

Nottinghamshire Healthcare NHS Foundation Trust

Quality Report

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Core services inspected

High Secure Hospitals

CQC registered location

Rampton Hospital

CQC location ID

RHA04

This report describes our judgement of the quality of care at this provider. It 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.

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 services at this Provider

Are services safe?

Are services effective?

Are services caring?

Are services well-led?

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

- Security was a key priority on the wards. Staff spoken with knew the security procedures well. We saw each ward had an allocated security lead daily who was responsible for the environmental security checks.
- The trust had established the staffing levels required to meet the needs of the patients. Ward managers had the autonomy to increase staffing levels if required. Staff training was all above 75% compliant. There was suitable medical cover and on call cover throughout the week.
- Staff held regular and effective multidisciplinary meetings. Clinical staff completed a comprehensive review of patient needs and reviewed progress made. Staff understood their roles and responsibilities under the Mental Health Act and the Mental Health Act Code of Practice.
- Patients knew the complaints process and had access to an independent mental health advocate if requested. Staff were aware of the trust's whistle blowing policy and knew their responsibilities in relation to safeguarding. Staff told us they felt confident to raise concerns to senior managers without repercussions.
- The manager had oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded and monitored over time to ensure the ward continuously improved. Leaders were visible in the service and supported staff to develop their skills, take on more senior roles, and responsibilities.
- Patient feedback was positive. Most patients told us they felt safe on the ward. Patients spoken with told us that staff were kind and friendly. Patients told us they enjoy the activities on offer at the hospital and that they really liked playing on the computers or going for walks around the grounds.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Inspected not rated

- Staff had access to personal alarms and knew how to use them in case of an emergency. Ward areas and patient bedrooms were visibly clean. Furniture and equipment were well maintained.
- Patients had a detailed positive behaviour support plan and health action plans. Patients spoken with told us they were involved in creating their plans and felt staff followed them.
- The clinic rooms were well maintained and stocked. We saw the clinical team regularly reviewed health monitoring equipment that included resuscitation equipment in line with the manufacturer's guidelines.
- Managers calculated the number of staff required to meet the needs of the patients. Staffing levels fluctuated in line with level of patient observations and bed occupancy. Ward managers were able to increase staffing numbers if required.
- Staff followed best practice following the use of rapid tranquilisation. We saw staff had completed all physical health monitoring following the use of rapid tranquilisation in line with the National Institute for Health and Care Excellence guidelines.
- Wards had provision in place for children and other visitors. There were designated visitor rooms outside of patient areas which meant visitors did not have to enter the ward when visiting.
- Staff received feedback about incidents during team meetings, supervision and also via email. This meant that the learning from these were shared with front line staff.
- Security was a key priority on the wards. Staff spoken with knew the security procedures well.
- Managers took part in serious incident investigations. We saw evidence of changes being made based on the outcomes.

However

- Patients in long term segregation did not always receive a 24-hour review in line with the Mental Health Act Code of Practice. We found no evidence in patient notes as to why staff were deviating from the code.
- Staff did not always use the electronic recording keeping system to document patient allergies. This meant we were not assured all staff had access to key information needed to safely care for patients with allergies.

Summary of findings

Are services effective?

Inspected not rated

- Staff regularly reviewed and updated coproduced care plans and positive behaviour support plans when patients' needs changed. We saw evidence of patient and carer involvement throughout the care plans and positive behaviour support plans.
- Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.
- Clinical staff took part in clinical audits, benchmarking and quality improvement initiatives.
- Patients had access to a psychological interventions and psychology led groups in line with National Institute for Health and Care Excellence guidance.
- Ward managers arranged specialist training for ward staff when required. For example, staff received specialist learning disability and autism training.
- Staff held regular and effective multidisciplinary meetings. We saw evidence clinical staff discussed all patients during these meetings which included a comprehensive review of their needs and progress made. Records showed that patients their family and carers, where applicable, were encouraged to take part in their review meetings.
- Staff understood their roles and responsibilities under the Mental Health Act and the Mental Health Act Code of Practice.

Are services caring?

