

# Birmingham and Solihull Mental Health NHS Foundation Trust

## Forensic inpatient/secure wards

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXT37	The Tamarind Centre	Lobelia Ward, Sycamore Ward, Cedar Ward, Acacia Ward, Hibiscus Ward, Myrtle Ward, Laurel Ward.	B9 5PU
RXT64	Reaside Clinic	Trent Ward, Swift Ward, Severn Ward, Avon Ward, Kennet Ward, Blythe Ward, Dove Ward.	B45 9BE
RXT05	Ardenleigh Hospital	Coral Ward, Citrine Ward, Tourmaline Ward	B24 9SA
RXT29	Hillis Lodge	Hillis Lodge	B31 5HE

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

# Summary of findings

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 Birmingham and Solihull Mental Health NHS Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health NHS Foundation 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?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **We rated Forensic inpatient/secure as Good because:**

- Staff could observe all areas of the wards at Ardenleigh, Reaside and The Tamarind Centre and at Hillis Lodge. They used risk assessments and observations to mitigate the potential risks to patients. Wards had adequate levels of staffing to meet the needs of patients and used bank and agency staff who were familiar with wards and patients where possible.
- Wards had a full range of mental health disciplines and staff had the skills necessary to carry out their roles. Training levels in the Mental Capacity Act and Mental Health Act were high and staff felt confident to use this legislation to support patients.
- Staff demonstrated that they understood the individual needs of patients who said they were respectful and friendly. Staff provided activities that met the needs of patients and supported them to develop skills for independent living.
- Staff felt motivated and well supported to do their jobs. Managers listened to their concerns and responded to these. Staff had opportunities for professional development.
- At Ardenleigh, patients needing seclusion had to be taken through a children and adolescents ward to use a seclusion room. This could affect the safety, dignity and privacy of the patients.
- At Ardenleigh, the womens service had accessed seclusion facilities via the adolescent ward.
- Staff used different tools for risk assessment and care planning which meant that at times the quality of these was inconsistent which could affect the care of patients.
- There was no standard approach to recording capacity in the records and whether patients had been read their rights under the Mental Health Act.
- Audits and governance structures were not sufficient to ensure quality of documentation and medication and clinical equipment errors were identified.
- Fridge and clinic room temperatures had not always been recorded and some equipment such as needles were out of date on some wards. Some wards had excessive stock of medication did not record the date this was opened.

# 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:

- Staff at Ardenleigh had to use a seclusion room for patients on a child and adolescents ward (CAMHS). This involved a long walk to the room, which included going through the main ward area of the CAMHS ward. This raised issues about safety and privacy and dignity for both the adult patient and the young people on the CAMHS ward.
- Staff had not consistently recorded fridge and clinic room temperatures on Sycamore, Cedar, and Lobelia wards.
- Clinic rooms contained out of date equipment such as needles and biohazard kits. Some wards had excessive stock of medication and did not record the date that they were opened.

However:

- Wards had enough staff to ensure that the needs of patients had been met.
- Staff had undertaken comprehensive risk assessments on all patients and updated these if circumstances changed.
- Wards had good policies in place for managing the observations of patients to ensure their safety.
- Staff had received training in the management of violence and aggressive behaviour. They used de-escalation techniques when they could and the use of restraint and rapid tranquilisation only when this had not worked.
- Staff reported incidents as they happened and understood what to report and the importance of doing this. Staff received feedback from managers and we saw learning had taken place to improve practice on the wards.

Requires improvement



### Are services effective?

#### We rated effective as good because:

- Staff had assessed Patients physical health assessments recorded this information in their care records.
- Staff used nationally recognised ratings scales to record outcomes for patients.

Good



# Summary of findings

- Staff had a wide range of skills among the multi-disciplinary team including nursing, psychology, psychiatry and teacher training which meant patients received a holistic and personalised service.
- Staff worked in partnership across the wards and had developed close working links with GP's and dentists.
- Staff had been trained in the Mental Health Act and the Mental Capacity Act. They could access support with these through the team at the trust. They understood the principles of both acts and how to apply them.
- Patients had access to independent advocacy. Wards displayed information about the service and both patients and staff knew how to access it.

However:

- The quality of information in care plans was inconsistent, as the electronic recording system did not have a standardised form. This meant two patients on the same ward could have different styles of care plan.
- Staff recorded their assessments of capacity to consent in different areas of the patients' notes, depending on who had completed the records. It was difficult to navigate the electronic system. This could mean that staff who were not familiar with the wards might not be able to find this information.
- Staff did not always record if patients had been given a copy of Mental Health Act (MHA) paperwork. Patients need this so that they can understand their rights while detained under the MHA.

## Are services caring?

### We rated caring as good because:

- Staff engaged with patients in a friendly and respectful manner. Patients felt that staff understood their needs and felt included in their care.
- Carers and family felt involved and consulted and this was recorded in patients' notes.
- Wards held regular community meetings where patients could give feedback and share ideas.

However:

- Staff wrote care plans in the first person when it was clear the patient had not engaged with the process. The use of advanced decisions was inconsistent across all four units.

Good



# Summary of findings

## Are services responsive to people's needs?

### We rated responsive as good because:

- Although bed occupancy levels were high, patients always had a bed to return to after a period of leave. Staff discharged patients at a time to suit them and at appropriate times.
- Staff made maximum use of the space available so that patients had access to a full range of rooms to meet their needs. All wards had access to outside space and Hillis Lodge had used this to create a large horticultural area, which patients used on a regular basis.
- Patients had access to drinks and snack 24 hours a day. They could personalise their rooms and had access to a private area for making phone calls.
- Patients knew how to complain; staff supported them with this and gave feedback following investigation. Staff also received feedback and learning through supervision, ward reviews and team meetings.
- Staffed planned activities sessions that were engaging for patients. These allowed patients to build skills for independent living. At Reaside, patients could work towards a nationally recognised qualification in the workshop.

However

- There was a rolling four-week menu in place at The Tamarind Centre. Some patients stated that, because of this, the menu lacked variety.

