

Kent and Medway NHS and Social Care Partnership Trust

Wards for people with learning disabilities or autism

Quality Report

Trust Headquarters, Farm Villa
Hermitage Lane
Maidstone
Kent
ME16 9QQ
Tel: 01622 724100
Website: www.kmpt.nhs.uk

Date of inspection visit: 16 - 20 March 2015
Date of publication: 30/07/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXYAN	Tarentfort Centre	Riverhill ward Marle ward The Brookfield Centre	DA2 6PB

This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership 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 Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership 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?

Requires improvement



Are services effective?

Outstanding



Are services caring?

Outstanding



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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Background to the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	12
Action we have told the provider to take	25

Summary of findings

Overall summary

We gave an overall rating for wards for people with learning disabilities of good because:

There was a strong, visible, person-centred culture. Staff and patients told us they were empowered as partners in their care. We saw evidence of patient involvement in care planning. We found a person-centred approach throughout the service and it was truly recovery orientated. The innovative user engagement approaches across the forensic and specialist service line ensured that patients and their families had a say in how the service was run

Patients had a comprehensive assessment in place that was individualised and person-centred with a focus on patient goals and recovery. Up to date, evidence based treatment was used to support the delivery of high quality care. Patients had access to excellent innovative psychological therapies as part of their treatment. The service had a robust multidisciplinary team who worked extremely well together and were fully involved in patient care.

Patients experienced care and treatment that was compassionate, sensitive and person-centred. Staff morale was extremely high and the wards supported each other. We found the wards to be well-led and there was clear leadership at a local level. The ward managers were highly visible on the wards during the day and were accessible to staff and patients.

There was excellent provision of and access to therapeutic activities and strong links with external organisations.

Wards were not always safe and patients were not always protected from risk associated with unsafe or unsuitable premises or by responding appropriately to any allegations of abuse. For example, the seclusion room on Riverhill ward required improvement. Safeguarding alerts had not been raised for all recorded safeguarding incidents.

Summary of findings

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

Are services safe?

We rated safe as **requires improvement** because:

- Riverhill ward had a seclusion room which was located in a communal corridor, near to other patients' bedrooms and had no access to outside space. The seclusion room had no natural light and there was no visible clock or display of date and time. The fixtures and fittings were not fitted flush, the floor was not sealed appropriately and the flooring was loose. There was no shower in the ensuite room.
- Safeguarding alerts had not been raised for all recorded safeguarding incidents.
- The Brookfield centre had CCTV in operation. However, the rationale for this was not clear. The service was a recovery and rehabilitation ward. Some staff told us they used the CCTV to support clinical decisions and others told us it was to support patient safety. There did not appear to be any on-going monitoring of the content of the CCTV.

The layout enabled staff to observe most parts of the wards and mirrors had been installed to increase visibility. All wards had ligature risk assessments and had detailed action plans to mitigate the risks identified. The clinic room was fully equipped and emergency medications were all in date. Environmental risk assessments and ward audits were carried out. Patients were offered one to one meetings with staff almost every day. Patients' risk information was reviewed regularly and recorded in the patient record system. Staff had been trained in the management of physical interventions. De-escalation or positive behaviour support was used proactively. The use of restraint across the forensic service line was very low.

Requires improvement



Are services effective?

We rated effective as **outstanding** because:

All patients had a comprehensive assessment in place that was individualised and person-centred with a focus on patient goals and recovery. Up to date, evidence based treatment was used to support the delivery of high quality care. Patients had access to excellent, innovative psychological therapies as part of their treatment. The service had a robust multidisciplinary team who worked extremely well together and were fully involved in patient care. Psychologists and occupational therapists were an active part of the

Outstanding



Summary of findings

multidisciplinary team. Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided. There was effective inter-agency working and on-going monitoring of physical healthcare conditions was taking place.

Capacity assessments in relation to consent to treatment were taking place. These were recorded but not on a formal capacity assessment document as the trust did not have one.

Are services caring?

We rated caring as **outstanding** because:

There was a strong, visible person-centred culture. Staff and patients told us they were empowered as partners in their care. We saw evidence of patient involvement in care planning. We the service was person-centred and truly recovery orientated. The innovative user engagement approaches across the forensic and specialist service line ensured that patients and their families had a say in how the service was run. Feedback from all the 10 patients we spoke with was continually positive. They told us that they found the staff passionate, caring and supportive and they felt truly respected, involved and empowered to make decisions as individuals in the therapies and treatments offered. Staff understood patients' needs and involved patients in their care.

Outstanding



Are services responsive to people's needs?

We rated responsive as **good** because:

The ward environments were comfortable, well maintained and had space for a range of different treatments and care. There was excellent provision of and access to therapeutic activities. The wards were aware of the diverse needs of the patients and provided an excellent range of support. The wards and service line responded positively to feedback from patients and families. An initiative to enable patients and their relatives to keep in regular contact through the use of Skype was rolled out across the forensic service line

We received mixed feedback about the food provision and there was a lack of privacy for patients making telephone calls on the wards.