- We observed staff treated patients with compassion and kindness. They respected patients' privacy and dignity. Staff were engaging in meaningful activities and showed they had a good understanding of the patient's needs.
- Staff introduced patients to the ward and the services as part of their meaningful admission process.
- We saw evidence staff involved patients to coproduce their care plans and risk assessments.
- Patients could give feedback on the service and their treatment and staff supported them to do this.
- Patients had access to advocacy services.
- Staff supported, informed and involved families or carers. For example, we saw where the trust had invited families or carers to attend the patient's reviews.

Summary of findings

Are services well-led?

Inspected not rated

- Leaders had the skills and abilities to run the service. They were able to demonstrate an understanding of key issues, priorities and challenges the service faced and managed them effectively.
- Leaders were visible in the service and supported staff to develop their skills, and take on more senior roles, and responsibilities.
- Staff felt positive and proud to work for the hospital. Staff spoken with told us they felt their team morale was good.
- Ward managers and senior managers had oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards.

However

- Staff told us they were not always kept up to date with strategic changes within the hospital. Staff were aware of some planned changes. However, they did not know when the changes were due or how it would impact on them.
- At the time of inspection, we found supervision rates were below the trusts own target, however this was recording error as staff did not always update their supervision dates.
- Not all activities which patients took part in were recorded and monitored. We could not be assured all patients were access 25 hours of meaningful activity in line with best practice.
- Staff did not always have access to patient physical health monitoring information prior to administering medication. For example, where a patient was on high dose anti-psychotic monitoring, the physical health records that were stored on the physical health system were not always transferred to the patient note system because two electronic systems were not integrated.

Summary of findings

Our inspection team

The team that inspected the service comprised one CQC inspection manager, two CQC inspectors and three specialist advisors with a clinical background in forensic services.

Why we carried out this inspection

This was an unannounced (staff did not know that we were coming) responsive focused inspection to address

concerns raised from an ICETR (Independent Care education and Treatment Reviews) However we informed the hospital 24 hours in advance due to the high level of security entering the hospital.

How we carried out this inspection

This was a focused inspection we inspected against the following four Key Lines of Enquiry:

Is it safe?

Is it effective?

Is it caring?

Is it well-led?

During the inspection visit, the inspection team:

Visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients

Reviewed 23 physical healthcare records

Spoke with 17 patients who were using the service including four in long term segregation

Spoke with the three ward managers and a team leader for each of the wards

Spoke with 19 other staff members; including doctors, nurses, occupational therapist physical health nurse, therapeutic worker, health care assistant and house keepers

Attended and observed one hand-over meetings and one multi-disciplinary meetings

Looked at 23 care and treatment records of patients

Reviewed 17 medication cards

Looked at a range of policies, procedures and other documents relating to the running of the service.

Information about the provider

Rampton Hospital is a high secure hospital, part of Nottinghamshire Healthcare Foundation Trust that provides high secure care and treatment for patients detained under the Mental Health Act 1983. The hospital provides five clinical services, high secure mental health service, national high secure deaf service, national high secure learning disability service national, high secure healthcare service for woman and men's personality disorder service.

This inspection was a focused, responsive inspection inspecting the Learning Disability Wards. Rampton Hospital has 52 National high secure learning disability beds for men over four wards:

- Aintree ward which is a 13 bedded Enhanced Dependency and Autism ward
- Cheltenham which is a 14 bedded Admissions, Assessment and Intensive Care Unit

Summary of findings

- Kempton which is a 14 bedded Treatment unit
- Newmarket which is a 11 bedded Therapeutic Community and Low Dependency Unit

The Care Quality Commission have registered the locations for the following regulated activities:

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

The Care Quality Commission completed a focused inspection in November 2019 and inspected the high secure mental health service, the national high secure deaf

service, the national high secure learning disability service national, high secure healthcare service for woman and men's personality disorder service where the following breaches were identified:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good Governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

The hospital produced an action plan to address each identified regulatory breach. All regulatory breaches will be reviewed at the next planned comprehensive inspection.

What people who use the provider's services say

We spoke with 17 patients during the inspection. Most patients told us they felt safe on the ward. Patients spoken with told us that staff were kind and friendly. Patients told

us they enjoy the activities on offer at the hospital, especially using the Southwell activity suite and they really liked playing on the computers or going for walks around the grounds.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure all patients nursed in long term segregation are reviewed every 24 hours, in accordance with the Mental Health Act Code of Practice. Where patient risks indicate a longer period of nursing within long term segregation is required, staff should ensure they complete documentation to support this decision.
- The trust should ensure staff record all patient allergies within the patient electronic record keeping system.