Good



## Are services well-led?

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

- Staff we interviewed during inspection knew the visions and values of the trust and demonstrated these through the support and care offered to patients.
- Managers supported staff who felt they could raise concerns without fear of victimisation.
- Teams supported each other and morale and levels of job satisfaction were generally high.
- Managers encouraged staff to undertake training specific to their roles so that they felt confident in delivering patient care.
- Staff could give feedback into service development and improvement. The trust had developed an initiative called

Good





# Summary of findings

“Dragons Den” where by staff could approach the trust to request funding for special projects or improvements. Staff had used this process to undertake projects to improve the health or quality of life of patients across the forensic services.

However:

- The governance arrangements had not ensured that staff documented information relating to direct patient care in a consistent way. [LP1] Although we found that the records all contained information required to deliver care, navigation of individual records was difficult as there was no standardised approach.
- Governance arrangements did not ensure that staff audited and monitored medication and clinical equipment sufficiently well. We found several errors in medication. We also found clinical equipment that was operating outside of stated limits or was not working.
- Staff at Hillis Lodge raised concerns about the uncertain future of the service in its current location and did not feel well informed about the plans, which could affect morale in the future

# Summary of findings

## Information about the service

The forensic service pathway for adults at Birmingham and Solihull Mental Health NHS Foundation Trust is spread across four different locations.

Ardenleigh has three wards that provide care to women. Coral Ward is an acute ward with eight beds, Citrine Ward is an acute forensic ward with eight beds and Tourmaline Ward is a rehabilitation ward with 14 beds.

Hillis Lodge is a 14 bedded unit providing a low secure rehabilitation service for men.

The Tamarind Centre has seven wards providing care to men. It is made up of Sycamore Ward which is an intensive care ward with eight beds, Hibiscus Ward which is a 12 bedded acute ward, Myrtle Ward which is a 12

bedded acute ward, Laurel Ward which is a specialist personality disorder ward with 12 beds, Cedar Ward which is a complex long term mental health ward with 15 beds, Acacia Ward which is a 15 bedded rehabilitation ward and Lobelia Ward which is a 15 bedded rehabilitation ward.

Reaside Clinic provides care to men across seven wards. Severn Ward is the intensive care ward and has eight beds, Avon Ward is an acute ward with 14 beds, Blythe Ward is an acute ward with 13 beds, Dove Ward is a rehabilitation ward with 14 beds, Trent Ward is a rehabilitation ward with 14 beds, Swift Ward is a rehabilitation ward with 15 beds and Kennet ward is a rehabilitation ward with 14 beds.

## Our inspection team

The team that inspected Birmingham and Solihull Mental Health NHS Foundation Trust was led by

Chair: Michael Tutt, Non-Executive Director, Solent NHS Trust

Head of Inspection: James Mullins, Head of Inspections, CQC

The team that inspected this core service comprised four CQC inspectors, one psychiatrist, one psychologist, one mental health act reviewer, one social worker, six mental health nurses, one occupational therapist and an expert by experience.

## Why we carried out this inspection

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

CQC last undertook a comprehensive inspection of the trust in May 2014. Following that inspection, we rated the forensic inpatient/secure wards as good overall and as good in all five key questions. There were no breaches in regulations

## 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 patient's staff and carers at six focus groups.

During the inspection visit, the inspection team:

# Summary of findings

- visited all 18 of the wards at the four hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
  - spoke with 76 patients who were using the service
  - spoke with the managers or acting managers for each of the eighteen wards
  - spoke with 107 other staff members; including doctors, nurses and social workers
  - interviewed the clinical nurse managers for all four hospital sites
  - Spoke with 8 carers of patients using the service.
  - attended and observed two hand-over meetings and six multi-disciplinary meetings and one residents meeting,
- We also:
- looked at 83 treatment records of patients.
  - carried out a specific check of the medication management on all eighteen wards and reviewed 94 medication charts
  - looked at a range of policies, procedures and other documents relating to the running of the service
  - reviewed 16 seclusion records

## What people who use the provider's services say

Seventy six patients we spoke to were, in the most part, very positive about their experiences. They were complimentary of the staff and the hospital environment. They stated that they felt supported and cared for by the staff. They stated that they felt included in planning their care and felt that their thoughts and feelings were valued.

We received some feedback from a small number of patients that stated that bank and agency staff did not care about their wellbeing and were uncaring towards them. This information was fed back to ward managers at the time of the inspection.

Eight carers we spoke to were positive about the services that cared for their families. They stated that they felt that their family members were well looked after and that they had been involved in planning care and had been consulted throughout the admission stage. Carers and family members were less complimentary of the trust as a whole stating that they had difficulty in accessing information about the services prior to admission and that communication from wider trust services had been poor.

## Good practice

We found good practice in several areas across the forensic pathway.

At Reaside, we found that patients could engage in further education and obtain qualifications up to City and Guilds level. There was partnership working with education bodies to ensure that patients could develop skills and qualifications that could be useful to them on their return to the community.

At Ardenleigh, the forensic service had developed “The Hub” which was a suite of rooms where patients from both the women’s and adolescents pathway could engage in occupational therapy and practical skills. These ranged from art and music sessions to a project to set up a bicycle repair workshop. At The Tamarind Centre we also found that consideration had been given to developing sessions and methods of engaging the

patient group in off ward activities. Horticultural projects had been set up in the grounds and session rooms were well equipped and could deliver a wide range of activities.

Hillis Lodge had developed community links and patients accessed activities in community settings. Patients used their leave to take part in a wide range of activities from sports groups and health and fitness sessions to religious and spiritual support. As the environment at Hillis Lodge was limited by both its size and location, staff had considered the individual needs and likes of the patients. They had then sourced activities in the local community that were both engaging and therapeutic. We found an extremely motivated staff group who worked well together across all disciplines.

# Summary of findings

We saw individual cases of good practice across the forensic services. The trust had developed a project called “Dragons Den” where staff can develop a business plan to create new ways of working and approach the trust for funding. We saw several examples of this across the forensic service. A member of staff at The Tamarind Centre had developed a healthy eating group and had

approached the trust for funding for ingredients so that patients could prepare takeaway style food in the evenings and weekends. This had resulted in a significant reduction in take away orders. Funding had also been acquired to buy tools and materials to improve the woodwork rooms and bicycle repair shop at Reaside and Ardenleigh.

