
- Patients' rights under the Mental Health Act were explained to patients by social workers employed directly by the trust. Staff we spoke with were aware of the Code of Practice requirements of when to give rights and patient records demonstrated that these had been given.
- The seclusion monitoring group monitored the adherence of seclusion to the Code of Practice and any departures from the Code of Practice. It analysed data relating to seclusion and monitored overall trends in the use of seclusion. We saw minutes of these meetings which showed discussion of and plans to address issues regarding the seclusion rooms, cleaning & painting hatches, general maintenance and ligation risks.
- There was a monthly trust mental health law governance group, which included a number of representatives from the secure division. In addition the secure division had recently formed a quarterly secure division MHA governance group which included a representative from the hospital managers.
- To ensure renewals of detention were completed within the legal timescales, there was an electronic alert/reminder system in place in the main patient electronic clinical information system.
- The trust's policy and procedure for the use of seclusion and long-term segregation had not yet been updated to reflect the recent changes in the Mental Health Act, Code of Practice 2015. Providers have until October 2015 to make these changes, the trust acknowledged that they were currently in the process of reviewing and updating their policy in order to bring it in line with the

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amendments and expected this to be completed by the end of August. In the interim period they had developed flow charts to support staff in familiarising themselves with the code's requirements.

- We found Section 17 leave was authorised by the responsible clinician (RC) on standardised forms with conditions clearly stated. There was evidence patients were given copies of their leave forms.
- The trust had developed a pre and post leave governance system. The pre-leave checklist was designed to assess risks, including self-harm. The process also sought to ensure a patient on leave was aware of their obligations under the conditions granted by the responsible clinician. On return from leave the ward had also devised a set of questions to help the staff and patients evaluate the success or otherwise of the period of leave.
- Consent to treatment was well documented. We noted an example where the psychiatrist had indicated information given to patients about potential side effects, including weight gain, in order to ensure they were giving informed consent.

- The trust had completed audits of 25% of all Mental Health Act records. Through this audit the trust had identified errors on detention papers. These errors rendered the detentions unlawful. The trust had a clear action plan in place to address this.

Good practice in applying the Mental Capacity Act 2005

- The trust had a policy for the implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had completed mandatory training on MCA and DoLS. The staff we spoke with had an understanding of some of the fundamental aspects of the Act, such as best interest decisions and acting in the least restrictive way. Staff had less understanding of when to apply a DoLS. There were no patients subject to DoLS at the time of our inspection.
- The implementation of the MCA and DoLS was monitored through the Mental Health Act office.

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

- All the patients we spoke with told us that staff treated them with dignity and respect. Patients told us that they felt supported by staff and that they were genuinely interested in their progress.
- We observed staff interacting with patients in a polite and caring way. Staff knocked on patients' doors before entering. They took time to stop and listen to anyone who wished to speak with them. Patients told us that they felt staff understood their individual needs and worked hard to meet and manage these, despite some staff shortages. Staff always spoke respectfully of patients and demonstrated a good understanding of their needs.
- The atmosphere on all the wards was calm and friendly.
- The trust has committed to two initiatives in relation to reducing harm/restrictive physical practices to patients. No force first, which aims to reduce the number of restraint episodes on patients and zero tolerance to suicide. Since the introduction of no force first, all the wards taking part at Ashworth Hospital have seen a marked reduction in the number of restraint episodes, including medication led restraint. The zero tolerance to suicide initiative was just beginning to introduce individual person centred safety planning for all patients. This makes use of person-centred recovery-supportive tools, such as shared decision aids, personal safety plans including wellness and recovery plans and crisis plans.

The involvement of people in the care they receive

- Patients in long term seclusion or segregation were supported by the hospital's participation improvement programme team to participate and engage with their care plan objectives.
- Patients we spoke with told us that they were given a tour of the ward on first arrival and provided with some written information about the ward. This included information on treatment available to them and their

rights, including how to complain. They were also given information by the trust's social workers regarding their rights and how and who they should contact if they needed to.