- The trust should ensure staff have access to patients' physical health monitoring information across all electronic record systems.
- The trust should ensure staff keep accurate and accessible records of patients' access to 25 hours of meaningful activity.
- The trust should ensure staff accurately record their most recent supervision dates in a timely manner.

Nottinghamshire Healthcare NHS Foundation Trust

Detailed findings

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.
- Staff demonstrated a clear understanding of the Mental Health Act and were able to describe the rights of detained patients. We found 82% of staff had completed their annual Mental Health Act refresher training. All staff whose training had lapsed were booked on to the next available training.
- Staff kept clear records for all patients in receipt of section 17 leave and there was evidence of risk assessments being undertaken prior to, and following patients leave. These assessments were documented in the patients' care records.
- The hospital had a dedicated Mental Health Act administrator who scrutinised and audited Mental Health Act detention documentation to ensure all patients were detained lawfully.
- Independent mental health advocates' (IMHA) visited patients on the wards as requested.

- Patients had their rights explained to them regularly. There was information around the building such as easy read leaflets explaining patients' rights under the Mental Health Act. The service had access to leaflets in a variety of languages for clients who were unable to read English.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The hospital had a Mental Capacity Act policy that staff were aware of. We found 79% of staff were up to date with their Mental Capacity Act training. All staff whose training had lapsed was booked on to the next available training.
- Rampton hospital reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection.
- Staff spoken with were aware of the trust's Mental Capacity Act Policy and were able to demonstrate they understood the Act and could describe the five principles.

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

The layout of the four learning disability Wards were identical. Staff had clear lines of site to observe patient accessible areas.

All wards had a ligature risk assessment which was reviewed annually. A ligature point is any feature in an environment which could be used to support a noose or other strangulation device. The risk assessment recommended control measures to mitigate identified risks which ward staff followed. At the time of inspection, the paper-based ligature risk assessment was two months out of date. All staff were aware the ligature risk assessment was not reviewed on the paper copy as the trust were transferring it to an electronic system. We were given assurances the out of date ligature assessment with still accurate and captured ligature points throughout the ward areas.

The ward complied with national guidance on eliminating mixed sex accommodation and all wards were male only.

Staff had easy access to alarms and patients had easy access to nurse call systems. There was an escalation process for serious incidents which required response from staff on other wards. Staff we spoke with knew and understood the process. The trust regularly tested the alarm system to ensure the system was working appropriately. We saw on occasions during the inspection staff responded to alarms on different wards when they were activated.

Security was a key priority on the wards. Staff spoken with knew the security procedures well. We saw each ward had an allocated security lead daily who was responsible for the environmental security checks.

Some bedroom doors had two-way operable observation panels to maintain the privacy and dignity of patients. Others had normal glass, although staff had secured curtains attached by Velcro to maintain patient's privacy and dignity.

Maintenance, cleanliness and infection control

Wards were visibly clean. The hospital had an infection control policy which staff were aware of. Hand sanitizers were located at the entrance to each ward and hand hygiene posters were located at strategic locations promoting good hand hygiene. A recent infection prevention control audit was complete in line with best practice. All wards were given an action plan that they were working through at the time of inspection.

Furnishings and equipment were well maintained. We found damaged seating cushions had been reported as an infection control risk and appropriate action was taken to order replacements.

Seclusion room

There was a blind spot in the seclusion rooms on Aintree ward which was below the viewing panel for the toilet and shower facilities, the inspectors raised this with the team leader at the time of inspection who raised it with maintenance. All seclusion rooms had access to toilet and wash facilities, two-way communication, appropriate furnishing, clothing and a clock.

Clinic room and equipment

All wards had their own clinic room on site. Each clinic room was equipped with a sealed emergency bag and drugs that were regularly checked.

Appropriately trained staff checked, maintained and cleaned the physical healthcare equipment.