## Areas for improvement

### Action the provider **MUST** take to improve

#### Action the provider **MUST** take to improve

- The provider must ensure procedures are put in place to ensure that monitoring of clinical equipment is undertaken and recorded.
- The provider must ensure that seclusion procedures maintain the dignity and safety of the patient, other service users and staff.

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

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

- The provider should ensure that there is a consistent approach to the recording of risk assessments.

- The provider should ensure that there is a consistent approach to the recording of care planning documentation.
- The provider should ensure that there is a consistent approach to the recording of capacity assessments and the recording of actions taken in line with the Mental Health Act.
- The provider should ensure there is a consistent approach to recording inpatient documentation.
- The provider should ensure that staff and patients are informed and updated about the future plans for services.
- The provider should consider its search policy.

## Birmingham and Solihull Mental Health NHS Foundation Trust

# Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Lobelia Ward, Sycamore Ward, Cedar Ward, Acacia Ward, Hibiscus Ward, Myrtle Ward, Laurel Ward.	The Tamarind Centre
Trent Ward, Swift Ward, Severn Ward, Avon Ward, Kennet Ward, Blythe Ward, Dove Ward.	Reaside Hospital
Coral Ward, Citrine Ward, Tourmaline Ward	Ardenleigh Hospital
Hillis Lodge	Hillis Lodge

#### Mental Health Act responsibilities

We did not find any errors in the documentation or recording relating to the Mental Health Act (MHA). All detention paperwork that we reviewed had been completed correctly.

Because medication charts were electronic within the trust, it was not possible to physically attach the consent to treatment forms to the medication chart. The forensic service had addressed this issue by storing paper copies of the forms in separate drawers for each patient. This was

kept in the clinic room next to the terminal that was used to access the electronic medication charts. This meant that staff could physically check the forms at the point at which medication was being dispensed.

At the Tamarind Centre we found that some section 62 forms had a review date. There is no requirement in law for these forms to have a date attached but the service had taken these measures to ensure that they were not used over long periods. Section 62 refers to the urgent treatment of a patient and is used to administer treatment whilst waiting for provision to be made using other parts of the Mental Health Act. This was used while waiting for a second

# Detailed findings

opinion doctor to undertake an assessment for example. We found three examples where the date of review had expired. when we pointed this out it was rectified immediately.

## Mental Capacity Act and Deprivation of Liberty Safeguards

We found that capacity had been considered and recorded in all records that we checked. Staff had good knowledge of the Mental Capacity Act (MCA) and were able to talk to us about how to undertake the assessment process in cases where a patient may lack capacity.

There had been no Deprivation of Liberty Safeguard applications made in the twelve months prior to our inspection. This was not unusual in a forensic service as any restrictions placed upon patients in forensic services is managed using the MHA and MCA.

# 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

## Our findings

### Safe and clean environment

- At Ardenleigh, Reaside Clinic and The Tamarind Centre; the wards were laid out in such a way that staff could observe all areas. There were clear lines of sight and any blind spots had been mitigated with specialist equipment, for example, convex mirrors. At Hillis Lodge, the building did not allow staff to observe all areas of the ward. Bedroom corridors were separate from the main ward areas and there were session rooms and a dining area in corridors away from the patients lounge that acted as the main hub of the ward. However, this had been mitigated by good use of observations and risk assessment.
- All of the wards complied with guidance on same sex accommodation. Only Ardenleigh Hospital cared for female patients. All other services were male only.
- All wards at Reaside Clinic were found to have fully equipped clinic rooms and all equipment was checked regularly. Fridge temperatures were checked daily and we found them all to be within acceptable ranges. The Tamarind Centre clinic rooms were clean and tidy. However, there was a range of inconsistent practice and poor practice found including a lack of policies present or out of date policies in the clinic areas. The pathways for rapid tranquilisation were not displayed in the clinic rooms. Fridge and clinic room temperatures were not constantly recorded on Hibiscus, Sycamore and Cedar wards. One of the two oxygen cylinders on Sycamore one was out of date. Myrtle, Laurel and Hibiscus had out of date needle stock. Myrtle ward had biohazard kits, clinical trays; tongue sticks and urinalysis sticks were out of date. Excessive stocks of medication was seen on Hibiscus, Myrtle and Cedar wards. Ardenleigh clinic rooms were fully accessible and had access to emergency equipment although Tourmaline did not have a couch for examination. Coral clinical room did not have a fridge and stored its medication on Citrine ward. On coral, had some injection needles were found to be out of date. Hillis Lodge had a room for the GP and there were plans to also make this the clinic room as it could accommodate a couch. The current clinic room was smaller and did not have one and the controlled drugs cupboard was in the staff office. Fridge and clinic room temperatures are checked daily and within safe limits. One bottle of simple linctus did not show the date when it was opened and had a short shelf life. Staff immediately returned it to pharmacy.
- We found that there were seclusion rooms on admission and acute wards at Reaside Clinic, The Tamarind Centre and Ardenleigh. There were no seclusion facilities at Hillis Lodge. Where we found wards had seclusion rooms, they were well laid out, with clear two way observation, toilet facilities and access to a clock.
- We found that all ward areas across all four sites were clean and well maintained. We saw cleaning rotas at all four sites which provided evidence that there was sufficient cleaning undertaken. All furniture, fixtures and fittings were in good condition and well maintained. Ward areas at The Tamarind Centre, Ardenleigh and Hillis Lodge were spacious and had been decorated in such a way that there were bright and welcoming. Reaside had smaller ward areas. Though these were well maintained, they had been decorated in a way to make them welcoming but we found that they often felt cramped due to the amount of patients and staff.
- We found that staff in all areas we inspected adhered to infection control principles. We were asked to use hand gel upon entering the ward areas and we saw staff also using this.
- We found that equipment in all areas we inspected was well maintained and, where required, had check stickers that were clear and up to date.
- All wards we inspected had environmental risk assessments that were updated every six months or if any maintenance work was undertaken. These assessments also included ligature risk assessments. A ligature is defined as a thing used to tie or bind tightly and in this context refers to items tied around the neck or any limb or body part to in order to cause harm. A ligature point is any protrusion that can secure a ligature for the purposes of suspension. The trust used a tool developed from the Manchester ligature risk assessment tool which utilised a red, amber and green

# Are services safe?

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rating system depending on height, accessibility and weight bearing potential. We found few ligature risks throughout the forensic services. Where we did find any, these had been mitigated with individualised risk assessment.