Good



Are services well-led?

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

The aims of the wards were clear and focused on the needs of the patients. Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could. Staff

Good



Summary of findings

morale was high and the wards supported each other. Governance processes identified where the wards needed to improve. There was limited recording and monitoring of outcome measures to identify whether people improved following treatment and care.

Summary of findings

Background to the service

Wards for people with a learning disability provided by Kent and Medway NHS and Social Care Partnership Trust are managed through the forensic and specialist service line.

Tarentfort Centre (Riverhill/Marle ward) is a low secure environment. It specialises in the assessment and treatment of male patients, aged 18 and over, with a learning disability, whose offending behaviour and complex mental health needs require care in a low secure setting. Rivehill ward has 10 beds and is the acute ward of the Tarentfort Centre. Marle ward has 10 beds and is the progression and rehabilitation ward of the Tarentfort Centre.

The Brookfield Centre is a 13 bedded rehabilitation and recovery inpatient service for male patients aged 18 and over with a learning disability and mental health or other complex needs who may also have offending behaviour. The Brookfield Centre is a step down service for patients from the Tarentfort Centre.

There have been 38 inspections at locations registered to Kent and Medway NHS and Social Care Partnership Trust. Tarentfort Centre was last inspected on the 24 January 2012. There were no outstanding compliance actions.

Our inspection team

The team that inspected wards for people with learning disabilities consisted of seven people;

one inspector,

two nurses,

a consultant psychiatrist,

a Mental Health Act reviewer,

a pharmacist and

an expert by experience.

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited all three of the wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 10 patients who were using the service
- Spoke with all three ward managers
- Spoke with 19 other staff members; including doctors, nurses, social workers, psychologists, occupational therapists and support workers.
- Attended and observed two hand-over meetings and one multi-disciplinary meetings.
- Attended and observed ward medication rounds.

Summary of findings

We also:

- Looked at 15 treatment records of patients.
- Pharmacist carried out a specific check of the medication management on two of the wards.

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

What people who use the provider's services say

We spoke with patients who were using the services. They were all continually positive about the service provided by the learning disability and forensic service. They told us they found the staff to be passionate, caring and supportive and felt that staff had an understanding of

their care needs. Patients told us they felt involved in the therapies and treatments offered and staff encouraged them to be as independent as possible but provided appropriate support when needed.

Good practice

- Accredited members of the Royal College of Psychiatrists quality network for forensic mental health services.
- We found staff to be kind, respectful and inclusive of patients and relatives/carers. Feedback from patients who used the services was positive. They told us that they found the staff to be passionate, caring and supportive and they felt involved in the therapies and treatments offered.
- The trust provides a 'carer support worker' service which offered advice, support and general non-specific information to any person who provided unpaid care.
- The innovative user engagement approaches across the forensic and specialist service line ensured that patients and their families had a say in how the service was run.
- There was an excellent and robust psychology department that provided an innovative and individualised treatment programme tailored to patient needs.
- There was excellent provision of occupational therapy, access to therapeutic and recreational activities and strong links with community resources.
- Staff respected patients' diversity and human rights. The Brookfield Centre had information such as ward activities and food menus displayed in English and Slovakian (here was a large Slovakian community in the area) to support patients' language needs.
- An initiative to enable patients and their relatives to keep in regular contact through the use of Skype was rolled out across the forensic service line.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** take to improve

- The trust must review the seclusion facilities on Riverhill ward to ensure they are safe and meet current guidelines.
- The trust must take action to ensure that all safeguarding incidents are appropriately recorded and safeguarding alerts are raised where necessary.

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

- The trust should review their systems for recording and monitoring of outcome measures to evidence whether people improved following treatment and care.
- Trust managers should review the use and monitoring of CCTV (closed circuit television) specifically in the visitors' room at the Brookfield Centre.
- The trust should review and appropriately implement the use of advance plans of care.

Summary of findings

- The trust should review the provision for off duty medical cover.
- The trust should review the use of restrictive practices at The Brookfield Centre.
- The trust should review the current available documentation for formally recording assessments for capacity to consent.
- The trust should review the provision and access for patients for their finances.

Kent and Medway NHS and Social Care Partnership Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Riverhill ward Marle ward The Brookfield Centre	Tarentfort Centre

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.

We found that the use of the Mental Health Act (MHA) 1983 was good in the learning disability inpatient services. Mental health documentation reviewed was found to be compliant with the MHA and its Code of Practice.

There were copies of consent to treatment forms accompanying the medication charts. Patients had their rights under the Mental Health Act explained to them routinely.

The trust's systems supported appropriate implementation of the Mental Health Act and its Code of Practice. Administrative support was available from a team within the trust. Staff received mandatory training and demonstrated a good understanding of the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff told us they had received mandatory training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection there were no patients subject to a DoLS authorisation.