Safe staffing

The service had enough staff to keep patients safe. Senior managers had completed a staffing establishment review and increased their nursing complement across the four wards. At the time of inspection, the learning disability wards employed four band seven nurses, 12.60 band six

Are services safe?

nurses 30.00 band five nurses and had 17.00 vacancies. The vacancies were due to the hospital increasing the established number of nursing staff. The four wards employed 42.00 band three and 60.80 band two nursing assistants.

The trust had an ongoing recruitment and retention programme which included advertising on line and offered career developmental opportunities to staff of all grades.

Hospital managers had oversight of ward staffing, skill mix and the number of shifts that were unfilled in advance through the rostering system. We reviewed staffing rotas and found that where wards were short staffed the central resource office had planned to use bank staff and offer overtime to substantive staff. Due to the complex risks with the patient group observation levels changed on a shift by shift basis, the central resource team and ward managers were able to suitably redeploy staff to ensure patients were kept safe on the wards.

We observed staff engage in meaningful activity with patients and patients who were on increased observations. Staff spoken with told us they are allocated a maximum of two hourly continuous observations in line with the National Institute for Health and Care Excellence guidance.

The hospital had recruited therapeutic involvement workers that were based across the hospital site to support patients to reintegrate from long term segregation. The staff escorted patients from the wards to the suite for planned activity. All staff were informed of patients risks, this meant staff of the wards were able to continue to support and nurse patients without needing to escort patients to and from the activity suite.

At the time of inspection, we found there were adequate numbers of trained staff to assist with physical interventions if required.

Medical staff

Doctors worked on an on-call system which meant there was a doctor available to attend the wards, day and night in a timely manner. Ward staff understood the process to summon emergency help to the hospital if patients required urgent medical care.

Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff we spoke with told us they felt the training was of good quality and they were aware of their refresher dates.

The hospital had a dedicated training team. Ward managers were responsible for monitoring staff training compliance. At the time of inspection most mandatory training was above the hospital's own target of 85% and there were plans in place for staff to complete training which had lapsed.

Assessing and managing risk to patients and staff

Assessment of patient risk

We reviewed 23 risk assessments and found evidence clinical staff completed risk assessments for each patient on admission, using a recognised tool. This was reviewed regularly, including after incidents to ensure the risk assessment accurately reflected the patient's current risk.

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. We saw evidence that all patients had an up to date positive behaviour support plan.

Management of patient risk

Staff completed detailed positive behaviour support plan and health action plans. Patients spoken with told us they were involved in creating their plans and felt staff followed them.

Staff knew about most risks to each patient and acted to prevent or reduce risks, however we found patient allergies were not always recorded within the alert section on the electronic patient records.

Staff identified and responded to any changes in risks to, or posed by, patients. We saw examples where staff took positive risks in a controlled manner. For example, we observed a patient who was recently in long term segregation access grounds leave to use a bicycle, the patient told us he enjoyed using the bike and staff supported him to do so.

Staff could observe patients in patient accessible areas of the wards and followed security procedures to minimise risks to staff and patients where patients could not be easily observed.

Are services safe?

Staff followed trust policies and procedures when searching patients or their property to keep them safe from harm.

Use of restrictive interventions

Staff spoken with told us they only used restraint and seclusion after attempts at de-escalation had failed. The ward staff participated in the trusts's restrictive interventions reduction programme.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

The hospital had robust plans in place to commence long term segregation and encouraged clinicians to work toward least restrictive principles. Long-term segregation was used to support high-risk patients when deemed clinically necessary. At the time of inspection ten patients were in long term segregation. Three patients had their own long-term segregation suite which included a bedroom, lounge and wash facilities.

We reviewed the care records of four patients who were in long-term segregation and found that all patients had exit plans, robust risk assessments and risk management strategies. Patients in long term segregation had access to a lounge area and fresh-air but this was not free access. For example, when a patient was in their bedroom, they required the support of three staff to access a separate lounge area.

We saw evidence of long-term segregation quarterly external reviews. However, patients did not always receive a 24-hour review in line with the Mental health Act Code of Practice. Where patients did not have a daily review this was not care planned.

At the time of inspection, we observed staff interacting with patients who were in long term segregation. Interactions varied depending on the patient's risk. For example, we saw one patient who was supported to access fresh air and use a bike outside for exercise with the support of staff. We also observed staff supporting a patient through the hatch of their door. Staff knew the patients' needs well.