- All areas at Ardenleigh Hospital, Reaside Clinic and The Tamarind Centre had access to alarms and nurse call systems. There were sufficient personal alarms for all staff. At Hillis Lodge, there were limited numbers of personal alarms. When these had all been issued, staff or visitors were given personal ultrasonic attack alarms that were not connected to the nurse call system. However, given the size of the unit, this was sufficient to summon help in an emergency.

## Safe staffing

- From November 2016 to December 2017, the total number of substantive staff across the forensic service was 506. In the same period, there were 76 staff leavers and the turnover rate across the service was 15%. Total staff vacancies, excluding seconded staff, was 8% and staff sickness overall was 5%. Of the 506 staff, 262 were qualified and 248 were nursing assistants. The total number of qualified nurse vacancies across that period was 44 and there were 3 vacancies for nursing assistants. This made the qualified vacancy rate 17% and the nursing assistant rate 15%. Thirty two percent of qualified shifts were covered by bank staff. This was to provide cover for sickness, absence or vacancy. In the same period 27% of nursing assistant shifts were covered by bank staff. Twenty-two percent of qualified nurse shifts and 9% of nursing assistant shifts were covered by agency staff. The ward with the highest staff turnover rate was Cedar ward with a rate of 24%. Tourmaline ward had the highest sickness rate with a maximum rate of 15%.
- The provider had estimated the number and grade of nursing staff by benchmarking against other similar services around the country. Acute and admission wards ran with at least two qualified nurses on all shifts as minimum numbers. In some cases, there were more qualified nurses brought in as and when ward need required. Acute and admission services ran with six nursing staff in the mornings and afternoons and four nursing staff at night. This was made up of both qualified nurses and health care assistants. The rehabilitation wards at Ardenleigh, Reaside and the

Tamarind Centre and Hillis Lodge low secure forensic service ran with five nursing staff in the mornings and afternoons and four nursing staff at night. Again, this was made up of both qualified nurses and health care assistants.

- We were told by all ward managers we interviewed that they were able to adjust staff mix independently, depending on ward requirements.
- We observed that there was always a qualified nurse in communal areas at all times. When we inspected Kennet Ward at Reaside Clinic, we found that a member of staff had called in sick and the ward manager had stepped in to ensure that a qualified nurse was available in the communal area of the ward until the replacement arrived.
- We were told by both staff and patients that there was always enough staff available to allow patients to have regular one to one time with their named nurse. However, we did find some evidence that escorted leave was cancelled or postponed throughout the forensic service. This was rare and when it occurred, it had been driven by incidents on the wards and not a lack of staff.
- All staff in the forensic services were trained in the safe and therapeutic management of violence and aggression. This training is called AVERTS (Approaches to Violence through Effective Recognition and Training for Staff) training in this trust. We found on all wards that staff training in this area was above 95%. Ardenleigh, Reaside and The Tamarind Centre also had a system in place to nominate a member of staff each day to act as a responder in the event of violent and aggressive behaviour. This meant that there was always enough staff to safely carry out physical interventions.
- We found that there was always adequate medical cover available and a doctor could attend the ward areas quickly in an emergency.
- We found that mandatory training levels for all wards were above 85% in all but two subject areas; adult safeguarding level two was at 73% and resuscitation emergency life support was at 81%.

## Assessing and managing risk to patients and staff

- There had been 218 episodes of seclusion in the twelve months from December 2015 to November 2016. These were spread across 10 of the 18 wards we inspected.



# Are services safe?

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The highest rates of seclusion were recorded on Citrine ward with 19 episodes; Coral ward had 20; Severn ward had 70; Hibiscus ward had 28 and Sycamore ward had 49.

- There had been 384 episodes of the use of restraint in the 12 months from December 2015 to November 2016. These were spread across 11 of the wards we inspected. The highest rates of restraint were recorded on Citrine ward with 178 episodes of restraint; Coral ward had 56; Severn ward had 42; Hibiscus ward had 30 and sycamore ward had 44. Of these, 121 involved the use of prone restraint. We found that the AVERTS (Approaches to Violence through Effective Recognition and Training for Staff) training still taught staff how to safely manage an individual that had taken themselves to the floor face down and in all circumstances that this occurred, staff were instructed that they must record this as prone restraint in the incident recording forms. There were also two incidents of the use of mechanical restraint. Both of these involved the use of emergency response belts and occurred at Citrine ward at The Tamarind Centre. Staff recorded these appropriately. On wards where restraint numbers were higher, this appeared to be as a result of the acute nature of the service user group.
- There had been five instances of the use of long term segregation in the twelve months from December 2015 to November 2016. These was one on Citrine ward; one on Coral ward; two on Laurel ward and one on Sycamore ward.
- We found that staff had undertaken a comprehensive risk assessment in all 83 of the records we checked at the time of inspection. These had been updated every six months or if patient circumstances had changed. We found that staff had a range of tools available to them when undertaking risk assessments. These included START (the short term assessment of treatability and risk) and the historical clinical risk management tool HCR 20. However, we found that there was no guidance which stated which tools must be used.
- We found evidence of blanket restrictions with regards to searching and ordering of food from external providers. In the case of searching, all patients were searched on return from leave. As trust policy stated that this must be undertaken by a qualified nurse, there were often cases at Reaside, Ardenleigh and The Tamarind Centre where patients were kept waiting some time before a qualified nurse of the applicable gender was available. In the case of ordering food from external providers, food ordered from a provider with a food hygiene rating of less than four out of five was not allowed at any of the sites we inspected. Patients did not raise this as an issue.
- There were policies in place relating to the use of observations. These were held electronically but were also available in paper format.
- The forensic service had introduced a violence reduction programme called 'safe wards' across all four of the services. This model advocated the use of de-escalation strategies and equipment such as de-escalation boxes that contained calming objects and activities. Most of the care records we looked at also contained information on effective individualised de-escalation strategies. There was good evidence that restraint was only used after de-escalation strategies had failed. Patients notes contained information about de-escalation strategies attempted prior to the use of restraint. Where restraint was used, it was monitored by the AVERTS training team to ensure that correct techniques were used. Safe wards had recently been introduced which meant we could not compare data with last years figures.
- We found that medication management including the use of rapid tranquilisation followed best practice guidance set down by the national institute of health and care excellence (NICE). This included the use of observations post incident.
- At the Tamarind Centre and Reaside we found that seclusion practice was appropriate and followed best practice. Observations and the involvement of the clinical team followed best practice guidance as set out by NICE. At Ardenleigh, there was limited resources for patients that required seclusion. As a result, there were instances where adult females were taken to the forensic children and adolescent mental health service (CAMHS) ward which is on the same site. This involved a long walk through 14 doors to reach the ward. Once there, the staff had to take the patient through the main communal ward area to reach the seclusion suite. This