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

We rated safe as **requires improvement** because:

- Riverhill ward had a seclusion room. We found the seclusion room was in a communal corridor, near to other patients' bedrooms and had no access to outside space. The seclusion room had no natural light and there was no visible clock or display of date and time. The fixtures and fittings were not fitted flush and the seclusion room floor was not sealed appropriately and the flooring was loose. There was no shower in the ensuite room.
- Safeguarding alerts had not been raised for all recorded safeguarding incidents.
- The Brookfield Centre had CCTV in operation; however the rationale for this was not clear. Some staff told us they used the CCTV to support clinical decisions and others told us it was to support patient safety. There did not appear to be any on-going monitoring of the content of the CCTV.

However, the layout of the wards enabled staff to observe most parts of all wards and mirrors had been installed to increase visibility. All wards had ligature risk assessments and had detailed action to be taken to mitigate the risks identified. The clinic room was fully equipped and emergency medications were all in date. Environmental risk assessments and ward audits were carried out. Patients were offered one to one meetings with staff almost every day. Patients' risk information was reviewed regularly and recorded in the patient record system. Staff had been trained in the management of physical interventions. De-escalation or positive behaviour support was used proactively. The use of restraint across the forensic service line was very low.

- The layout of all the wards enabled staff to observe most parts of the wards. Mirrors had been installed in the corner of ceilings to increase visibility. There were some restricted lines of sight across all three wards but these were adequately mitigated.
- The Brookfield Centre had CCTV in operation; however the rationale for this was not clear. Some staff told us they used the CCTV to support clinical decisions and others told us it was to support patient safety. There did not appear to be any ongoing monitoring of the content of the CCTV. Riverhill ward and Marle ward did not have CCTV in operation although staff told us that there were plans to install it at a later date.
- We saw that all wards had ligature risk assessments and where the ligature points could not be removed there was detailed specific action to be taken to mitigate the risks identified.
- All three wards were for men only so there were no issues with same sex accommodation.
- The clinic room was fully equipped and emergency medications were all in date. Resuscitation equipment was in good working order, readily available and checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Most staff told us, and we saw from training records, that staff had undertaken training in life support techniques.
- We found the seclusion room in Riverhill ward was in a communal corridor, near to other patients' bedrooms and had no access to outside space. The seclusion room had no natural light and there was no visible clock or display of date and time. The fixtures and fittings were not fitted flush and the seclusion room floor was not sealed appropriately and the flooring was loose. There was no shower in the ensuite room.
- We saw that environmental risk assessments and ward audits were carried out. For example, there were regular audits of infection control and prevention to ensure that patients and staff were protected against the risks of infection. We saw that the wards were cleaned to an exceptionally high standard. The wards were well-maintained, as were the furniture, fixtures and fittings. The corridors were clear and clutter free.

Our findings

Safe and clean environment

Are services safe?

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

- There were appropriate processes in place for the management of clinical waste and staff were able to discuss these with us. We saw that staff disposed of sharp objects such as used needles and syringes appropriately in yellow bins and these were labelled correctly and not over-filled.
- Alarms were available in each room on the wards and all staff carried alarms. We were told by staff that alarms were responded to in a timely manner.

Safe staffing

- We saw that the service line had a comprehensive and thorough workforce plan for 2015/2016. The plan described the service developments and workforce strategies required to ensure successful delivery of services in an effective way whilst delivering high standards of care.
- We reviewed the forensic and specialist service line recruitment and retention action plan which identified the implementation of a variety of initiatives that had been introduced to ensure vacancy levels decreased. For example, the forensic and specialised service line provided input into nurse training courses at local universities. During our inspection we met several of the student nurses who told us that their placement on the wards supported their ongoing training and learning needs.
- 'The Keith Hurst' audit tool was piloted on Marle ward to review staffing levels. This includes data on skill mix, levels of clinical dependency, clinical speciality and quality markers as part of the overall staffing assessment.
- The wards had sufficient staff on duty to meet the needs of patients. We looked at staffing rotas for the week prior to and for the week of the inspection and saw that staffing levels were in line with the levels and skill mix determined by the trust as safe. The only exception occurred when replacement staff could not be found to cover one shift due to late notice of sickness absence.
- The ward managers and staff confirmed they were able to increase staffing levels when additional support was required so patients could attend appointments and also ensure their leave took place.

- We noted that the sickness absence rates for the year to January 2015 were 2.5% for Riverhill ward, 4.33% for Marle ward and 6.71% for the Brookfield Centre.
- Figures provided by the trust showed no agency staff had been used across all three wards to cover shifts from August 2014 to January 2015. Cover was provided by 100% NHS Professionals (bank workers).
- Most patients told us that they were offered a one-to-one meeting with staff almost every day. This was confirmed by the entries in the patients' care records on the electronic patient record system, RIO, and on the patients' paper copies of their care plans where a record of the discussion was recorded.
- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency. However, we found this was not always the case. For example, we saw documentation that showed several delayed terminations of seclusion due to the unavailability of the duty doctor because they were conducting an MHA assessment in the local accident and emergency department.

