

Thornford Park

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

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.

Overall summary

Thornford Park Hospital provides forensic inpatient services across ten wards and two shared flats within the secure perimeter of the hospital.

We undertook an unannounced focussed inspection following concerns received through the CQC website about poor infection control measures relating to Covid 19 procedures across the hospital.

We visited Currdige and Tadley wards due to concerns raised about quality of care delivered to patients and about the increasing number of incidents that the provider had sent us notifications about alleged abuse and significant injuries.

This inspection was a focussed inspection so therefore did not provide a change to the existing rating.

During this inspection we found:

- Records lacked detailed guidance for staff on how to manage patient risks and on how to manage incidents that placed patients and others at risk of harm.
- The provider had not developed or implemented a procedure on when to administer medicines prescribed to be taken "when required" (PRN). This meant there were inconsistencies between staff on when to administer PRN medicines. Patients were not having these medicines consistently as prescribed.

Summary of findings

- The staff we spoke with as part of this inspection including feedback prior to the inspection expressed a lack of confidence with the organisation which had an impact on their performance. For example, lack of experienced staff, delays in introducing COVID procedures and specialist training. A clinician said that in “Curridge morale has been low but Tadley has varied.”

However:

- Overall, there were effective system to provide safe care and treatment to patients. The provider had improved communication and introduced measures to prevent the spread of infection.
- The wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Summary of findings

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Thornford Park

Services we looked at

Forensic inpatient or secure wards

Summary of this inspection

Background to Thornford Park

Thornford Park Hospital in Crookham Hill, Thatcham, Berkshire, is part of the Elysium Healthcare Group.

The hospital provides forensic inpatient services across ten wards and two shared flats within the secure perimeter of the hospital. In February 2020 Curridge ward a psychiatric intensive care unit (PICU) opened for female patients.

Donnington, Headley, Theale, Highclere and Kinglere are low secure wards. In Donnington patients with autism spectrum disorders are accommodated, while Theale has an enhanced element, Highclere is for older people and in Kinglere rehabilitation is offered

The Crookham unit is a purpose built (PICU) for patients with a mental illness who cannot be safely assessed or treated in a general adult mental health ward.

Ashford and Midgham are semi-independent living flats.

Thornford Park is registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

We last inspected the services provided at Thornford Park in July 2017 as part of the Care Quality Commission comprehensive mental health inspection programme and the service received an overall rating of good. We rated Safe, Effective, Caring and Well Led as Good rating and Requires Improvement in Responsive

Our inspection team

The team that inspected the service comprised three CQC inspectors, a Mental Health Act reviewer and a specialist adviser who had experience in this area. An Expert by

Experience carried out telephone consultations with patients and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Why we carried out this inspection

We carried out a focused inspection in response to the concerns raised with us about poor Covid 19 procedures.

We also received concerns about the quality of care patients in Curridge There was an accumulation of notifications that raised concerns about the management of risk.

How we carried out this inspection

This inspection was focused in response to concerns and was based on the safety of patients. It was not a comprehensive inspection and we did not review all key lines of enquiry.

Before the inspection visit, we reviewed information that we held about the location including notifications, feedback received through our website and Mental Health Act monitoring visits.

During the inspection visit, the inspection team:

- visited two wards, Curridge and Tadley wards
- spoke with eight patients and two relatives
- spoke with the registered manager, director of nursing, lead nurse, safeguarding lead and ward managers for the wards inspected.

Summary of this inspection

- We spoke with five staff during this inspection. The staff we spoke with as part of this inspection including feedback prior to the inspection said their lack of confidence with the organisation had an impact on their performance. For example, lack of experienced staff, delays in introducing COVID procedures and specialist training.

- looked at five care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eight patients across two wards and six patients told us they felt safe. These patients told us both the staff and the environment gave them a sense of safety.

Patients told us there were enough staff on duty to meet their basic day to day needs although more staff would increase their opportunities for activities. Patients told us the staff responded to their requests for attention.

Three of the eight patients we consulted said they had participated in the planning of their care. One patient said they were part of the planning of their care although they didn't understand the content of their care plan. Where patients had conditions on their placement, they were clear on the restrictions.

Patients understood the risks associated with their care. They told us the staff had discussed risks with them. One patient told us "I am learning about how to respond appropriately and watch my safety."