# Are services safe?

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could impact on the dignity and safety of both the female patient and the services users in the CAHMS service. Seclusion paperwork was recorded and stored in an appropriate manner.

- All staff we spoke to were trained in safeguarding and knew how to make a safeguarding alert if required.
- There were good systems in place at Reaside, Ardenleigh and Hillis Lodge concerning the storage, transport and the dispensing of medicines. We found that there were two broken fridges at the Tamarind Centre but this had been mitigated by storing the medication in a fridge on an adjoining ward until replacement fridges had arrived. We also found that clinics at The Tamarind Centre contained some out of date medication and clinical; equipment.
- There were rooms set aside specifically for child visiting at the Tamarind Centre, Ardenleigh and Reaside. At Hillis Lodge, if there was a need, child visits would be facilitated at local community resources using escorted leave.

## Track record on safety

- In the twelve months from December 2015 to November 2016, there were 17 serious incidents reported in the forensic service. These included three on Coral Ward; three on Laurel ward; two on Lobelia ward; two on tourmaline ward and two on Trent ward. Avon, Cedar, Dove, Kennet and Myrtle wards all reported one serious incident each. Two of these incidents related to an unauthorised absence; four related to infection control issues; one related to aggressive behaviour; one to a breach in confidentiality and one related to the alleged

abuse of a patient. We found evidence that the trust had used it's disciplinary procedures following an investigation and learning from this had been shared with staff.

## Reporting incidents and learning from when things go wrong

- All staff we spoke to stated that they knew what to report and how to report it. They stated that they would feel comfortable to report an incident and that they would be able to do this without fear of victimisation. We saw evidence relating to this where staff had reported negative behaviour on the part of a fellow member of staff.
- We found two good examples of staff displaying duty of candour when feeding back to patients when things go wrong. There were written communications in two sets of notes that were open, honest and transparent in their explanations.
- Staff received feedback from investigations at staff meetings, in person from managers and via email. All wards had regular staff meetings to discuss feedbacks and improvements.
- We found evidence at all four sites of changes in working practices as a result of feedback from staff and patients for example staff at all four sites had changed the practice relating to escorting patients due to feedback relating to the smoking ban.
- We were told by clinical nurse managers that there was a system in place to ensure that staff were offered debrief and support following serious incidents.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- In the 83 care records we checked, we found that comprehensive and timely assessments and care planning was undertaken after admission. However, we found that quality of information was inconsistent and at times difficult to find. For example, we found that there was no standard template for recording care plans and assessments on the trusts computerised records system. This meant that it was difficult to navigate and find information. We also found that there are a wide variety of tools being used across the forensic services. This meant that two patients on the same ward could have undergone two different assessment and care planning processes.
- All patients in the forensic services had undergone a physical examination and had physical health care plans in the care records. We found that these were complete and individualised. There was also good evidence in care records of ongoing monitoring of physical health problems.
- Each of the eighty three care records that we checked contained personalised recovery orientated care plans; however there was no standard format for this.
- All information needed to deliver care was electronic. This meant that it was stored securely and available to staff that needed it regardless of ward location.

### Best practice in treatment and care

- There was evidence that staff followed national institute of health and care excellence (NICE) guidance when prescribing and administering medication for example CG178 Psychosis and schizophrenia in adults: prevention and management.
- We found that there was a wide range of psychological therapies available throughout the forensic services. These included cognitive behavioural therapy (CBT) and dialectic behavioural therapy (DBT).
- We found that all forensic services had good access to physical health care including specialists where required. All four sites had rooms set aside for consultation with general practitioners. Reaside, Tamarind and Ardenleigh had also introduced dental surgeries and other specific health consultations such

as opticians and chiropodists. This was not available at Hillis Lodge, however, we saw evidence in patient's notes that these services could be accessed in the local community utilising section 17 leave.

- Staff used recognised rating scales to assess and record the severity of outcomes. These included health of the nation outcome scales (HoNOS) and the model of human occupation screening tool (MoHOST). Occupational therapists at Reaside were also working on the introduction of an evidence based assessment and outcome model.
- All clinical staff were involved in clinical audit. There was a project in place to nominate lead individuals for different areas of clinical delivery and engagement and these people were responsible for audit and feedback. Audits included infection control, medications management and violence reduction. We did not find any evidence of an effective audit process to monitor clinic fridge temperatures and as such no action plan had been identified.

### Skilled staff to deliver care

- We found that there was a full range of mental health disciplines including across all four sites we visited; this included pharmacy, occupational therapists, doctors, nurses, healthcare assistants and social workers. At Hillis Lodge, this included a complete clinical team with students in nursing, psychiatry and psychology. We were informed by staff and patients at the Tamarind Centre that input from psychiatrists was limited due to the number of psychiatrists employed at the site. We spoke with both senior psychiatrists who told us that there was not enough support from junior staff in this area.
- We found staff we interviewed to be experienced and qualified.
- Where bank or agency staff were used, they had completed an appropriate induction and training. In the most part, bank and agency staff were familiar with the wards they were working on. When new bank and agency staff were used they were assigned a mentor from the regular staff group for their first shift.
- We found that many staff at Ardenleigh, The Tamarind Centre and Reaside had undergone training to provide them with specialist skills. This training ranged from management courses to teacher training to clinical skills

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such as phlebotomy which gives staff the skills to take patients' blood. Health care support workers had either undertaken national vocational qualifications (NVQs) or care certificates.