Assessing and managing risks to patients and staff

- We found that risk formulations were good and structured professional judgement (SPJ) risk assessment tools such as HCR-20 were used to assess risk factors for violent behaviour. We saw that the structured assessment of protective factors (SAPROF) was also used as a positive addition to other SPJ risk assessment tools and the dynamic factors of the SAPROF helped with formulating treatment goals and evaluating treatment progress.
- All patients received the short term assessment of risk and treatability (START).
- We saw patients' risk information was reviewed regularly and documented in the electronic care record system (RIO). We saw that the reviews of risk were part of the multidisciplinary care review process. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was managed. For example, observation levels of patients might increase or decrease. Individual risk assessments took into account the patient's previous history as well as their current mental state.

Are services safe?

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

- We observed that staff handover meetings and multi-disciplinary review meetings included discussion of individual risks to patients.
- We found the same level of restrictive practices across all three wards, including The Brookfield Centre which was a recovery and rehabilitation ward. We found that some rooms such as the activities room were being kept locked without any explanation and was not justified. Patients told us they would like less restrictions placed on some practices such as access to mobile phones, although accepted these needed to be individually assessed to help support them with preparation for discharge and community living when appropriate.
- We found that blanket restrictions across the three wards, such as a ban on contraband items, were justified and clear notices were in place for patients explaining why these restrictions were in place.
- There were appropriate systems embedded for safeguarding vulnerable adults and children. Safeguarding concerns were reviewed and discussed as part of individual supervision and during team meetings. Staff had received training in safeguarding vulnerable adults and children and were aware of the trust's safeguarding policy. However, we found that some safeguarding alerts had not been being appropriately raised and reported.
- Staff we spoke with had an understanding of safeguarding issues and their responsibilities in relation to identifying and reporting allegations of abuse. Staff told us of the steps they would take in reporting allegations to the safeguarding lead within the trust and felt confident in contacting them for advice when needed.
- We found evidence of good management of medication across all three wards inspected. For example, we saw that medicines were stored securely on the ward. Temperature records were kept of the medicines fridge and clinic room in which medicines were stored which meant medicines remained fit for use.
- Staff had been trained in the use of physical restraint and understood that these should only be used as a last resort. Guidance published by The Department of Health in April 2014 called 'Positive and Proactive Care' states that providers should aim to reduce the use of all restrictive interventions and focus on the use of

preventative approaches and de-escalation. We reviewed records and found that de-escalation or positive behaviour support was used proactively. The use of restraint across the forensic service line was very low.

- The Department of Health guidance published April 2014 called 'Positive and Proactive Care' includes new guidance on the use of face down (prone) restraint which aims to ensure that this it is not planned and is only used as a last resort. The guidance accepts that there will be exceptional circumstances when this will happen. Staff told us that prone restraint use was extremely minimal and if used the reasons were clearly documented. Records we reviewed confirmed the minimal use of prone restraint.
- The multidisciplinary team (MDT) reviewed and reflected on incidents of physical restraint daily at the MDT handover meetings.

Track record on safety

- We looked at the record of serious untoward incidents across all three wards and found there had been no record of serious incidents in the last six months.

Reporting incidents and learning from when things go wrong

- Staff told us that shared learning across the trust and service directorates took place with regards to serious incidents and were communicated to staff via email, staff notices and the trust web page.
- Staff we spoke with knew how to recognise and report incidents on the trust's electronic recording system (RIO). Ward managers told us that they reviewed all incidents and then forwarded onto the service manager, lead nurse and the quality team. The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to the incidents.
- We found examples of incidents happening and safeguarding alerts not being appropriately raised. For example, patient on patient bullying. Notes were clearly documented in the electronic care records (RIO). However, no safeguarding alerts had been raised. We spoke to staff about this issue and they were not aware of safeguarding alerts having been raised in respect of all the concerns.

Are services effective?

Outstanding



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

We rated effective as **outstanding** because:

Patients had a comprehensive assessment in place that was individualised and person-centred with a focus on patient goals and recovery. Up to date, evidence based treatment was used to support the delivery of high quality care. Patients had access to excellent innovative psychological therapies as part of their treatment. The service had a robust multidisciplinary team who worked extremely well together and were fully involved in patient care. Psychologists and occupational therapists were an active part of the multidisciplinary team. Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided. There was effective inter-agency working and on-going monitoring of physical healthcare conditions was taking place.

Capacity assessments for consent to treatment were taking place. These were recorded but not on a formal capacity assessment document as the trust did not have one.

support plan'. We saw that these were reviewed and updated on a regular basis. Patients told us that they were encouraged to be fully involved in the planning of their care needs.

- Staff were able to access patient's records through the electronic care records system (RiO). Staff told us that at times the system was slow and that some computers did not fully support access to all documents.