There were 21 episodes of seclusion over all four wards in the last six weeks. We reviewed a random sample of seclusion records and found that patients were reviewed in

line with the Mental Health Act Code of Practice. Staff spoken with told us seclusion was a last resort and they would attempt to support the patients in the least restrictive way in the first instance. The records for seclusion were kept in an appropriate manner.

There was a total of 44 episodes of restraint over all four wards in the six weeks prior to inspection. Aintree ward, which is the admissions and assessment ward, had the highest number of restraints which accounted for 50% (22) of the total number of restraints.

Staff followed The National Institute for Health and Care Excellence guidance when administering rapid tranquilisation and post administration physical observation checks. Staff spoken with told us that rapid tranquilisation was used as a last resort.

Safeguarding

Staff were trained in safeguarding. A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or adult at risk from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional. Staff we spoke with were able to demonstrate that they understood the principles of safeguarding and know how to make a safeguarding alert and do this when appropriate.

There were safe procedures for children that visit the hospital. Visitation with children was arranged at a designated visitor room away from the ward pre-arranged visitations

Staff access to essential information

The hospital used an electronic based record system to store patient information. Ward staff printed off copies of positive behaviour support plans and health action plans which were stored securely in the nursing office.

The hospital used two record keeping systems that were not integrated and did not share information automatically, which meant staff did not always have access to key physical health monitoring information prior to administering medication. For example, where a patient was on a high dose anti-psychotic monitoring plan the patient's blood test results were stored on the system used by the physical health nurses but were not stored on the electronic system used by ward staff who administered their medication. We were told the blood testing results

Are services safe?

should have been stored on both systems. If blood tests were out of range the physical health nursing team would call the nursing on the ward and verbally handover the information. This was not a robust system to handle key information and may pose a risk to patient safety.

Medicines management

Staff followed good practice in medicines management which included, transport, storage, dispensing, medicines reconciliation, recording and the disposal in line with national guidance. Pharmacy staff regularly audited the ward, where areas for improvement were identified actions were assigned to the ward manager for completion.

The physical health team monitored and reviewed the effects of medication on patients' physical health regularly and in line with NICE guidance, especially when the patient was prescribed a high dose of antipsychotic medication. However, this information was not always available to nursing staff working on the ward.

Track record on safety

Managers took part in serious incident investigations. We saw evidence of changes being made based on the outcomes.

The hospital had systems in place to report incidents to the appropriate body, for example, NHS England and the Care Quality Commission.

Reporting incidents and learning from when things go wrong

All staff spoken with knew what to report and how to report. We reviewed a random sample of incidents and found the incidents were reported and actioned in a timely manner.

Staff were open and transparent with patients and explained to patients if and when things go wrong. The hospital had a duty of candour policy which staff spoken with had a good understanding of.

Staff receive feedback from investigation of incidents both internal and external to the service. We saw evidence of feedback through the electric incident reporting system, team meetings, and the Rampton newsletter.

Staff spoken with told us they were debriefed after incidents and were offered support after serious incidents through the trust's wellbeing scheme.

Are services effective?

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

We reviewed 23 care and treatment records and positive behaviour support plans across the four wards. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. All patients had their physical health assessed soon after admission and regularly reviewed during their time on the wards.

Clinical staff spoken with were able to demonstrate the process of how they would escalate their concerns to the relevant medical professional.

Staff regularly reviewed and updated coproduced care plans and positive behaviour support plans when patients' needs changed. We saw evidence of patient and carer involvement throughout the care plans and positive behaviour support plans.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the patients in the service. We reviewed 23 care plans and found evidence care was delivered in line with best practice and national guidance, for example the National Institute of Care Excellence.

Staff understood patients positive behavioural support plans and provided the identified care and support. Staff ensured patients had access to physical health care, including specialists as required.

Patients had good access to physical healthcare; including access to specialists when needed. For example, on site phlebotomy, clozapine monitoring, tissue viability, diabetic screening, ECG's, physical healthcare nursing team seven days a week through the day, speech and language therapy, and a GP visited patients regularly.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes for example Health of the Nation Outcome Scales for people with Learning Disabilities.