- We found that the training provided at induction and annual mandatory training was complete and covered all subjects that would be expected.
- We found that staff supervision and appraisal levels were above trust set targets of 85%. All wards we visited had an annual appraisal rate above 80%. We were told by all ward managers that 6 weekly clinical and management supervision was available to all staff. We were told by some staff that they received regular supervision but were unable to find documented evidence to support this.
- We found evidence that poor staff performance was addressed promptly. Staff had been interviewed and in some cases had been moved to different teams. We did not find any themes relating to poor staff performance and in each case individual performance plans had been developed.

## Multi-disciplinary and inter-agency team work

- We attended six multi-disciplinary meetings during our inspection and found them to be effective. There was evidence that they happened regularly and were well attended.
- We observed two handovers and found that they were effective and contained lots of personalised information about patients. Staff told us that this helped them in delivering good, consistent care across shifts.
- We observed good partnership working between ward teams at Reaside, Tamarind and Ardenleigh. We observed joint sessions being delivered by therapy teams and ward staff working together to deliver sessions involving patients from more than one ward.
- A great deal of work had been done to engage local G.P. surgeries, dentists and other local partners to ensure effective working relationships. We found evidence of the development of close working links with such external agencies during our inspection.

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

- All staff were provided with training in the Mental Health Act (MHA) as part of their mandatory training. We found that compliance with trust targets was at 97% across the forensic services. Staff we spoke to had an understanding of the Mental Health Act the code of practice and the guiding principles. They were also able to tell us where and how to access support if required from a central administrative support and legal team.
- We found that recording of capacity to consent to treatment was inconsistent. In all cases, we found that this was recorded in patients notes, however, there was no standard approach to recording which meant that this information was stored in different areas of patients notes.
- All wards in the forensic service used electronic medication charts that did not have the option to indicate if a consent to treatment form was attached. The service had addressed this by having paper copies of treatment forms stored in individualised drawers in a container next to the computer in the clinic rooms. This meant that staff could check the drawer as they brought up the patients medication chart.
- We were informed by patients we interviewed that they had had their rights read to them on admission and routinely thereafter and this was recorded in patients notes. There was no system in place to record if the patient had been given a paper copy of any documentation relating to the MHA. Patients informed us that they had but we could not corroborate this in the notes.
- We found three section 62 forms at The Tamarind Centre that appeared to be out of date. Section 62 refers to the urgent treatment of a patient and is used to administer treatment whilst waiting for provision to be made using other parts of the Mental Health Act. This is used while waiting for a second opinion doctor to undertake an assessment for example. Though the trust should have updated these forms, there was no requirement under the act to include an expiry date. We informed the trust that these forms needed to be updated and this work was undertaken before we left site.
- We saw evidence of regular audits to ensure that the MHA was being applied correctly. We also saw evidence

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that improvements and learning had occurred as a result of these audits. The system of storing consent to treatment forms in the clinics was as a direct result of learning from audits.

- People had access to independent mental health advocacy (IMHA) services which was provided by an external organisation. There was information posted on all wards we visited relating to IMHA services and staff and patients we interviewed were clear about how to access these services.

## **Good practice in applying the Mental Capacity Act**

- Across the forensic service, 93% of staff had completed training in the Mental Capacity Act (MCA).
- There had been no Deprivation of Liberty Safeguards applications made in the twelve months from December 2015 to November 2016.
- There was a trust policy in place relating to the Mental Capacity Act. This was available electronically and all

staff could access it. Staff we interviewed had sound knowledge of the Mental Capacity Act 2005; this included knowledge of the five statutory principles and the definition of restraint. All staff we spoke to knew where to get advice and support relating to the MCA and DoLS within the trust.

- We found that in all cases, when a patient had impaired capacity, capacity to consent had been recorded appropriately. Again, we found an inconsistent approach to recording with information being stored in different areas of the electronic records, but the information was always in patients notes.
- Staff undertook audits of the Mental Capacity Act.
- During inspection, we found that where appropriate, people were supported to make decisions and where this was not possible, decisions were made in their best interest. We found evidence that these decisions were made giving consideration to each individual's culture, history, wishes and personal views.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff across the service while they were interacting with patients. They were respectful and friendly. It was clear from their interactions that they had good knowledge of the individuals and were able to tailor the conversation to them taking into account their needs, preferences and history.
- Seventy six patients that we spoke to stated that the staff treated them with dignity and respect.
- Patient led assessments of the clinical environment were 100% for all wards.
- Staff we spoke with had good understanding of the care needs of the patients group. They were able to talk to us in detail about the care plans of patients and could demonstrate good knowledge of the patients care requirements.

### The involvement of people in the care they receive

- During our inspection, we found that on all four sites, admission processes orientated patients to the wards and provided them with information about the service. Patients were shown around the ward areas by experienced members of staff and given an admission pack containing information about services that were available on site and in the local area.
- The service attempted to offer patients to be involved in their care planning where appropriate. Notes contained information from the patients about their preferences. Information was presented in the first person where this was the case and appeared to be accurate

- representations of feedback received from the individual. We did find that where the patient had refused to take part in the care planning process, information was often generic and did not take into account the individuals preferences. This was also presented in the first person which did not inform staff that care plans had not had the input from the patient. All patients had received copies of their care plans.
- We found good access to advocacy services throughout the forensic services. There was also information posted around the service on notice boards explaining what advocacy was and how it could be accessed.
  - We found that carers and family members were consulted upon admission and this information was stored in patient's notes. Eight family members and carers we spoke to were happy with the level of involvement they had with the service.
  - All wards had introduced regular weekly community meetings where patients could share ideas and receive feedback about the running of the ward. At a service wide level, all four sites had resident's council meetings where representatives from the service could meet with managers and offer feedback on service developments and improvements.
  - We found some evidence of advanced decisions in care plans at Ardenleigh, The Tamarind Centre and Reaside but this was inconsistent. We found that some patients had advanced statements in line with the safe wards project where others did not. We also found that care records were often recorded in the first person after it had stated that the patient had refused to engage in the care planning process.



# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Bed occupancy levels over the twelve months from December 2015 to November 2016 were high with the core service average being above 92% every month. Laurel ward at The Tamarind Centre had the highest bed occupancy of all wards in the service with 100% bed occupancy consistently in the twelve months prior to our inspection. Citrine ward at Ardenleigh had the lowest with a twelve month average of 85%.
- There were no out of area placements in the period from December 2016 to November 2017.
- We found that beds were available for people living in the catchment area but places on the rehabilitation wards were limited meaning that some patients were spending longer in acute services while waiting for a bed to become available.
- There was always access to a bed on return from leave as beds were held open for patients until they were discharged.
- Due to the nature of the service, it was very unusual for a patient to be moved between wards. We were told that this only occurred when clinical need dictated. We were told that patients would only be discharged between the hours of nine to five Monday to Friday in a planned and co-ordinated manner.
- There had been 111 delayed discharges in the twelve months from December 2015 to November 2016. Swift, Kennet, Trent and Blythe wards at Reaside all had more than 10 delayed discharges. We were told by managers that this was due to a lack of appropriate step down services in the forensic pathway.
- The average length of stay across the forensic services in the twelve months from December 2015 to November 2016 was 534 days. The longest average length of stay was Citrine ward at Ardenleigh with 794 days. The shortest average length of stay were Avon ward at Reaside Clinic with 89 days and Myrtle ward at The Tamarind Centre with 74 days.
- We found that there were a full range of rooms to support treatment and care at all four of the sites we inspected. Rooms had been set aside to be used by both the G.P. and dental services and there were fully equipped clinic rooms on all wards. Ardenleigh Hospital, The Tamarind Centre and Reaside Clinic had all set aside space for therapy rooms which included a range of activities such as sports, art, music and practical skills. These areas were large and well equipped. Hillis Lodge had limited space available but had set rooms aside to act as activity rooms. They had also created a large horticultural area in the grounds that was well used.
- All wards had access to quiet areas where patients could meet with visitors.
- At Ardenleigh, Hillis Lodge and The Tamarind Centre, there was provision on every ward for patients to make phone calls in private. At Reaside, where space on the wards was limited, patients sometimes had to go to other areas if they wanted to make a call in private.
- All four of the sites we visited had good access to outside areas. The grounds inside the boundaries of the services were pleasant and well maintained and patients could access these areas if they had the correct level of leave. For patients with limited leave at Ardenleigh, The Tamarind Centre and Reaside Clinic, there were areas set aside which represented secure gardens and outside areas. These were also pleasant and well maintained. Patients with limited leave could access these areas whilst being escorted by staff.
- We were told by patients that the food was of a good quality. Patients at the Tamarind Centre told us that there was a four week rolling menu in place that had not been changed in the last six months. Some patients felt that, as a result of this, the menu was of good quality but now lacked variety. We found that a nutritious menu was planned out for patients however we were told that this was based on a four week rolling menu that had not been updated in some time.
- Patient led assessments of the care environments (PLACE) scores for the forensic services were 100% for cleanliness, 97% for condition appearance and maintenance, and 89% for disability though these did not include Hillis Lodge. There wasn't a score for food.

### The facilities promote recovery, comfort, dignity and confidentiality

# Are services responsive to people's needs?

Good 

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

- All of the wards that we visited had the facility to allow patients access to hot drinks and snacks 24 hours a day seven days a week.
- Patients were able to personalise their bedrooms with posters and personal items at all sites we visited. At The Tamarind Centre, Reaside Clinic and Ardenleigh, all patients' bedrooms had secure cupboards that patients could use to store personal items. At Hillis Lodge, patients could lock their bedrooms to ensure that personal items were secure.
- We checked activity planners across all of the wards that we inspected. We found that there was a wide range of activities available to patients seven days a week. At Reaside, we saw that there were very high levels of activities available on site from art therapies which included pottery sessions and music to sports and practical skills such as wood work. There was a well-equipped workshop on site where patients could undertake learning and development sessions. Links had been developed with a local college and patients could study up to city and guilds level. Assessors came in periodically to accredit their work which meant that patients could complete formal qualifications whilst residing at Reaside. At Ardenleigh, we were shown "The Hub" which was a collection of rooms where patients could undertake occupational therapies such as art, music, sport and practical skills. They had also developed a bicycle workshop where patients could learn about maintenance and repair. We found that the patients at Ardenleigh were very complimentary of this area and engagement levels were very high. At The Tamarind Centre, we found well equipped rooms and areas set aside for occupational activities such as music, art and sport. Here we found there was an emphasis on horticultural activities with a well-equipped practical skills garden. Patients decided with instructors what projects they would like to undertake as a group and then materials would be purchased so that this could be done. Activities were available to patients seven days a week.
- During the inspection, we saw information leaflets available to patients in all areas we visited. These covered a wide range of subjects from patients' rights and complaints procedures to local services. At The Tamarind Centre, which had a high proportion of patients from ethnic minorities, we saw that information was available in a range of languages spoken by people who use the service. At Hillis Lodge, Ardenleigh and Reaside, we were told that if requested, information in other languages could be printed on site. We also saw interpreters being used at The Tamarind Centre and were told that there was easy access to interpreters and signers at all sites we visited.
- Across all sites in the forensic service pathway, there was a choice of food available to meet the dietary requirements of religious and ethnic groups.
- We saw good access to spiritual support at The Tamarind Centre, Reaside and Ardenleigh. All sites had set aside rooms to be used for multi faith worship and had arranged for visits from leaders from all denominations of religious groups. At Hillis Lodge patients were supported to use local churches, mosques or temples. Good consideration had been given to facilitating these visits using section 17 leave and patients of the same faith were encouraged to visit places of worship together. At Hillis Lodge, we saw that sessions were planned to engage patients in religious activity depending on the culture and beliefs of each person. This had been considered so that patients could attend their chosen place of worship with other patients who shared their beliefs.

## Listening to and learning from concerns and complaints

- In the twelve months from December 2015 to November 2016, the forensic service had received 22 complaints in total. Three of these were upheld; seven were partially upheld; eight were not upheld; two were withdrawn before investigation and two were still under investigation at the time of the inspection. Laurel ward had the highest number of complaints with eight.
- All 76 patients we spoke to stated that they knew how to complain and felt confident that they could use the complaints procedure without fear of victimisation if they needed to. There was also good information

## Meeting the needs of all people who use the service

- All wards we checked had rooms set aside that were altered to make adjustment for individuals that may have a disability. This included access to disabled toilets and bathrooms.