Best practice in treatment and care

- Staff followed NICE guidance when prescribing medication.
- Patients had access to excellent psychological therapies recommended by NICE as part of their treatment either on a one to one or group basis. Patients' individualised treatment programme was innovative and tailored to their needs.
- Occupational therapists used 'The model of human occupational screening tool' (MOHOST) - an occupation-focused assessment that determines the extent to which individual and environmental factors facilitate or restrict individual's participation in daily life.
- Psychologists and occupational therapists were an integrated part of the multidisciplinary team.
- The lead nurse was responsible for ensuring good access to physical healthcare and we were told that they kept an overview of the physical health needs of patients and ensured physical health care plans were kept up to date.
- We found that, where needed, ongoing monitoring of physical healthcare conditions was taking place. For example, the modified early warning system (MEWS) to help monitor a patient's physical health care needs was fully implemented for all patients.
- The ward staff were assessing the patients using the health of the nation outcome scales (HoNOS). These scales covered 12 health and social care domains and enabled the clinicians to build up a picture over time of their patients' responses to interventions.
- Staff participated in a wide range of clinical audits to monitor the effectiveness of services provided including adherence to the forensic service line commissioning for quality and innovation framework CQUIN). The areas

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that all patients received a physical health assessment and that risks to physical health were identified and managed effectively. We saw evidence in the electronic care records (RiO) that each patient received a modified early warning score (MEWS) and annual well man checks were completed by the general practitioner. Where physical health concerns were identified care plans were put in place to ensure the patient needs were met and the appropriate clinical observations were carried out.
- Care plans were personalised, holistic and recovery oriented. All wards used the care programme approach (CPA) for planning and evaluating care and treatment. The wards had fully implemented 'my shared pathway' (a nationally recognised, good practice recovery tool which focuses on a patient's strengths and goals). Health plans were included as part of 'my

Are services effective?

Outstanding



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.

covered included collaborative risk assessments, supporting carer involvement, pre-admission formulations, specialised services quality dashboards and delayed discharges from secure care.

- We saw a quality initiative called, 'peak of the week' which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the service. We found that staff were particularly motivated, engaged and energised by this initiative

Skilled staff to deliver care

- The staff working on all of the wards came from a range of professional backgrounds including nursing, medical, occupational therapy, psychology and social work. Other staff from the trust was also integrated such as the pharmacy and mental health act team who provided support.
- Staff received appropriate training, supervision and professional development. Staff told us they had undertaken training specific to their role including safeguarding children and vulnerable adults, management of violence and aggression and de-escalation techniques. Records showed that most staff were up to date with statutory and mandatory training.
- The continuous development of staff skills, competence and knowledge was recognised as being integral to ensuring the delivery of high quality care. The psychology department provided additional training such as boundaries awareness, autism and risk management awareness.
- Staff told us they received clinical and managerial supervision every month and an annual appraisal. Staff told us they participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward. For example de-briefing meetings took place following an incident on the ward.
- There were regular team meetings and staff told us they felt well supported by their local management structure and colleagues. Ward managers were highly visible and available on the wards; staff morale was extremely high.
- Staff were proactively encouraged and supported to share best practice across the wards and forensic service line.

Multi-disciplinary and inter-agency team work

- A multidisciplinary team meeting (MDT) was composed of members of health and social care professionals. The MDT collaborated to make treatment recommendations that facilitated quality patient care. Patients we spoke with confirmed they were supported by a number of different professionals.
- We observed a multidisciplinary meeting and saw that each member of the team contributed and that discussions were effective and focused on sharing information, patient treatment and reviewing the patient's progress and risk management.
- We observed clinical handover meetings on the wards and found these to be highly effective and structured. Staff clearly demonstrated excellent in depth knowledge about the patient group.
- We found evidence of inter-agency working taking place, with care-coordinators attending meetings as part of patients' admission and discharge planning. Patients confirmed that their care-coordinators were invited and attended meetings. The wards had a strong link with a local general practitioner who held a clinic on site once a week and the practice nurse visited fortnightly. Contact links with MAPPA and VISOR were maintained for the purpose of offending management.
- Patients had access to psychological therapies as recommended by NICE as part of their treatment. Psychologists were part of the multi-disciplinary team and helped to facilitate training and awareness on the wards. For example, the psychology department facilitated boundaries awareness training, START training and SAPROF training.

Adherence to the MHA and the MCA Code of Practice

- Information of the rights of patients who were detained was displayed clearly on the wards and in an easy to read format. Independent advocacy services were readily contactable and available to support patients when needed. Staff were aware of the need to explain patient's rights to them under the MHA. We spoke with 10 patients who all confirmed that they had their rights under the MHA routinely read and explained to them.
- We checked the medication charts for patients who were detained and these had completed consent to treatment forms attached.

Are services effective?

Outstanding



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.

- Staff told us that only qualified clinical staff undertook mandatory Mental Health Act training. This was confirmed by the training records.
- Staff knew how to contact the MHA office for advice when needed and said that regular audits were carried out throughout the year to check the MHA was being applied correctly.