- All the wards had notice boards, which displayed information, such as how to contact the local advocacy service and how to complain, including how to complain about their detention under the Mental Health Act.
- Patients we spoke with told us that they are regularly asked for feedback regarding the services they received. For example, in relation to food, activities run on the wards as well as activities run in the gym and the Exchange. The Exchange and OER were two separate buildings at Ashworth Hospital where therapeutic group work and alternative activities and workshops were carried out.
- Each ward had a weekly community meeting. Minutes we looked at, recorded issues raised by patients as well as updates from staff in relation to hospital wide subjects, such as the current staff shortages and what the trust was doing to address this. It also included updates on previous issues raised by patients. The trust also used surveys to gather feedback from patients. Outcomes from these had been fed back to the wards to enable them to make changes where needed.
- Patients we spoke with told us that they had opportunities to be involved in decisions regarding their care. This included reviewing their care plan with their named nurse and reviewing their individual recovery outcome star.
- All patients are invited to attend any care/treatment review involving the multi-disciplinary team and provided with advocacy service if they would like it. Patients told us that they receive all relevant paperwork prior to a CPA meeting and a copy of their care plan afterwards. We found a mixture of recording of patients' views in CPA records. For example, one record we looked at clearly recorded the patient's views and contribution to their care and treatment review whilst another record did not.
- Families and their carers were also encouraged to attend their relative's annual CPA review. The trust had recently appointed a families and carers liaison worker to improve relations between the hospital and patient's

Are services caring?

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families/carers following feedback from patients. They also had a hardship fund to support families living a long way from the hospital with limited incomes to travel and stay overnight to see their relatives.

- Details of the local independent mental health advocacy service were displayed on all the wards. We spoke with three staff from the advocacy service who told us they visited each ward at least once a week. They told us that they felt they had a very positive

relationship with the trust, who encouraged them to attend and support patients. The advocacy service had implemented something called 'Well-being Time' – an opportunity for IMHA to go onto wards without notice or the need for appointments. This allowed them to observe the wards, interactions, attitudes and behaviours of staff and patients and encouraged people (staff as well as patients) to speak freely with the IMHA.

Are services responsive to people's needs?

Good 

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

Summary of findings

Our findings

Access and discharge

- There was a clear admissions criteria for Ashworth Hospital, as it was a high secure forensic service. Between 80 -90% of their admissions come from other secure settings, courts and prisons. It is one of three hospitals in England and Wales providing this type of service. Ashworth currently meets its agreed commissioned bed occupancy agreement of no more than 93%. Ashworth hospital provides care and treatment to men.
- We saw there was a clear pathway through the Scott clinic from admission to discharge. We inspected and met with all the teams involved in this process. We also case tracked three patients through the pathway and saw how care planning and transfer arrangements were effectively made. However, we noted there were delays to discharge planning caused by very limited housing options in the community for patients. With the exception of Reed lodge, all wards had been operating at 100% bed occupancy. As a consequence of this we were told by staff, there were currently 30 patients waiting access to beds.
- At Rathbone the average bed occupancy was 86.4%, there were 3 reports of delayed discharges for the 6 month period prior to February 2015, two on Childwall and one on Allerton. There were no reports of re-admission to the ward during the same time period.
- Discharge and transfer planning was in line with Mental Health Act and NHS standard contract policies for high secure forensic services. This included early liaison with local area/catchment forensic services and relevant others, to facilitate safe discharge planning. This included the development of a care plan that reflected an outcome based care pathway with a focus on transition and engagement with the next provider. We saw examples of statements made by family members on post discharge feedback forms which were positive.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards had a range of rooms and equipment. This included space for therapeutic activities and treatment. Ashworth hospital also had separate stand alone buildings for further therapeutic activity, gym access, healthcare centre and visitors centre. All the wards had access to an outdoor space.
- At Ashworth all wards also had segregated 'zones' that had an agreed level of observation and activity. For example, the night zone area was for single patients, requiring very low level activity and high observation. This enabled people with an opportunity to take 'time out' in a quiet and private space.
- Ashworth Hospital had a blanket non-smoking policy for the whole location. Patients who smoke were identified and smoking cessation plans and support were put in place prior to their admission. This assisted patients in making the transfer to a non-smoking environment.
- Each ward had access to a phone in a closed area. Each patient had an individual access code and all telephone numbers were security cleared.
- Food was prepared away from the wards and brought in heated trolleys. Patients we spoke with gave us mixed feedback regarding the quality of the food. Some patients told us it was okay; others told us it was terrible. All patients we spoke with complained about the limited food portions. Ward managers told us that they were always able to cater for dietary needs such as diabetes, allergies or religious requirements. All patients had access to extra hot food orders, which they could pay for, as well as access to a shop that included culturally relevant products. All wards had hot drinks and snacks available.
- All the wards had activity programmes displayed; however, patients we spoke with told us activities were regularly cancelled. Records that we looked at confirmed this. In April 2015 there were a total of 145 planned activities cancelled across all 13 wards, in May 2015, 203 planned activities had been cancelled. During the week beginning May 25th 2015 there were also three further unplanned closures of the gym and three unplanned closures of the Exchange, (therapeutic/ activity centre). During our inspection we also observed activity rooms on wards being closed due to a shortage of staff available to safely observe and manage the ward.
- Records were kept of patient's daily activity; each patient had a target of 25 hours of activity per week. The trust told us that it followed the Royal College of