Patients told us there were incidents that placed them and others at risk of harm. They told us the staff responded and resolved incidents.

All patients told us their rights were respected and they understood their rights of appeal.

Patients told us there was management presence from the ward manager. They said there were daily meetings with the staff and their comments were taken seriously.

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?

This was a focused inspection, so we did not rate this domain. We found that:

- The wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.

However:

- Risks to patients were not always assessed and guidance to staff was not specific on the actions to meet the needs identified. Care plans to support people that placed themselves and others at risk were not specific and did not give sufficient guidance to consistently manage situations.
- Individual patient procedures that ensure patients have their medicines administered as prescribed “when required” were not developed.

Are services well-led?

This was a focused inspection, so we did not rate this domain. We found that:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, were visible in the service and approachable for patients and staff.

However:

- Staff morale was low due to lack of training opportunities in specific topics and because there were elevated levels of agency staff used to maintain safe staffing levels.
- Records were not accurate and specific to meet the changing needs of patients.

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.

Forensic inpatient or secure wards

Safe

Well-led

Are forensic inpatient or secure wards safe?

Safe and clean environment

- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose. Patients had access to a small court yard. Wards were spacious with good lines of sight. Bedrooms were single occupancy with ligature proof doors on the bathrooms. Ligature points for the purpose of strangulation were risk assessed and action taken to minimise the risk to patients known to self-harm.
- The provider responded to staff feedback and improved communications around infection control procedures. Staff had access to infection and prevention policies and regular team meetings kept staff informed on the COVID-19. There were adequate supplies of personal protective equipment such as gloves and mask.
- While hospital policy instructed staff to wear face masks, we saw staff not wearing them properly on one ward. Staff and patients adhered to two metre distance where possible but due to the patient group and environment this was not always possible.

Safe staffing

- Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staffing levels were set according to the changing needs of patients. Patients told us there were enough staff on duty although some said more staff were needed for them to participate in community activities.
- The ward manager for Curridge described the establishment hours for the ward and the roles deployed for staff to meet the needs of patients. This manager said the lead nurse made daily contact with all wards to assess the staffing levels and to determine if the staff on duty had the desired skills and experience.

- Staff on Curridge ward shared their concerns about the lack of experience and competence within the staff team. They said agency staff was used to maintain staffing levels and some staff lacked the skills to manage situations where patients were at risk of harm.
- The lead nurse told us external recruitment was in progress and agency staff was used to maintain staffing levels during this process. The ward manager said staff working within the hospital were deployed to the ward when there were unpredicted falls of staffing levels.
- New staff had a two-week induction into their roles and responsibilities.

Assessing and managing risk to patients and staff

- Staff completed risk assessments using a recognised tool, however the assessments lacked detail. Emergency baseline risk assessments and emergency section 17 of the Mental Health Act were completed on admission. The consultant reviewed the five-point risk assessment to determine its effectiveness. However, risk assessments were not detailed and lacked guidance for staff on how to manage specific risks. Management plans were not developed on how staff were to manage situations when patients placed themselves or others at risk of harm. On Curridge the care plans lacked detail and guidance on how to manage behaviours considered to be challenging. This meant that staff may not have had all the information required to manage patient risk.
- The manager on Curridge acknowledged risks were not accurately recorded and the risk assessment tool was not effective. The lead nurse said they were taking steps to access training for staff around risk assessment and care planning. However, staff did not feel the team was confident in managing the risks of patients on the ward.
- The lead nurse said they had a good oversight of referrals and was able to refuse placements where the staff were not able to meet assessed patient needs. It was acknowledged there was room for improvement around the management of risk on the ward. However, the staff contradicted the comments from the lead nurse. The staff said some referrals were for patients with complex needs and they lacked the skills to meet the needs identified.

Forensic inpatient or secure wards

- Restraint techniques were part of the measures used to manage behaviours considered to be challenging. Staff told us there were many physically challenging incidents between patients and towards staff. A member of staff said that not all staff were trained in using restraint while others were not confident on the techniques to use.
- The analysis of aggressive and violent incidents on both wards were “low, no harm” although there was an increase of incidents at 5pm and of seclusion during April to June 2020. The analysis had noted the potential triggers for seclusion along with gaps in care planning. Some patients had witnessed or were involved in incidents that placed them at risk of harm. One patient said they spent time in seclusion if they “broke the rules”. Another patient told us they had experience of being on seclusion. .