Good practice in applying the MCA

- We saw that staff completed MCA and DoLS training. At the time of the inspection 96% of staff had completed this training.
- An audit to review the practice of DoLS in the inpatient unit and adherence to trust policy was carried out in 2014 and best practice and lessons learnt were identified.
- Formal capacity assessments relating to consent to treatment were taking place. These were recorded but not on a formal capacity assessment document. Staff told us that the trust did not have a document for formally assessing capacity to consent to treatment. We spoke with qualified clinical staff who told us that capacity assessments were completed on a MHAC1 form (a review of treatment form) and not a formal record for assessing capacity to consent.

Are services caring?

Outstanding



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

Summary of findings

We rated caring as **outstanding** because:

There was a strong, visible person-centred culture. Staff and patients told us they were empowered as partners in their care. We saw evidence of patient involvement in care planning. We found them to be person-centred and truly recovery orientated. The innovative user engagement approaches across the forensic and specialist service line ensured that patients and their families had a say in how the service was run. Feedback from all 10 patients that we spoke with was continually positive. They told us that they found the staff to be passionate, caring and supportive and they felt truly respected, involved and empowered to make decisions as individuals in the therapies and treatments offered. Staff understood patients' needs and involved patients in their care.

Our findings

Kindness, dignity, respect and support

- Feedback from all 10 patients that we spoke with was continually positive. They told us that staff were passionate, caring and supportive and they felt truly respected, involved and empowered to make decisions as individuals in the therapies and treatments offered.
 - We saw the wards had received a number of compliments from patients, families and external stakeholders praising the care and support provided by staff to patients. Relationships between patients, families and staff were strong, caring and supportive. These relationships were highly valued by patients and staff, promoted by ward managers and across the forensic service line.
 - When staff spoke with us about patients, they discussed them in a respectful manner and demonstrated an extremely high level of understanding of their individual needs. Staff appeared interested and engaged in providing high quality care to patients. We observed staff continuously interacting with patients in a positive, caring and compassionate way and they responded promptly to requests for assistance whilst promoting patients dignity.
- ### The involvement of people in the care they receive
- Staff told us that when patients arrived on the ward they were shown around. We saw that all patients received a 'patient Information pack' which was displayed in pictorial format and was easy read. Information included details of the multidisciplinary team (MDT), activities and mealtimes, physical health, contact with families and friends and information on how to make a complaint. Patients we spoke with all confirmed they received the information pack and felt that it was useful and informative.
 - There was a strong, visible person-centred culture. Staff and patients told us they were empowered as partners in their care. We saw evidence of patient involvement in records such as 'my shared pathway'. We found records were person-centred and truly recovery orientated. We saw that patients had their care plans reviewed once every two weeks with the multidisciplinary care team at ward round and once each month with a member of the ward nursing team. Some of the care plans we looked at were written in the third person. Each patient received a copy of their care plan.
 - Patients were encouraged and supported to plan for ward round meetings by completing a document, called, 'what I would like to say at ward round this week'. Requests such as home leave, recreational activities and shopping purchases could be made for the multidisciplinary team to consider.
 - We saw that details of local advocacy services were displayed in all the wards and patients told us they were supported to access an advocate if they wished.
 - On Marle ward and the Brookfield Centre we saw lots of information boards and posters that had been designed by patients. They contained photographs and information of recent activities such as walking groups, fishing and cycling trips. On Marle ward patients told us they were learning about multi-cultural foods and we saw noticeboards reflecting this.
 - We observed staff involving patients in making decisions about their care. Staff sought the patient's agreement throughout. Family and carers were involved when appropriate and information was shared according to the patient's wishes



Are services caring?

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

- The trust provided a 'carer support worker' service which offered advice, support and general non-specific information to any person who provides unpaid care.
 - We saw evidence of a number of projects run by the forensic and specialist service line to engage and support carers, friends and relatives. In 2014 a 'carer satisfaction survey' was carried out to seek the views of carers' experiences of contacting, engaging and working with the service. However, the response rate for the three wards was low. A carers' forum had also recently been introduced and took place quarterly.
 - 'You said, we did' boards were displayed on the wards. These contained comments and suggestions from patients and the actions the wards had taken to implement and make changes to improve the quality of the service.
 - Staff and patients told us that each ward had patient representatives who attended bi-monthly meetings to discuss issues such as the quality of food, preparation for smoke free premises and environmental issues.
- Feedback was provided and displayed clearly on the wards. Patients told us this was valuable in expressing the wishes of the patient group and influencing change. They felt listened to and involved in the running of the service.
- Patient experience forums and service user groups took place monthly. Minutes and a newsletter were issued which clearly showed the agenda for what had been discussed and actions taken.
 - In 2014, the service conducted a patient experience survey. We found a summary of results was available and listed actions to be taken to improve areas where the satisfaction rate was below 50%. We saw that the survey had positive results with high levels of patient satisfaction with their care and treatment.
 - Across the three wards we found that the majority of patients did not have advance decisions in place. The patients experience survey (2014) showed that one of the areas of greatest dissatisfaction was that advance care plans had not been completed.