Are services responsive to people's needs?

Good 

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

Psychiatrists' guidance on activity definitions and that individual patients should be encouraged to take an active role in choosing and defining activities that are meaningful to them and their recovery. Records showed that despite staffing difficulties the average hours of activity offered had increased from 21.84 to 33.46 and the average hours of activity attended had improved from 15.78 to 20.46 over a six week period. Patients spoke very positively about the activities available to them.

- Patients in segregation told us that they felt well supported by the hospital's Positive Intervention Programme. Part of their role was to focus on activity and taking a positive approach to patients in long term segregation. Patients told us that Positive Intervention Programme's involvement in their care had had a positive impact. This was because staff had a more in-depth understanding of their needs and encouraged their engagement with activities.
- There were advanced decisions in place for all patients at Ashworth Hospital regarding how they would like to be managed if they became distressed.
- At Scott Clinic there was a large workshop on the ground floor where OT staff offered a range of activities such as; woodworking, arts and crafts, a small library and a magazine group. In addition OT staff based on the wards provided a range of innovative activities for patients such as; street art group, healthy breakfast groups, basic food hygiene, music mixing and rapping. A fully equipped gym had been provided on site and we were told by staff how the gym instructors were now based at Scott clinic. Patients we spoke with told us they really appreciated this facility and the benefits this had on their health.
- During our inspection, we saw that some wards did not allow patients access to their rooms during certain times of the day. When we asked staff about this they told us it was to encourage people to participate in ward activities. However we found that this had not been individually assessed and whole bedroom corridors had been locked off.
- All patients had access to lockable storage on the ward.
- All patients at Ashworth Hospital were locked in their rooms during the night. This is in line with night time confinement as described in the safety and security

directions for high secure hospitals 2013. However, where a patient might suffer distress due to being confined alternative arrangements were put in place to manage that patient, for instance 1-1 observation.

- All rooms had observation windows, however, some of these did not have covers that enabled patients to have privacy and dignity. One seclusion room we looked at had no intercom or hatch to communicate with the patient, just a window in the door. This meant that unless the door was opened they could only be communicated with by speaking through the door. On three wards we noted that the seclusion rooms were located at the beginning of the bedroom corridor. This meant that everyone accessing rooms on these corridors had to walk past the seclusion room which had an impact on the privacy and dignity of secluded patients.

Meeting the needs of all people who use the service

- All the wards at Ashworth Hospital are on the ground floor and can be accessed by wheelchair users.
- Patients' individual needs were met including, language, faith and cultural needs. There was access to interpreting and translation services, leaflets were also available in different languages and faith representatives also visited the hospital.
- A choice of meals was available and the hospital prepared specific meals to meet the further individual needs of patients, for example, faith or dietary requirements. One patient requiring halal meals, told us that his choices were very limited and offered little variation. Ashworth scored 92.7% for food on the patient led assessment of the environment survey. This is above the national average of 89.6%, however both Scott Clinic and Rathbone low secure, scored below the national average.
- Staff we spoke with had a good understanding of diversity and human rights. Patients' rights were clearly visible on all the wards and they had access to a local advocacy service.
- Patients spoke very highly of their access to physical health support. We saw that the hospital had access to a number of specialist professionals to support specific physical health issues, for example, dietician, diabetic nurse and endocrinologist.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good 