We observed staff used technology to support patients. Patients spoken with told us they liked using the technology and it helped them with their treatment. We observed a speech and language session where the patient was using a video recorder to record their session as part of their therapeutic programme.

Clinical staff took part in clinical audits, benchmarking and quality improvement initiatives. Ward managers used results from audits to make improvements. To track the improvements ward managers had quality improvement plans which were regularly monitored.

Patients had access to a psychological interventions and psychology led groups in line with National Institute for Health and Care Excellence guidance. Staff and patients told us they had enough access to psychological support.

Night time confinement practices were in line with The High Security Psychiatric Services Arrangements for Safety and Security Directions 2013.

Staff did not keep detailed records of patients' participation in meaningful activity. We were told patients were offered 25 hours per week, in line with best practice guidelines. However, due to poor recording, we were unable to find evidence to support this.

Skilled staff to deliver care

Patients had access to a wide range of disciplines to provide their care and treatment. The multidisciplinary team consisted of consultant psychiatrists, doctors, qualified nurses, healthcare support workers, occupational therapists, speech and language therapists and psychology. The hospital also employed a catering team, housekeepers and administrative staff.

Are services effective?

The trust had a staff induction policy which included substantive and bank staff. Staff we spoke with told us they had received a corporate induction and ward-based induction in line with the trust's policy. Staff were expected to read key policies, learn about the ward and shadow experienced staff before working independently on the wards.

Ward managers used a range of systems to monitor staff performances. Where areas of improvement or concern were identified managers took appropriate action in a timely manner.

Ward managers arranged specialist training for ward staff when required. For example, staff received specialist training learning disability and autism training. The trust were, developing a new learning training package which was in the initial stages of training the trainers to ensure there were enough trainers to deliver the package to the workforce.

Staff we spoke with throughout the inspection confirmed they had received a supervision and appraisal in line with the trusts policy. However, at the time of inspection we found supervision rates were below the trusts own target. We were told this was a recording error as staff did not always update the dates, they received supervision. We saw evidence a ward manager planned to speak to their team at a team meeting to remind them to update their tracker on the electronic system. Ward managers used a standardised template that covered key areas such as performance and well-being.

Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings. We saw evidence clinical staff discussed all patients during these meetings which included a comprehensive review of their needs and progress made. Records showed that patients and their family and carers, where applicable, were encouraged to take part in their review meetings.

Detailed shift handovers happened at the start of every shift. We observed two handovers. They had a set agenda which staff were familiar with. Shift co-ordinators completed the handover book. Topics covered during handover included, current patient risk, level of observations and seclusion incidents.

Staff we spoke with reported they had good relationships with the local commissioners and mental health teams. Relevant professionals were involved in discharge planning and procuring suitable stepdown services from the high secure hospital, to ensure a smooth transition in to other forensic services.

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

We reviewed 23 care and treatment records. All patients were detained under the Mental Health Act 1983. Staff clearly documented patients' legal status within care records.

Mental Health Act train was mandatory. 81% of staffs training was up to date. Where training had expired ward, managers booked staff on a refresher training. Staff understood their roles and responsibilities under the Mental Health Act and the Mental Health Act Code of Practice. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Patients spoken with told us they access to information about independent mental health advocacy.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this had been granted.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly. Mental Health Act administrators were responsible for scrutinising detentions papers and ensuring all legal documents were accurate and up to date.

Good practice in applying the Mental Capacity Act

The hospital had a Mental Capacity Act policy that staff were aware of. We found 79% of staff were up to date with their Mental Capacity Act training. All staff whose training had lapsed was booked on to the next available training.

Rampton hospital reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection.

Staff spoken with were aware of the trust's Mental Capacity Act Policy and were able to demonstrate they understood the Act and could describe the five principles.

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, privacy, dignity, respect, compassion and support

We observed staff treat patients with compassion and kindness. They respected patients' privacy and dignity. Staff were engaging in meaningful activities and showed they had a good understanding of the patients' needs.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff introduced patients to the ward and the services as part of their meaningful admission process.

We saw evidence staff involved patients who coproduced their care plans and risk assessments. Patients spoken with told us they have access to their care plans and risk assessments.