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

We rated responsive as **good** because:

The ward environments were comfortable, well maintained and had space for a range of different treatments and care. There was excellent provision of, and access to, therapeutic and recreational activities and strong links with community resources. The wards were aware of the diverse needs of the patients and provided an excellent range of support. The wards and service line responded positively to feedback from patients and families. An initiative to enable patients and their relatives to keep in regular contact through the use of Skype was rolled out across the forensic service line

We received mixed feedback about the food provision and there was a lack of privacy for patients making telephone calls on the wards.

- Patients were not moved between wards during an admission episode unless they needed to be transferred on clinical grounds and it was deemed to be in the patient's best interests.
- Beds remained available for them to return to following a period of leave from the ward.

The facilities promote recovery, comfort and dignity and confidentiality

- All three wards had a full range of rooms and equipment available. This included space for therapeutic activities and treatment. The wards were furnished to a good standard, in excellent repair and with high levels of cleanliness. Staff told us, and we saw, that storage was an issue across all of the wards.
- Marle ward and the Brookfield Centre had a designated room available for patients to meet visitors. The Brookfield Centre had CCTV in operation on the ward and a camera was placed in the visitors' room. Patients told us that this impacted on their confidentiality as although the CCTV did not pick up sound they felt that the staff were watching them at all times. Riverhill ward had a multi-purpose room that was used as a meeting room and visitors' room.
- Each of the wards offered access to a secure outside space.
- All three wards had access to a telephone but they were sited in ward corridors or lounges and not in a private area. The payphones on the wards did have a hood but patients told us that they still did not feel this was private. Staff told us that they tried to ensure the corridor doors were closed to reduce the noise from the rest of the ward but this was not always possible. Patients we spoke with were not aware of the call tariff for using the payphones and this information was not displayed.
- Patients gave us mixed feedback about the food. Some said they enjoyed the choice offered, others complained about receiving cold food and lack of flavour. Patients' representatives attended regular 'site food meetings' to discuss on-going concerns and share new ideas. We saw that beverages and snacks could be prepared at any time on the ward.
- All patients had access to their bedrooms and communal areas of the ward at any time with their own

Our findings

Access and discharge

- On the day of our inspection all of the wards were near full capacity. Bed occupancy levels for the last six months as of November 2014 were 96.8% Riverhill ward, 98% Marle ward and 86.7% at the Brookfield Centre.
- Beds were available on a referral basis. Referrals for admission to Riverhill ward and Marle ward came from general adult mental health services, learning disability health professionals, prison in-reach teams and other professionals involved in the care and management of learning disabled clients. Referrals for the Brookfield Centre came from community mental health teams, learning disability health professionals, prison mental health in-reach teams and other health professionals.
- A bed management and referrals meeting was held weekly and attended by clinical staff and members of the senior management team. Ward managers told us that all current ward bed occupancy levels were scrutinised as well as transitions into, through, and discharge from, the inpatient service.

Are services responsive to people's needs?

Good 

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

wrist band access fob. Patients were able to store their possessions securely in their bedrooms in a locked bedside cabinet but they did not have a key to the cabinet. Staff held the keys and patients could request access via a staff member. This was a blanket rule across the three wards.

- Patients spoke highly of the daily and weekly activities that were offered across the three wards. The activities were varied, recovery focused and aimed to motivate patients. We saw that the activities programme covered evenings and weekends and included wood work, computers and swimming.
- The links with external organisations for patients to engage in activities was excellent. Patients had access to literacy and numeracy education which was provided by external tutors. There was access to local college programmes for patients who wanted to make use of them. Patients participated in a football league especially for people with learning disabilities and visited Charlton Athletic football stadium to practice.
- Occupational therapy was available across all three wards and a variety of therapy sessions were available. We saw they operated a model which focused on a holistic, person centred and recovery based approach.
- Patients told us that there were on-going issues with access to their finances via the on-site trust run bank. The patient bank operated a limited service due to staffing constraints. Staff told us that the trust were aware of the patients concerns.

Meeting the needs of all people who use the service

- All three wards were built and designed to support the needs of patients with physical disability.
- Patients who used the service were given information on treatments, associated agencies and how to make a complaint. Information was clearly displayed on noticeboards on all the wards. This included information for the patient advice and liaison service (PALS). People we spoke with felt confident that they could make a complaint if they needed to. Staff were aware of the process for managing complaints.
- Staff respected patients' diversity and human rights. Attempts were made to meet individual needs including cultural, language and religious needs. The Brookfield

Centre had information such as ward activities and food menus displayed in English and Slovakian (there was a large Slovakian community in the area) to support patients' language needs.

- Interpreters were available and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act 1983 were available in different languages.
- A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to access appropriate meals.
- Contact details for representatives from different faiths were on display in the wards and in the patients' handbook. We observed that local faith representatives visited people on the wards, held services of worship on site and could be contacted to request a visit.
- An initiative to enable patients and their relatives to keep in regular contact through the use of Skype was rolled out across the forensic service line. This was in addition to visits, section 17 leave and telephone.