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

- Information on how to complain was provided to patients on admission and was also displayed on all the wards. Patients we spoke with told us they knew how to complain. They also told us that they felt comfortable about raising a complaint and that they felt they would be listened to.
- Staff told us that they would always try to address patients concerns or complaints on an informal basis first. Issues could also be raised during the weekly ward community meetings. Minutes of these meetings confirmed this. For example we saw that on one ward patients had complained about the food. We saw that in response to this the catering manager had been invited to a subsequent meeting to discuss the issues and give feedback in relation to what would be done to address this. Staff we spoke with told us they would refer complaints to the ward managers or modern matrons. When we spoke to the staff they were clear about the process to follow. We were also shown minutes of team meetings where the outcomes of complaints had been shared with staff.
- Between 1st of June 2014 and 31st. May 2015, 240 complaints were made by patients covering 33 different issues. The issues most frequently complained about were staff attitude (51), property (50) and staffing levels (24). Of the total number of complaints received 89 were not upheld, 59 had been resolved and another four partially upheld. A further 48 were upheld, 11 withdrawn and 29 remained outstanding at the time of inspection.
- The local advocacy service supported anyone who wished to make a complaint. Most patients we spoke with told us that they had received responses to any complaints they had made and were happy with the outcome. Two patients we spoke with told us that they had submitted complaints and not yet heard anything back. Some patients told us they were not confident about the effectiveness of the complaints process and preferred to use the advocacy service.

Are services well-led?

Good 

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

Summary of findings

Our findings

Vision and values

- The trust's visions and values were clearly displayed on all the wards. We also saw information displaying a direct telephone number for the chief executive's office where staff and patients could "ask Joe" (the chief executive) questions. We spoke with one member of staff who had used this and said he found it reassuring there was this opportunity for all staff.
- Staff we spoke with were able to describe these including the trust's commitment to projects such as zero tolerance to suicide, no force first and perfect care. Staff spoke very positively about these initiatives.
- Ward managers told us they felt trust communication was very open. Managers told us that they felt recent changes within Mersey Care trust had been positive. For example efforts were being made to improve the general environment, investment had been made available for staff recruitment, and senior managers had become more visible at the service.
- Senior managers always attended the patients' forum.
- Staff we spoke with were clear of the organisations values and knew who their senior managers were. We were told of a recent meeting for night staff where the chief executive came in at 05:30 in the morning to meet them and discuss issues, including plans for the reprovision of the Scott Clinic.
- Ward managers told us they had not set any team objectives yet, as they were waiting the roll out of the new appraisal system which would include trust and personal objectives.

Good governance

- There was a clear procedure for incident reporting across the trust; reported incidents have a 72 hour review, which reports to a surveillance group. Lessons learned are then shared across the secure division and wider trust as required.
- Staff had received mandatory training and the levels of attendance were monitored by the ward manager and the training department via the electronic staff training

record. Any variations had occurred either through sickness or unplanned absence and ward managers showed us the future training programme where staff were booked to attend.

- Infection control audits had been completed on a regular basis, by the trust's infection control team and modern matron. We looked at two recent audits and saw that they had comprehensive action plans in place to address any issues raised.
- An excellent malnutrition universal screening tool audit had been completed in March 2015 which identified a number of issues and made recommendations for improvement supported by an action plan. Audits had also been completed for consent to treatment, patients' rights and national offender management service security audit.
- Wards had monthly clinical team meetings which also considered performance, finance and patient experience. A patient representative attended for the first part of meeting.
- Patient-led assessments of the care environment had been completed for all wards and the medical centre at Ashworth, the Scott Clinic and Rathbone in May 2015.
- The trust's modern matrons also completed monthly audits on all the wards that covered a wide variety of topics. Records demonstrated that these had clear action plans that were later reviewed.

Leadership, morale and staff engagement

- We found wards to be well led. Staff we spoke with spoke very highly of their ward managers, telling us that they felt well supported and valued by them and could discuss any issues without concern.
- Ward managers were visible on all the wards during the day, were accessible to staff and patients and appeared proactive in providing support. Staff told us the trust's modern matrons also visited regularly along with senior multi-disciplinary staff. Whilst staff told us that they rarely saw members of the senior executive, they did feel well informed. Ward managers told us they felt supported by their senior managers.