Staff involved patients in decisions about the service, when appropriate, for example at community meetings. We saw evidence where the patients' requested more community activities and games that was provided by the trust.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff made sure patients could access advocacy services. We observed an independent advocate on the ward engaging with patients. Patients told us they could speak to the advocate and ask for support when they wanted too.

Involvement of families and carers

Staff supported, informed and involved families or carers. For example, we saw where the trust had invited families or carers to attend the patients' reviews. Where they were not able to attend, ward staff provided an update in line with confidentiality agreements.

Staff helped families to give feedback on the service for example at carers' meeting and via satisfaction surveys.

Are services well-led?

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 strategy

Staff spoken to were aware of the trusts vision and values. We observed staff demonstrated these values through person centred and kind interactions with patients. Ward managers told us staff were set goals and developmental targets during their annual appraisal that reflected the organisational values.

Staff and patients told us they were aware who the senior managers were. They had visited each ward over the last 12 months. We observed senior managers interacting with patients and staff in a positive manner during the inspection and staff told us that the senior management team were approachable. However, staff told us they were not always kept up to date with strategic changes within the hospital. Staff were aware of some planned changes, however they did not know when the changes were due or how it would impact on them. For example, the hospital was rolling out a new learning disability specific training programme, but the staff did not know when it was going live.

Leadership

Leaders had the skills and abilities to run the service. They were able to demonstrate an understanding of key issues, priorities and challenges the service faced and managed them effectively. Leaders were visible in the service and supported staff to develop their skills, and take on more senior roles, and responsibilities.

Staff we spoke with knew who the leaders and senior managers were. Staff told us they were approachable.

There were no reported bullying or harassment cases at the time of inspection. Staff spoken with told us if they had a bullying or harassment concern, ward managers and senior leaders would take appropriate action.

Staff felt positive and proud to work for the hospital. Staff spoken with told us they felt their team morale was good, the teams were well established and were able to work effectively as a team and naturally supported each other.

Staff are offered the opportunity to give feedback on services and input into service development. The hospital had annual workforce surveys and staff were able to provide feedback through regular team meetings.

Good governance

Systems and processes were in place to monitor mandatory training. The dashboard highlighted any training that was out of date or was due to expire. The training team emailed staff and ward managers when training was due to expire with dates the training sessions were being facilitated. Ward managers arranged staff cover to allow staff time away from the ward to complete the training.

Ward managers monitored supervision and annual appraisal compliance. We saw all wards had a supervision structure in place. Supervision compliance rates were below the trust's own target; however, this was a recording error as staff did not always update the dates, they received supervision. Staff spoken with confirmed they regular receive supervision. We saw evidence a ward manger planned to speak to their team at a team meeting to remind them to update their tracker on the electronic system.

Ward managers and senior managers had performance oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant that managers could monitor performance over a period of time to ensure continuous improvement.

Culture

Staff felt respected, supported and valued by their peers and leaders. Staff we spoke with told us they felt the service

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promoted equality and diversity and provided opportunities for career development. Staff knew the trust had a whistle blowing policy which they would use if they needed to.

Staff annual sickness rate for the service was above 10%, however we saw evidence staff sickness was reducing monthly. The staff we spoke with told us they could access the trust occupational health service for support, for both physical and mental health issues.

Ward managers used a range of systems to monitor staff performances. Where areas of improvement or concern were identified, managers took appropriate action in a timely manner. Where areas of good performance were noted, this was praised and discussed during annual appraisal and supervisions.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

Staff were able to contribute to the risk register. If staff identified an area of risk through environmental checks and audits, they were able to escalate this to ward managers, who would ensure control measures were put in place to minimise the risk.

The service had a contingency plan in place for events such as severe adverse weather or power failure.

Information management

Patient record systems were not integrated. Ward staff used an electronic record keeping system to the system used by the physical health nursing staff. This meant that nursing staff administering medication for patients who were on high dose antipsychotic medications were not always assured their blood test results were safe to do so as the blood test results were stored on a separate system. We were told the blood testing results should have been stored on both systems and if blood tests were out of range the physical health nursing team would call the nursing on the ward and verbally handover the information which was not a robust system to handle key information.

Engagement

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

Patients and carers were involved in decision making about changes to the service. For example, at daily community meetings all patients were able to inform ward staff of their preferences and what they wanted the ward to improve on.