Listening to and learning from concerns and complaints

- Patients were given information about how to make a complaint in the 'patient information pack' they received and information was clearly displayed on the ward noticeboards. This included information for the patient advice and liaison service (PALS). Patients we spoke with felt confident that they could raise a complaint but had not needed to do so. Staff were aware of the process for managing complaints.
- Records shown to us by the trust stated there had been no formal complaints across the three wards in the last six months.
- Staff were aware of duty of candour requirements which emphasise transparency and openness.
- Staff told us that learning from complaints across the forensic and specialist service line and the wider trust was discussed at team meetings and shared via staff

Are services responsive to people's needs?

Good 

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

notices. For example, staff had reviewed the process for sending out letters to patients as there had been a complaint about a patient receiving the wrong letter because it was sent to someone with a similar name.

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

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

The aims of the wards were clear and focused on the needs of the patients. Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could. Staff morale was high and the wards supported each other. Governance processes identified where the wards needed to improve. There was limited recording and monitoring of outcome measures to identify whether people improved following treatment and care.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and these were clearly displayed on all of the wards.
- Ward managers had regular contact with the service manager and director. Staff knew senior managers from the trust and told us that they had visited the wards. Staff told us that they felt well supported by the trust and the forensic service line directorate.
- Patients and staff signed up to a 'respect charter' which set out the wards visions, values and goals and focused on attitudes, behaviour and practices of both staff and patients. Staff told us the aim of the charter was to challenge stigmatisation. The charter was reviewed yearly and was clearly displayed on the wards.

Good governance

- The wards had access to systems of governance that enabled them to monitor and manage the wards and provide information to senior staff in the trust. Examples of this included the business intelligence (BI) reports that monitored current patients care programme approach (CPA) documentation and informed staff on a monthly basis if records such as care plans, risk assessments or care coordinator/keyworker responsibilities had been completed, reviewed and updated.
- However, the BI reports only looked at the quantity and timings of the CPA documents completed and did not

look at the quality of the records. For example, the report showed that advance directives were in place for all of the patients on all the wards. We reviewed some of the advance directives across the three wards and found them to be incomplete or with a generic sentence "no advance directives at this time".

- Data was collected regularly on performance. We saw that performance was recorded against a range of indicators which included complaints, serious incidents and types of incidents. This was presented in a dashboard format and was reported on every six months. Where performance did not meet the expected standard action plans were put in place and implemented to improve performance. We saw evidence of improving performance across the three wards.
- We found that there was limited recording and monitoring of outcome measures to identify whether people improved following treatment and care.
- Staff participated in a range of clinical audits and results were fed back to improve the quality of the service. For example, an 'audit of practice using DOLS framework in a learning disabilities inpatient setting' was carried out in August 2014. Recommendations were made and feedback was given to staff via team meetings.
- The learning from complaints, serious incidents and patient feedback was identified and actions were planned to improve the service.
- All staff received mandatory training and had regular supervision and appraisals. There was sufficient staff on shift and staff were appropriately skilled and qualified to ensure the safety and wellbeing of the patients were being met.
- The ward managers told us they were encouraged and supported to manage the wards autonomously. They also said that where they had concerns these could be raised and were appropriately placed on the trust's risk register.

Leadership, morale and staff engagement

- Sickness and absence rates from August 2014 until January 2015 ranged in average from 3.27% to 6.33%. The Brookfield Centre had the highest average at 6.33%.

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.

- At the time of our inspection there were no grievance procedures, allegations of bullying or harassment reported across the three wards.
- Staff told us they were aware of the whistle-blowing process and were confident they could raise concerns if needed.
- Staff demonstrated that they were motivated and dedicated to deliver the best care and treatment they could for the patients on the wards. There was high staff morale across the three wards. All the staff we spoke with were enthusiastic and proud of their work and the care they provided for patients on the wards.
- We found the wards were well-led and there was clear leadership at a local level. The ward managers were visible on the wards during the day and were accessible to staff and patients. Staff described strong leadership across the wards and said that they felt respected and valued. The ward managers spoke highly of the staff and felt they provided a high quality service, with good outcomes for patients and families.
- There was an open culture on the wards. Staff told us they were encouraged and supported to discuss ideas within the team.
- All wards attended regular 'away days' to encourage and strengthen team relations.

Commitment to quality improvement and innovation

- Accredited members of the Royal College of Psychiatrists quality network for forensic mental health services.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety and suitability of premises

The trust had not ensured that service users were protected against the risk associated with unsafe or unsuitable premises. The seclusion room in Riverhill ward was not of a suitable design and layout and was not adequately maintained to keep patients safe whilst secluded.

This was in breach of regulation 15 (1) (a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA 2008 (Regulated Activities)
Regulations 2010 Safeguarding people who use services from abuse

The trust had not ensured that service users were safeguarded against the risk of abuse by responding appropriately to any allegations of abuse. Safeguarding alerts had not been raised for all recorded safeguarding incidents.

This was in breach of regulation 11 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.