Are services well-led?

Good 

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

- Each ward had a dedicated manager, though seven of these were acting up. Two wards shared a single manager. Staff told us that they felt the culture on the wards was open and that ward managers encouraged staff to bring new ideas forward.
 - All staff we spoke with told us that there were regular staff shortages. Whilst they did not feel this affected safety or quality of care, they did tell us that they often felt frustrated that because of time constraints, that they could not spend as much time with patients on a one to one basis as they would like. Staff told us they felt encouraged by the recent financial commitment by the trust to recruit, however felt disappointed that it had not come sooner and would take some time to have an impact.
 - Staff we spoke with told us they enjoyed their jobs and were proud to work in the secure division. Though morale had been low due to recent staff changes, including a reduction in staff numbers, they were committed to their work. Staff told us that they received very caring support from the trust regarding personal matters. Staff were also supported to attend learning and development opportunities outside of the service.
 - We saw in our focus groups with senior staff in the secure services, that staff were dedicated to, and passionate about, their roles.
 - All staff we spoke with were aware of the whistle blowing policy and knew how to access it, if they needed to.
 - Staff feedback opportunities, included weekly reflective practice meetings, supervision, staff surveys and feedback for specific research initiatives such as a recent review of the impact and effectiveness of observations.
- Commitment to quality improvement and innovation**
- Quality practice alerts was sent regularly via e-mail to the service's health and safety group by trust leads. Ashworth hospital ran a monthly recovery group meeting that was attended by all ward patient representatives, as well as a senior manager. It also included representation from security and social services and other department representatives, depending on the nature of the issues being discussed. Patients were able to raise issues of concern, receive feedback from the trust regarding how they might address these. It was also used to propose new ideas such as new activities.
 - Ashworth hospital participated in The Koestler Trust awards programme for offenders, secure patients and detainees. The aims of the awards include:
 - A positive goal towards which patients can strive.
 - A means of acquiring and practising new skills, and discovering unrecognised talent.
 - An outlet for creative energies and emotions.
 - Recognition of achievements.
 - Encouragement to continue in the arts and education.
 - In 2014 patients won an award for a garden design. Staff dismantled and rebuilt the garden created by patients at Ashworth for the competition and staff videoed the event for patients.
 - We saw examples of ward based innovation such as the development of well man clinics and 'Mr Feelwell' – a health promotion initiative, developed with patients at Ashworth, that included the development and provision of information sheets, healthy lifestyle key messages, leaflets and individual learning plans.
 - Johnson ward at Ashworth Hospital had started a breakfast club to encourage patients to eat breakfast where they had previously been skipping meals. They were also waiting funding to dedicate one of the rooms on the ward as a quiet room following feedback from patients.
 - Ashworth Hospital is a member of England and Wales' policy group for high secure forensic hospitals that includes Rampton and Broadmoor Hospitals. The group works toward sharing and agreeing best practices and policy.
 - Ashworth Hospital has a research facility that is engaged in a large number of projects with a key aim to research the impact and effectiveness of various interventions on patients, measure staff experience and conduct medical research. Examples include staff and patient experiences of seclusion and special observation in high secure care and alternative modes of the administration of clozapine for treatment resistant patients.
 - Scott clinic has successfully completed the self and peer-review parts of the quality network for forensic mental health services ninth annual review cycle.
 - The Trust is committed to a number of broad mental health initiatives such as no force first and zero tolerance to suicide.

Are services well-led?

Good 

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

- The high security psychiatric services (arrangements for safety and security) directions 2013 include direction 35: security at night. This states that should a High Secure service implement night time confinement it should have a policy on the circumstances in which a patient can be locked in their room at night. This is addressed in Mersey Care NHS Trust's night time confinement policy for high secure services. The trust has reviewed the impact of this on staff and on patients and acknowledged in its night time confinement assurance report states that patient views on night time confinement continue to appear mixed. Qualitative research has been commissioned to enable a more comprehensive understanding of this.