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Systems and processes ensured patients were protected from abuse and improper treatment. The safeguarding lead reviewed alerts raised by staff and where they meet the thresholds criteria for reporting referred them to the local authority. Safeguarding concerns were audited and reviewed through clinical governance meetings.
- Patients said they felt safe and they understood the context of feeling safe. They said the environment and staff gave them a sense of security. Relatives said their family member was safe from abuse.

Medicines management

- The support patients received was variable due to the lack of planning on when to administer medicines prescribed to be taken when required (PRN). Staff did not have clear PRN procedures for medicines prescribed to be taken “when required”
- There were inconsistencies between staff on when to administer PRN medicines. While medicine administration records (MAR) listed the purpose of the medicines and were signed to indicate administration, they lacked specific guidance on when to administer PRN medicines. For example, “anxiety” and “insomnia”.
- The main medicine room was kept locked and there were safe medicine storage systems. The policy of the hospital was for two staff to witness the administration

of medicines liable to be misused. The guidance for two staff to administer medicines with additional safety precautions were not consistently followed in Curridge. A member of staff agreed the records were not always countersigned and explained due to time constraints two staff were not always present. On these occasions the records were signed by the second nurse later that day. National Institute for Health and Care Excellence guidance says to risk assess the process when two staff were not present during the administration of medicines liable to misuse.

- In Tadley there were safe systems and risks were well managed.

Reporting incidents and learning from when things go wrong

- We were kept informed on reportable incidents.

Are forensic inpatient or secure wards well-led?

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- Leaders told us about their roles and responsibilities. Patients and relatives praised the staff and in Curridge and patients told us there was a regular presence from the ward manager. Staff said ward managers and assistant manager was supportive. In one ward staff commented on the leader’s lack of experience with managing wards for females and about the levels of agency staff.

Culture

- The staff morale had an impact on their performance. Staff told us morale was affected by their lack of experience and opportunities to increase their skills. A member of staff commented on the lack of training opportunities in specific topics which meant that less experienced staff then resigned. Another member of staff said the low levels of staff morale came from the management of admissions and complex needs of patients.

Forensic inpatient or secure wards

- A doctor was complimentary about the organisation and commented on staff's morale on Tadley and Curridge.. This doctor said at times morale was low in both wards and in Curridge the staff "struggled at times".
- Systems were in place to support staff. The lead nurse told us staff were supported through team and one to one meetings including reflective consultations. A manager told us the staff on the ward were passionate about their roles and had strong opinions on the deployment of staffing roles.
- There was a clear framework of discussion and of sharing essential information at team level. Staff attended team meetings and the minutes for Curridge ward showed they were bi-monthly. The ward manager told us there were morning meetings to review the previous days incidents and to discuss their response to concerns. More recently the lead nurses and ward managers attended the morning team meetings to review incidents and offer de-brief as needed.

Governance

- Systems and processes were in place to monitor and assess the quality of care and treatment provided. Improvement plans were at ward level, the compliance manager was informed when actions were completed, and progress discussed at monthly clinical governance meetings. There were aspects of record keeping and care planning not identified in the improvement plans for Curridge ward although comments from ward managers and lead nurses were consistent with our findings. Guidance to staff lacked detail on how staff were to consistently meet the needs of patients. For example, risk assessment, behaviour care plans and recording of information.

Learning, continuous improvement and innovation

- The lead nurse told us the future plans to review incidents more closely to identify learning needs. They said that from June the reports of incidents were reviewed daily.
- The data dashboard for incidents and accidents was used to track and analyse key performance indicators. Most incidents of aggression and violence were assessed as "low harm" and were happening at 5pm. An increase in seclusion over a three-month period was identified along with the potential triggers for seclusion. While gaps in the care planning were noted, the actions from the assessment were not part of the report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider **MUST** ensure patients records in Curridge including care plans, risk assessments and protocols

for where when required medicines were no up to date or specific for individual patients. Records must be specific and give staff sufficient guidance to meet the needs of patients.

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
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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
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	Records were not up to date or accurate for staff to mitigate risk and to meet the changing needs of patients.
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	Regulation 17 (c)
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