# Are services responsive to people's needs?

Good 

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

relating to making a complaint posted on noticeboards on all wards we visited. Patients also stated that they received feedback relating to complaints and we found evidence in patients notes to corroborate this.

- Staff we spoke to all knew how to handle complaints correctly and were able to talk us through the process. We were told that staff received feedback relating to complaints at staff meetings, email and in person.

# 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.

## Our findings

### Vision and values

- All staff we spoke with knew the organisations visions and values and agreed with them. .
- We found that ward managers had set team objectives that were in line with the organisations visions and values. Across the forensic service, new initiatives, for example 'Safewards', had been introduced to support recovery and independence.
- All staff we spoke to knew who the most senior managers of the trust were and their service were and stated that they visited the units regularly and were approachable.

### Good governance

- Staff had received mandatory training and, across all four sites we visited, compliance levels were above trust targets in most areas. Four areas were below trust targets; these were resuscitation/emergency life support; safeguarding adults level two; safeguarding children level two and recovery training clinical e-Learning. Though these were below the trust target of 85%. Staff learned from incidents, complaints, and feedback. Staff demonstrated that they understood safeguarding, the Mental Health Act and Mental Capacity Act
- All wards in the forensic service had annual compliance rates for appraisal and supervision that were above 85%.
- We found that wards were staffed with the correct number of staff at the right grades in all of the ward rotas we checked. In the rare case that wards were short, every effort was made to address the shortfall quickly and managers would step in and work with the ward staff until replacements could be found.
- All staff we interviewed, including health care assistants, participated in clinical audit.. Key staff were identified to either act as the member of staff responsible for different aspects of audit cycle or were nominated to sit as part of the team responsible. We saw that specific staff were responsible for administration and audit activities and time was set aside for them to complete this. This meant that staff

were maximising their time on direct care activities. We saw evidence of changes to working practice as a result of audits. Training had been given to staff in the areas that they were nominated for, for example infection control, to ensure that they had the skills to undertake their role.

- The trust used key performance indicators (KPIs) to monitor performance and compliance.
- We were informed, by all ward managers we interviewed, that they had sufficient authority and administration support to undertake their role.
- All staff had the ability to submit items to the trusts risk register. This was done in consultation with ward managers.

### Leadership, morale and staff engagement

- Staff sickness rates across the service were 5% average in the twelve months from December 2015 to November 2016. The ward with the highest rate of sickness was Severn ward at Reaside Clinicl that averaged 8% sickness levels in the same period. The highest single period of sickness across the twelve months was 18%, which was also the highest across the service.
- We were not aware of any bullying or harassment cases relating to the twelve months from December 2015 to November 2016.
- Staff we spoke with all knew how to use the whistle blowing procedure and stated they would feel confident to use it if required. All staff we spoke with stated that they felt confident that they could raise concerns without fear of victimisation.
- Staff morale and levels of job satisfaction were generally high across the forensic service. Staff from Reaside stated that their morale was affected by the small environments and cramped ward spaces. They stated that they felt that this was limiting their ability to improve care. Staff from Hillis Lodge stated that there was some uncertainty about the future of the unit at its current location. Though all of the staff there appeared highly motivated, they stated that they felt that senior managers were not understanding of their fears and that they could do more to keep them informed of future plans.

# 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.

- All staff we spoke with stated that development and leadership opportunities were available within the service. We saw examples of staff undertaking training specific to their roles and developing themselves through training and supervision. All ward and service managers had either completed or were in the process of completing leadership and management training.
- We saw good examples of team working and mutual support during our inspection. These ranged from professionals supporting health care assistants in developing sessions to senior members of staff working on wards to cover sickness.
- We saw good examples of duty of candour during our inspection. Two of these related to explanations given to patients in connection with investigations and one related to communication from medical staff relating to a patient's care planning. All of these were fully documented in patients' notes.
- Staff were encouraged to give feedback into service development and improvement.

## **Commitment to quality improvement and innovation**

- Forensic services at Birmingham and Solihull Mental Health NHS Foundation Trust were accredited by the

Quality Network for Forensic Mental Health Services. In relation to this, Reaside and The Tamarind Centre have both undergone inspections for re-accreditation in early 2017.

- At the Tamarind Centre, a staff member had undertaken a project to encourage healthy eating by reducing the amount of food being ordered from local take away restaurants. At the time of our inspection they had reduced the amount of food being ordered on one ward by 80%.
- Safewards had been introduced across all forensic service wards and there was evidence that this, coupled with other individualised violence reductions strategies, had reduced the amount of physical restraint being used across the service when compared with levels the previous year.
- The trust had developed an initiative called 'Dragons Den' where by staff could approach the trust to request funding for special projects or improvements. We saw several examples where staff had used this process to undertake projects to improve the health or quality of life of patients across the forensic services. An example of this was the project that a member of staff had undertaken relating to healthy eating and the reduction of take away ordering at The Tamarind Centre.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that clinical equipment was out of date and recording of temperatures and daily checks had not been undertaken or recorded in some areas.</p> <p>We also found oxygen bottles and clinical equipment such as needles, tongue depressors, clinical trays, biohazard kits and urinalysis sticks that were out of date</p> <p>These were breaches under regulation 12 (2) Care and treatment must be provided in a safe way for service users.</p> <p>Subsections :-</p> <p>(e) Ensuring that the equipment used by the service provider for care and treatment to a service user is safe for such use and is used in a safe way</p> <p>(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of the service users and to meet their needs</p> <p>(g) the proper management of medicines</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that patients were being transferred to access seclusion facilities on another ward. This involved moving the patient by foot a considerable distance.</p> <p>This was a breach under regulation 17 Good Governance must be provided in a safe way for service users.</p>

This section is primarily information for the provider

## Requirement notices

Subsections :-

1. Assessing the risks to the health and safety of the service users of receiving the care and treatment
2. doing all that is reasonable practicable to mitigate any such risks
3. ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.